Kingsfield Cumbria Limited

Kingsfield Residential Care Home

Inspection report

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Ratings

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

Overall summary

This unannounced inspection took place on 19 November 2014. We last inspected Kingsfield Residential Care Home (Kingsfield) in November 2013. At that inspection we found the service was meeting the regulations that we assessed.

Kingsfield provides accommodation for up to 27 people who require personal care and support. Accommodation for people living there is arranged over three floors and there is a stair lift to assist people to access the accommodation on the upper floors. The home is an older property that has been adapted and extended for its current use. The bedrooms in the home vary in size and layout and there are three double bedrooms. There is a garden to the rear of the home and a smoking area that are wheelchair accessible and private and has accessible outdoor seating. There is parking available at the front and side of the home for staff and visitors.

Summary of findings

The service had 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.

People living in the home told us that they felt safe living there and friends and relatives we spoke with were satisfied with the care provided. We spoke with people in their own rooms and those who were sitting in the communal areas and were told by people that they felt "Well looked after".

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves. The service worked well with external agencies such as social services and mental health professionals to provide appropriate care to meet people's physical and emotional needs.

People were able to see their friends and families as they wanted and go out into the community with support. There were no restrictions on when people could visit the home. All the visitors we spoke with told us that staff were "friendly" and "available" when they wanted to speak with them. They told us that they were made welcome by the staff in the home. The atmosphere in the home was open and inclusive. People were asked for their views of the home and their comments were acted on.

The staff on duty we spoke to knew the people they were supporting and the choices they had made about their care and their lives. The decisions people made about their care and daily activities were respected. People had a choice of meals and drinks, which they told us they enjoyed. People who needed support to eat and drink received this in a supportive and respectful manner. We saw that people were supported to maintain their independence and control over their lives as much as possible.

All of the people that we spoke with told us that routines in the home was flexible to meet their needs and choices about their lives. The registered provider had a procedure to receive and respond to complaints and people told us they knew they could speak to the manager about anything that concerned them.

The home had moving and handling equipment and aids to meet people's mobility needs and to promote their independence. The home was being maintained and we found that all areas were clean and free from unpleasant odours.

Safe systems were in place for the recruitment of new staff and for the induction and ongoing training and development of staff working there. This was monitored to help make sure staff employed in the home were well trained and competent to carry out their duties. The staff employed were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual. They told us they would be confident reporting any concerns to a senior person in the home.

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 understood their responsibility to safeguard people and the action to take if they were concerned about a person's safety.

Staff had been recruited safely and given training to meet the needs of people who lived in the home. When we visited there were sufficient staff to provide the support people needed, at the time they required it. The staff knew how to recognise and report abuse. The registered manager of the home had taken appropriate action in response to concerns reported to them.

Medicines were handled safely and people received their medicines as their doctor had prescribed. Medicines were stored safely and records were kept of medicines received and disposed of so all could be accounted for.

Is the service effective?

Good

The service was effective. Staff working in the home had received training and supervision to make sure they were competent to provide the support people needed. The management and staff worked well with other agencies and services and people received the support they needed to maintain their health.

People received the assistance they needed or wanted promptly. They had a choice of meals, drinks and snacks. People who needed additional support to eat and drink received this help in a patient and kind way.

People's rights were protected because the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were followed when decisions were made about the support provided to people who were not able to make important decisions themselves.

Is the service caring?

Good

This service was caring. People told us that they felt well cared for and we saw that the staff were polite and caring. We saw that staff treated people in a kind and compassionate way. People were treated with respect and their independence, privacy and dignity were protected and promoted.

Staff demonstrated good knowledge about the people they were supporting, for example detailed information on their backgrounds, their likes, dislikes and preferred activities.

The staff took time to speak with people and gave them the time to express themselves. We saw that staff engaged positively with people. This supported people's wellbeing.

Is the service responsive?

Good

The service was responsive. People living at Kingsfield were well supported and cared for. The registered manager and care staff in the home knew the individuals they were supporting and the care they needed.

People made choices about their lives in the home and were provided with a range of organised activities. We saw people participating in a range of activities during the day. There were care plans in place to reduce the risk of people becoming socially isolated.

