Care Quality Commission

# Westlake Care

# Kingston House

**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? | Good |
| Is the service well-led? | Good |

## Overall summary

We inspected Kingston House on 4 November 2014, the inspection was unannounced. At the last inspection in December 2013 we did not identify any concerns.

Kingston House is a residential care home for up to three people on the autistic spectrum. The service is part of the Westlake Care group. The service has 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.

People were happy and relaxed on the day of the inspection. We saw people interact with staff in a positive and stimulating way. Staff were attentive and available to meet the needs of people. We saw they encouraged people to engage in meaningful activity and spoke with them in a friendly and respectful manner.

Care records were detailed and contained specific information to guide staff who were supporting people. Personal profiles were developed in a format which was more meaningful for people. This meant staff were able to use them as communication tools. Risk assessments

# Summary of findings

were in place for day to day events such as using a vehicle and one off activities. Where activities were done regularly risk assessments were included in people's care documentation.

Relatives told us Kingston House was a caring environment and staff had a good understanding of people's needs and preferences. One relative told us, "Kingston House has a very homely atmosphere. The care my son receives is excellent, very person centred and tailored to my son's needs". We found staff were knowledgeable about the people they supported and spoke of them with affection.

The service met the requirements of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards.

People had access to a range of activities. These were arranged according to people's individual interests and preferences. One relative of a person who lived at Kingston House told us, "People are encouraged to take part in a variety of activities. My son has had opportunities to take part in rock climbing, bastket-ball and even coming down on a zip wire".

Staff were well supported through a system of induction and training. Staff told us the training was thorough and gave them confidence to carry out their role effectively. The staff team were supportive of each other and worked together to support people.

Relatives knew how to raise concerns and make complaints. They told us concerns raised had been dealt with promptly and satisfactorily. Incidents and accidents were recorded. These records were reviewed regularly by all significant parties in order that trends were recognised.

There was an open and supportive culture at Kingston House. Staff and relatives said the registered manager was approachable and available if they needed to discuss any concerns. One professional who worked in a multi-disciplinary Learning Disability team told us, "All of the interactions I have had with Kingston House have been very positive. They are very open and actively encourage advice and input to provide the best care and support for the people who live at Kingston House".

# 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. Staff were confident they could keep people safe while supporting them to take day to day risks.

Staffing levels at the home were appropriate to meet the needs of the people who were supported.

Systems in place for the storage and administration of medicines were robust.

Good

**Is the service effective?**
The service was effective. Staff were well trained and knowledgeable about the people they supported.

The registered manager displayed a good understanding of the requirements of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS).

People were supported to access a range of health services as necessary.

Good

**Is the service caring?**
The service was caring. Staff spoke about people fondly and demonstrated a good knowledge of people's needs.

People's preferred method of communication was used .

People's privacy and dignity was respected.

Good

**Is the service responsive?**
The service was responsive. Care records were detailed, informative and regularly updated.

People had access to a range of activities both in the home and the local community. These were planned in line with people's interests.

The service had a satisfactory complaints policy in place which was adhered to.

Good

**Is the service well-led?**
The service was well led. There was a strong and supportive management team in place.

There was an effective quality assurance system in place to drive continuous improvement within the service.

People and their relatives were regularly consulted about how the service was run.

Good

# 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 checked 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 November 4 and was unannounced. The inspection was carried out by two inspectors.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider and contained some key information about the service. This enabled us to ensure we were addressing potential areas of concern and identify any examples of good practice. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send to us by law.

We looked around the premises and observed how staff interacted with people throughout the day. We also looked at care records relating to peoples individual care. This included three full care plans. We also saw records associated with the management of the service including quality audits.

We spoke with five members of staff, the registered manager and the quality manager throughout the day. We contacted five external healthcare professional to gather their views on the service. These included a consultant psychiatrist, a community nurse, a specialist learning disability physiotherapist, a specialist learning disability speech and language therapist and a primary care practice manager. We also spoke with two relatives of people who used the service. Due to the complexity of the needs of the people who lived at Kingston House we were unable to speak to people directly. We observed staff interacting with people during the course of the day.