Summary of findings

People were supported to maintain relationships with friends and relatives. Family members spoken with confirmed they could visit whenever they wished and staff made them welcome in the home.

There was a system in place to receive and handle complaints or concerns raised.

Is the service well-led?

Good

The home was being well led. People who lived in the home and their visitors were asked for their views of the service and their comments were acted on.

Processes were in place to monitor the quality of the service and action was taken when it was identified that improvements were required. Staff told us they felt supported and listened to by the registered manager.

Staff felt able to raise any concerns or questions they had about the service.

The local authority informed us they had good working relationships with the registered manager and that appropriate action had been taken in response to any incidents or concerns.

Kingsfield Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 19 November 2014 and was unannounced. The inspection was carried out by one adult social care inspector. During our inspection we spoke with eight people who lived in the home, three relatives/ visitors, a visiting health care professional, five care staff, one ancillary staff and the registered manager. We observed care and support in communal areas, spoke to people in private and communal areas and looked at the care records for five people. We also looked at records that related to how the home was managed and how quality was monitored.

Before our inspection we reviewed the information we held about the service. We also contacted the local authority and social workers who came into contact with the home to get their views of the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. It is useful to help us assess the quality of interactions between people who use a service and the staff who support them.

The registered manager of the home had not completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We were aware of the reasons this had not been done as the registered manager had not received the document.

Good

Is the service safe?

Our findings

Everyone we spoke with who lived at Kingsfield told us that they felt they were safe and well cared for living at the home. They told us, “They (staff) look after me well, it’s a good place” and also “I know I am safe and have company, they are good lasses”.

Relatives who visited the home told us that they did not have any concerns about the safety or welfare of their relatives. We were told that they could always talk to the manager at any time and had “Confidence in her” to listen and take appropriate action if they had any concerns or complaints. Another relative told us, “He’s (their relative) definitely safe here; there are always staff about and coming in and out to see if he needs anything”. They also told us, “It’s always clean and tidy here, no bad smells”.

The care staff we spoke with told us about the training they had done in recognising and reporting abuse. All the staff we spoke with knew the appropriate action to take and said they would be confident reporting any concerns to a senior person in the home. There had not been any recent safeguarding incidents at the home but when they had been made in the past the registered manager had acted quickly to refer incidents to the appropriate agencies.

We found that the home was clean and tidy and was being well maintained. Records indicated that the mobility equipment in use had been serviced and maintained under contract agreements and that people had been assessed for its safe use.

There were records of monthly maintenance checks on fire alarms, fire extinguishers and emergency lighting and records indicated that fire drills and training took place. There were contingency plans in place to manage foreseeable emergencies and people had individual emergency plans in place to appropriately support people if the home needed to be evacuated. This helped to make sure that people were safe living in the home.

We looked at care plans for five people and saw that these had been regularly reviewed so that people continued to receive appropriate care. There were risk assessments in place that identified actual and potential risks and the control measures in place to minimise them. The balance between protection and freedom was well managed and people were supported to take part in activities outside the home as well as within.

People told us they made choices about their lives. Some people smoked cigarettes before they moved to the home. We spoke with a person who wanted to smoke and they told us they knew where they were allowed to smoke and where this was not allowed.

As part of this inspection we looked at medicines records, supplies and care plans relating to the use of medicines. We also looked at how medicines were stored and found that they were stored safely and records were kept of medicines received and disposed of. We saw that the staff administering the medicines had received appropriate training to do so and that they gave people the time and the appropriate support needed to take their medicines.

We looked at the handling of medicines liable to misuse, called controlled drugs. These were being stored, administered and recorded correctly. Medicines storage was neat and tidy which made it easy to find people's medicines. Refrigerator temperatures were monitored and the records showed that medicines were stored within the recommended temperature ranges to help prevent any deterioration of the medicines.

We saw safe recruitment procedures were in place to help ensure staff were suitable for their roles. This included all the required employment background checks and references and the service had a policy of repeating security checks at three yearly intervals to make sure nothing had changed. We saw that equal opportunities monitoring was done during staff recruitment.

We could see that the service had clear disciplinary procedures in place to help protect the people living there from unsafe or inappropriate comments. There had been two recent occasions when the registered manager had needed to use the service’s formal disciplinary procedures with staff. This indicated that the registered manager acted promptly where needed when bad practice had been identified.

People were safe because there were sufficient numbers of appropriately trained care staff on duty to keep people safe and enough kitchen, cleaning and maintenance staff to support them. The registered manager used a dependency tool to help assess people’s levels of dependency so they could adjust staffing deployment if they needed to. This also allowed the manager to plan staffing to cover for staff holidays and training and maintain the staff establishment.

Good

Is the service effective?

Our findings

There was a stable staff team working in the home that were able to tell us about the needs and personal preferences of the people they were supporting. Staff were able to tell us about how they cared for people to help ensure they received effective care and support. People told us the staff who supported them knew how they liked to be supported and provided this promptly. We saw that people did receive their care and support in a timely manner. One person living there told us, "I trust them (staff), and they know what they're doing".

Staff told us they were happy with the opportunities for on-going training and the registered manager worked alongside other staff to make sure they had the "right skills and approaches" to support people. We could see that great emphasis was placed upon developing staff. This was evident in the training and support being given to develop senior staff members management skills through accredited training. Staff told us they had a three day induction when they had started work at Kingsfield and their training records supported that.

We found that staff at the home had completed National Vocational Qualifications (NVQs) in care and there was a programme to make sure mandatory training was kept up to date. Staff had also done additional training relevant to their roles and to meet the individual needs of people living there. This included training on the Mental Capacity Act 2005 (MCA), end of life care, dementia awareness, the principles around deprivation of liberty (DoLs), equality and diversity, person centred care and nutrition. This helped to make sure staff had up to date knowledge of current good practice.

If people were not able to make specific decisions about care at the end of their lives their families and /or those holding powers of attorney had been involved and healthcare professionals included. This was to help to make the decision in their 'best interest' as required by the Mental Capacity Act 2005. One relative told us, "I know about the care plan and I've been involved with reviews". Relatives we spoke to told us they had been involved in discussions about end of life plans and 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decisions and records supported that.

We discussed the Mental Capacity Act and Deprivation of Liberty Safeguards with the registered manager and staff in the home. They had a clear understanding of the principles involved and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The records in place showed that the principles of the Mental Capacity Act 2005 Code of Practice were used when assessing an individual's ability to make a particular decision.

The registered manager was knowledgeable about when a Deprivation of Liberty Safeguard was required to protect an individual's rights. We saw that people living in the home were assessed to make sure there were no restrictions or potential for restrictions on their liberty. We saw that the registered manager had raised potential restrictions with the managing authority to make sure they were acting in line with the legislation. The registered manager had kept up to date with legal rulings and changes in legislation to protect people and had acted in accordance with changes to make sure people's legal rights were promoted.

We joined people at the lunch time meal and saw that it was calm and pleasant with staff and people chatting and sharing a joke. People who required support with eating received this in a patient and respectful way with staff helping and prompting people with their meals and offering additional helpings. People told us that they enjoyed their meals and always had a choice. One person told us, "I like the food, it's very good, I always clear my plate".

We spoke with the cook who told us they had were supported to keep up to date with their training in food hygiene, health and safety, infection control and safeguarding adults. They told us, "This is a good place to work, good manager, good staff and owners who make sure we have everything we need to do the job".

All of the care plans we looked at contained a nutritional assessment and a weekly or monthly check on people's weight for monitoring. People who were at risk of losing weight and becoming malnourished were given meals with a higher calorific value and fortified drinks. If people found it difficult to eat or swallow advice was sought from the dietician or the speech and language therapist (SALT).There was also information on specific dietary needs such as diabetic diets and soft and pureed meals as well as where people had dietary intolerances. This information was recorded in the care plans.

Good

Is the service effective?

People had access to health care professionals to meet their individual health needs. The care plans and records that we looked at showed that people were being seen by appropriate professionals to meet their physical and mental health needs. We spoke with a visiting health care professional who told us that “The staff are always available to come with us and know the residents well” and also that “They (staff) always listen and tell us if there is anything new we need to know about”.