# Is the service safe?

## Our findings

Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. One commented, "My son is very happy here. When he is away from Kingston House and then returns, he always gets very excited. I know the signs when he's not happy and I know he's happy here". Another person told us, "It's an excellent service, very person centred."

Due to peoples complex health needs they were not able to tell us their views on the care and support they received. We observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation. During our visit we saw the manager's office was unlocked with people coming and going to speak with the manager and see what was going on.

The service had a safeguarding policy and records showed all staff were up to date with their safeguarding training. Staff were confident they knew how to recognise signs of abuse, they told us they would report any suspected abuse and felt assured these would be taken seriously by the manager. Most staff knew who to contact externally if they felt any concerns were not being acted on. A member of staff told us, "We have safeguarding and child protection processes. It is very much part of the philosophy of care here that people are kept safe, while we are mindful of being too overprotective. I think we strike a good balance".

Staff told us they supported people to take day to day risks whilst keeping them safe. We saw risk assessments were in place for each individual, to cover all aspects of people's lives including the environment they lived in and the activities they took part in. For example, people were involved in a range of activities including outward bound activities such as rock climbing. This was achieved by supporting people intensively. For example using hand over hand methods when necessary.

The registered manager demonstrated high expectations for people in their conversations with us. They commented, "Our greatest achievement at this service is to be able to continue to give the guys a good quality of life through having high standards and not limiting their expectations of what they can achieve". Care plans contained risk assessments which were appropriate for that person and gave staff clear guidance on how to minimise risk. The registered manager told us that when considering new activities for people they balanced the risks involved against the likelihood of them happening, so that people had opportunities to try new things. For example one person had recently attended a live music event in Cornwall. A risk assessment had been developed for this.

Staff were knowledgeable about people who had behaviour that might challenge others. Information regarding signs of anxiety was recorded in care plans which directed staff as to how they could recognise signs and take steps to avoid people becoming distressed or anxious. Incidents and accidents were recorded appropriately during and after an incident and the information was reviewed and analysed regularly to identify any common triggers. Action taken to diffuse a situation was also recorded, so that the staff team could learn from the experience. A relative told us, "If there is anything to report the staff are always straight on the phone to us. You only have to look at the logs and support plans to see how meticulous they are in recording incidents and details".

Key worker meetings were held every six to eight weeks with each person who lived at Kingston House, with the homes management, and with family representatives if they were happy and free to attend. This allowed the team to consider which particular approaches by staff had worked. The quality manager told us, "We work really hard as a team to meet each individual's needs. We plan activities to support the guys' interests. For example, one person really loves watching football and being as sporty as possible. To facilitate this we go to see Plymouth Argyll matches, and we've gone on activity holidays on Dartmoor to a disabled facility, which has been able to facilitate activities such as canoeing, bike riding, abseiling and rock climbing".

At the time of the inspection Kingston House had just recruited an additional four new members of staff. One staff member was to be used specifically as a member of bank staff to cover staff leave and sickness. From talking with the management team and looking at staffing rotas we saw staffing levels were set at a ratio of two to one for each person supported at Kingston House. Each night the staffing ratio was two waking night staff, and one member of staff who slept in and could be called upon when required.

At the time of the inspection we saw people were supported appropriately and their needs were met in a timely fashion. Relatives we spoke with all said they

# Is the service safe?

believed there were sufficient numbers of staff to meet people's needs. One told us their family member needed two members of staff to support them when going out on a trip. They said they could not recall trips ever having to be cancelled due to a shortage of staff.

We looked at the arrangements in place for the administration of medicines and found these to be adequate with some exceptions. Medicines were stored securely in a lockable box in people's bedrooms. However the medicine boxes were not attached to a solid surface and therefore did not meet Royal Pharmaceutical Society guidance. We checked the Medicines Administration Records (MAR) for one person and found the number of medicines stored tallied with the number of medicines recorded. Staff had received up to date medicines training. There was clear guidance for staff when administrating 'as required' medicines (PRN).

# Is the service effective?

## Our findings

On the day of the inspection people were all out doing activities during mealtimes, so we did not observe support provided to people during meals. Staff told us people were fully involved in choosing their meals in a number of ways. For example, at breakfast time the table was laid out with a choice of breakfast foods enabling people to make meaningful choices. Relatives told us they had eaten with their family member at the home and found the meals to be good and healthy. One person told us, "My son can signal his likes and dislikes by his behaviour by pushing things away or drawing things in. The team here are very responsive to his needs. The food here is absolutely excellent. The choice is good, the produce is fresh and the quality is very good".

The service used a system of rolling menus over an eight week period. The manager told us decisions about what to include on the menus were made based on previous assessments and with input from family members. Each person who lived at the service could communicate in their own way, such as by using their eye direction to point at what they liked. The service aimed to offer a mixture of foods people were known to like.

One person was supported to have their required daily nutritional intake by use of a PEG feeding tube. This is a tube which provides nutrition directly into the stomach and is used when a person cannot maintain adequate nutrition by eating. Dedicated staff were trained by a district nurse to manage the PEG tube system. Another person had a dairy allergy. This was recorded clearly in all records and staff told us food for this person was always prepared first to ensure there was no cross-contamination with dairy products. Soya alternatives were used wherever possible.

On starting work at Kingston House staff underwent an induction training programme which comprised of a mixture of training in the homes policies and practices and shadowing more experienced staff in the home. This induction training was in line with the Skills for Care Common Induction Standards. We spoke with a new member of staff who described the induction as, "Fantastic" and who told us, "I have settled in quickly and feel like I have been here for months. There is brilliant team work here".

Following initial training staff were provided with mandatory updates both in areas as required by the policies of the service such as first aid, infection control and food hygiene. Staff were also trained in areas specific to the needs of the people living at Kingston House, such as Autism Awareness. Relatives told us they found staff were knowledgeable and competent. Staff were complimentary about the quality of training they received and told us they felt they had enough to enable them to carry out their roles effectively.

Staff told us individual supervision sessions were held regularly. We saw a supervision contract which stated supervision would happen six times per year. One staff member told us, "There is a lot of support here. As well as our structured supervision and appraisals the office door is always open. Things don't get left, if there's a problem it gets dealt with there and then".

People living in the home had complex communication difficulties and their ability to make daily decisions could fluctuate. The home had worked with relatives to develop life histories to understand the choices people would have previously made about their daily lives. Staff had a good understanding of people's needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible.

Staff asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. For example, we observed people were asked to indicate their understanding and consent to where they spent time in the home. Staff understood the different methods of communication used by people to indicate their preferences, such as eye pointing.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. We were shown documentation about best interest meetings which had been held in relation to one person. An external professional told us they had recently been involved in a

# Is the service effective?

health review for a person and, “the team showed a good understanding of the mental capacity act in terms of talking about best interest meetings around a possible health intervention”.

When appropriate, people were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS is to protect people who lack the capacity to make decisions for themselves and provides protection to make sure their rights are upheld. The registered manager was up to date with recent changes to the law regarding DoLS and had a good knowledge of their responsibilities under the legislation. None of the people who lived at Kingston House was subject to a DoLS application.

We saw people had access to a range of healthcare services as required. For example, dentists, opticians and GP’s. Everyone was supported to receive an annual health check. One external health professional told us, “Staff are good at following up requests and test results with the client’s GP’s”. All health related appointments and visits were recorded in health appointment documents. This meant that all the staff were aware of the treatment that had taken place and any subsequent appointments. One person had recently undergone dental treatment and the service had ensured the work was carried out by a dentist that had appropriate skills to work with people that had a learning disability. . Arrangements had been made to support the person. For example staff would drive them to the dentist and stay with them throughout. In the event that a person needed to be admitted to hospital the service had completed hospital passports that provided key personal history and medical information. A relative told us they believed their family member’s health needs were met, and said “Staff are very on top of (person’s) health needs. They support him to attend all appointments and I couldn’t be happier with how they are with him”.