Good

Is the service caring?

Our findings

The people who lived in the home we spoke with told us they were "happy" and "very satisfied" with the care and support they received at Kingsfield. One person said, "I couldn't cope without them here, I don't feel I'm a nuisance here".

Relatives told us they could visit at "any time" and that, "I know all the staff by their first name, they always make me welcome". Relatives told us they were kept informed by the staff about their family member's health and the care they received.

We found that he home was being maintained and throughout our inspection we found that all areas were clean and free from odours. This maintained a 'homely' atmosphere and supported people's dignity. One relative told us, "It's a bit old fashioned inside but they really do care here". Another visitor told us, "I am in and out all week long to visit and its always warm and clean and the staff are lovely".

We found that a range of information was available for people in the home to inform and support their choices. This included information about the providers, the services offered, about support agencies such as advocacy services that people could use. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes.

As we spent time in different communal areas of the home we saw that the staff engaged positively with people and we saw people enjoyed talking with the staff. We used the Short Observational Framework for inspection, (SOFI) to observe how people in the communal and dining areas of the home were supported as they had their midday meal.

We saw that staff supported the people living there with care and compassion. For example we observed one person who had become anxious during lunch. The staff responded to them in a calming and soothing manner which the person responded positively to. The staff member brought their own meal to sit with the person and share the lunch time meal with them and talk and give reassurance. The staff member displayed an understanding of the person's mental condition and showed empathy with their worries.

The manager and staff we spoke with were very clear and knowledgeable about the importance of providing a holistic care at the end of a person's life. They also confirmed what we had found in the training records that the provider made sure they had provided regular and relevant training to maintain a good standard in this area of care. Care plans contained information about care and treatment people's wishes should their condition deteriorate.

People living there told us that staff knew their preferences and "Always ask me what I want doing, what I want to wear today and if I want to join the others for bingo". We were also told, "They're all good, kind and see the funny side of things- you have to have a sense of humour with us lot". A relative told us, "They're really good staff here, I have seen them deal with some very awkward situations with people with patience and a smile".

We saw that staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. We saw that people were supported and encouraged to do as much for themselves as they were able to. We saw that staff had made sure people were appropriately dressed, with their jewellery and make up if that was what they had wanted. We saw that when assisting people with their mobility staff made sure that people's clothing was arranged properly to promote their dignity. This helped to maintain their dignity and individuality.

Good

Is the service responsive?

Our findings

All of the people that we spoke with told us that routines in the home were flexible to meet their needs and choices about their lives. They told us they chose where to spend their time, where to see their visitors and how they wanted their care to be provided. People told us the staff in the home listened to them and respected the choices and decisions they made. One visitor told us that staff "always" asked their friend if they wanted to go out or join in activities. They said "I see the activities going on when I come or they go out in the car. In the good weather they went down the coast road and stopped for ice creams".

People told us about the organised activities in the home they could attend if they wanted, including exercise sessions, music, bingo and crafts as well as trips out. A trip was organised to visit a local wild life park and a theatre group had been booked to provide a Christmas pantomime in the home. This helped make sure that people who did not want to go out to the theatre could still have access to seasonal entertainments

The home had an activities coordinator who worked with the people living there and the staff to plan organised events. We found that staff in the home saw providing meaningful activities as their responsibility not just the remit of activities staff. For example, one person liked to do some dusting, as they had done when they lived at home, and the cleaning staff supported them to do this as they went around the home. We saw that staff spent time on one to one and group activities such as reminiscence about events and family life and chatting about the news and current events.

Assessments were undertaken to identify people's care and support needs. Care plans were developed detailing how these should be met. We saw that care plans were reviewed as people's needs changed so that staff knew what support people required. For example, we could see where changes in pressure care management had occurred following a reassessment of risks to skin integrity

People's health and support needs were clear in their care plans and personal information that was aimed at reducing their risk of becoming socially isolated. Staff had a good understanding of people's backgrounds and lives and this helped them to support them and be aware of things that might cause them anxiety. We saw that a lot of attention had been given to gathering 'life stories'. There were some very detailed and personal life story books that people shared with us.

We asked staff about this work which they had found to be of value for people. For example in helping people with memory impairment through talking about their life experiences and improve their communication about what mattered to them now as well. There was also information about people's personal beliefs and religious preferences and care plans to inform how they needed to be supported to take part in religious services if they wanted to. Some people did not want to be involved in developing this information and their choice and views were respected.

We saw that people were comfortable and relaxed with the staff that were supporting them. We saw that the staff on duty treated people in respectful and friendly ways and took every opportunity to engage with people as they went about their duties. We saw that staff took the time to speak with people and took up opportunities to interact with them. We saw that even the less vocal people living there were included in general conversations that helped enhance people's social wellbeing.

The service had a complaints procedure that was available and on display in the home for people living there and visitors. Any complaints or concerns raised with the manager of through staff had been logged and records of investigations and correspondence had been kept. People who lived there we spoke with told us they had not felt the need to make a complaint but would feel comfortable raising anything they were not happy about. We were told, "I would tell the manager, they would do something if I was upset". Relatives also had confidence in the management to act on any complaints. One relative told us, "I have not needed to make a formal complaint as such, I have said what I thought on occasion and X (the manager) has listened and done something, mind you, the manager here is very good".

Good

Is the service well-led?

Our findings

Everyone we spoke with told us that they felt that this service was being well managed. People who lived in the home and their visitors said they knew the registered manager of the service and saw them on a daily basis. We were told by a person living there "She's always in and out, I see her all the time". One person said, "I have always been able to speak my mind and don't think I have ever been ignored". A visitor told us, "I can call in the office and have a chat in private with X (the manager) if I feel I need to, she is easy to talk to".

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC). All the staff we spoke with told us that they were well supported in the home. They said they had regular staff meetings to discuss practices, share ideas and any areas for development. One staff member told us, "It's a two way process and the manager listens to our ideas and suggestions. Staff had received regular supervision and annual appraisals. These helped to make sure that staff had the opportunity to raise any concerns and to discuss their performance and development needs.

We saw that an annual satisfaction survey was done to get people's views of the service and the results were made available within the home for people to see. We looked at the minutes of the 'residents and relatives meetings' and saw that people had discussed a range of issues. Menus had been discussed and following suggestions from people living there the cook had introduced mild curries on the menu. We also saw that activities were discussed and as a result of feedback new equipment had been purchased in line with what people had asked for. This indicated to us that the registered manager and provider listened and responded to suggestions made by the people who lived there.

The visiting health care professional we spoke with told us, "I have no concerns about the way the home is run, these are good staff and there is good leadership". Feedback from social workers and the main funding authority was positive about the service and indicated that there were good joint working relationships in place. The feedback was that staff were always "pleasant" and "available" and also that when a concern had been raised about an admission procedure the registered manager had responded promptly. Action was taken to improve an aspect of the pre admission process. This indicated that the registered manager learnt from what had gone wrong and made changes to improve outcomes for people.

There were established and effective systems to assess the quality of the service provided in the home. This included a programme of audits undertaken to assess compliance with internal standards and regular quality monitoring visits from the registered provider. We saw that during the visits the registered provider had spoken with people in the home, staff on duty and any visitors to the service. This meant people were regularly given the opportunity to raise any concerns or to make suggestions about the development of the services to a senior person within the organisation.

We saw that regular audits had been done on care plans and care records, medication records and handling and the premises and environment. Maintenance checks were being done regularly by staff and records had been kept and we could see that any repairs or faults had been highlighted and acted upon. There was a cleaning audit and records relating to premises and equipment checks to make sure they were clean and for the people living there. Hygiene and hand washing audits had been done to help make sure staff understood about the need for good hand hygiene and promote good practice.

There were processes in place for reporting incidents and we saw that these were being followed. Incidents were reviewed by the registered manager to identify any patterns that needed to be addressed. There was regular monitoring for individual risk to check if there was a theme or pattern emerging. For example, we saw that this happened for those people at risk of falls so that referrals were made to the Integrated Living Team quickly. The result was that