# Is the service caring?

## Our findings

Kingston House is a small home and each person who lived at the home was supported by two staff. This allowed for a sharp focus on individual needs during the day. At night Kingston House employed two carers with an additional staff member sleeping in, who would assist when required. Relatives told us they thought Kingston House was a caring service. Comments included, "The care my son receives is excellent. Staff care and treat him like an adult." Relatives said they visited often and were always made to feel welcome. One said, "I can pop in for a cup of tea whenever I'm passing." There were opportunities for relatives to see their family member in private if they wished. Another relative told us,"The level of support is excellent, it really is person centred and tailored to my son's needs. Staff recognise how (person) is feeling and make appropriate suggestions for things to do".

We saw staff were engaged in positive interactions with the people they supported. Staff spoke with passion about the people they supported and cared for people. One staff member told us they had taken one of the people they supported out of the home to sports events in their own time and with their family. Staff spoke fondly of the people they supported. Comments included, "This is very much the boy's home and we work around the boys. People have a lot of choices in how they live their lives. It can be chaotic at times but that is because it's person centred. It is like anyone's home really, each person has different interests and do their own thing". Relatives told us people decided how they lived their lives, what time they decided to go to bed or to get up in the morning.

The manager told us about people's backgrounds and described the progress they had made and the pride she took in their achievements. An external healthcare professional told us staff, "appear very caring. It's very much about this being the people's home and that's the way it's run". On our arrival at the home three of the people who lived there were preparing to go out for the day. We saw staff support people to get ready and explain to them what was happening and why. We observed staff speaking gently to people and reassuring them about the plans for their day. They demonstrated kindness patience and understanding in their interactions with them. On their return one person indicated they had had a great day.

Staff knew the people they supported well. Care records contained information about people's personal histories and detailed background information. This enabled staff to gain an understanding of what had made people who they were today, and the events in their past that had impacted on them. An external health professional told us, "The client's workers and managers have a good level of experience and knowledge and all staff that have supported clients whilst I have been working with them have shown a good level of skill and motivation to work with their client. Another external health professional commented, "We find the quality of care provided at Kingston House is of an extremely high standard. We find them open to ideas and suggestions, they communicate well and staff appear competent and well trained. We consider them to be a safe and caring service which is well managed".

People had dedicated key workers who were responsible for updating care plans and leading on supporting people. These were chosen according to their experience and relationship with the person concerned. Staff were able to talk about the people they supported knowledgeably. We saw staff interact with people and it was clear they knew how to make people happy. We saw one person enjoy playing with a large ball. This was used to heighten the person's senses by rolling it from the floor into the air and the person then tapped the ball away, laughing as they did so.

Because of people's complex health needs staff used a variety of ways to communicate with people such as eye pointing; pictures and photographs were used to help people make choices and supplement information, for example within care planning . Objects of reference were used to inform people, for example staff would show people car keys or bags to indicate they were going out. Intensive interaction was used to engage with one person. This is a practical approach to interacting with people with learning disabilities or autism. The manager told us there was scope for continued improvement in the area of communication skills. Further communication training was scheduled to take place within the next three months following the inspection.

People's care records were clear and laminated, to allow pages to be taken out and shown to people when required. Personal profiles outlined people's likes and dislikes, preferences, what others liked about the person and what

# Is the service caring?

was important to and for the person. For example one of the profiles stated it was important the person had time to choose their own clothes and particularly liked things with stripes and bright colours. This positive information allowed staff to gain an understanding and knowledge of the person.

We saw people's rooms had been personalised to suit their own taste. A relative told us they had collaborated with the home to replicate their relatives room at home to be the same as the one at Kingston House. We were told, "This was part of the transition from home to Kingston House. I thought it would ease the move and it certainly seemed to".

Each room was equipped with spacious en-suite facilities and fully equipped with equipment such as hoists and individual lifts to ensure people could mobilise around their home.

People's privacy and dignity was respected. One relative told us, "Staff are good at sign-posting everything they do. They offer choices and personal care is always carried out privately in (person's) room".

People had access to advocacy services and Independent Mental Capacity Advocates (IMCAs). The manager was aware of the process to identify an IMCA when required.

# Is the service responsive?

## Our findings

Relatives told us they felt they were fully involved in the care planning process and were kept informed of any changes to people's needs. One relative told us, "I am free to be as involved or hands off as I want to be. I have great confidence in the home and I know (person) is very well cared for here. If there are appointments or meetings going on involving (person) they ring me and ask if I want to be involved". An external care professional commented, "I personally feel they provide a fantastic, individualised service for people with very complex needs. People's well-being is the number one priority and they are very on the ball and respond promptly to these needs".

Care records contained detailed information about people's health and social care needs. These were individualised and relevant to the person. Records gave clear guidance to staff on how best to support people and were regularly reviewed to accurately reflect any changes in people's needs. A staff member said, "They are very detailed about each person and leave you in no doubt about what has to happen to support each person."

People were supported to take part in a wide range of meaningful activities both in and out of the home. For example people attended swimming sessions, local walks and had passes to local amenities such as the Eden Project and a theme park. One relative told us, "People are encouraged to take part in many, activities and to try new things. Nothing is discouraged, they have even been off playing basketball". People were supported to use local amenities such as shops and cafes and the registered manager told us they were known in the local community.

The service had a policy and procedure in place for dealing with complaints. This was made available to people and their families. Relatives we spoke with told us they knew how to complain and they would be confident that any complaints they had would be dealt with. They described the registered manager as approachable and available if there were any issues they wanted to discuss. One relative said they had complained in the past and were happy in how this had been dealt with. They said the registered manager had contacted them to discuss the issue very quickly and the issue was rectified.

# Is the service well-led?

## Our findings

Kingston House was in the process of putting a new registered manager in place following the successful move of the previous registered manager into a more senior role within the organisation. The service had ensured continuity of service levels by close liaison between the old registered manager and the new deputy manager who had worked at Kingston House since it opened in 2008.

Staff described to us an open and supportive culture at Kingston House. All referred to the closeness and supportive nature of the staff team. They said the manager was available and accessible and one commented that, "the office door is never shut. If we have any concerns we raise them immediately". Staff described the team as "close knit" and said they had supported each other recently while they had been short staffed. Staff said they respected the fact the registered manager was aware of what went on at Kingston House on a daily basis and was 'hands on' in how they carried out their role. An external health professional told us, "I consider the manager to be very approachable, open and hands-on. She knows the clients well and has good communication with our team".

Staff meetings were held every eight to ten weeks and staff told us these were an opportunity for them to raise any concerns or ideas they had. They felt their ideas were listened to and acted upon. We saw the home used a communication book where information was passed between staff on different shifts and significant care plan changes were noted.

Staff said they felt they were kept up to date with current guidance by the registered manager and topics of interest were regularly discussed at staff meetings.

Relatives were consulted regularly both formally and informally. There was an annual satisfaction survey and we saw the results from the most recent one were positive.

Relatives told us they were actively encouraged to approach the manager with any concerns or ideas they might have. They told us the manager was, "A constant presence." One relative commented, "The owners of the home are happy for families to contact them. I really could not wish for a better home for (person)".

The manager and staff told us they were continually gathering the views of people who used the service. They did this formally using pictures and symbols to attempt to make the process meaningful for people. Staff said the most reliable way of ascertaining people's satisfaction was by observing and monitoring behaviour. This was recorded in a variety of ways including daily logs, incident sheets, and learning logs. This helped to capture people's views of the service.

We saw in the PIR there were plans to introduce a competency matrix for staff training to ensure not only was training provided but that staff were confident and skilled to practice new training. This would take the form initially of an computer based induction assessment tool which would be aimed at identifying gaps in knowledge so that these areas could be targeted. The service' plan is to use this as a communication and practice tool. This will assist staff to identify where further competency training would be valuable and ensure clear lines of communication with the manager for training and development.

The deputy registered manager told us they had regular supervision and attended monthly managers meetings. They also had access to on-going support from the previous registered manager who was the new quality manager for the organisation .They told us they felt well supported in their role.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures.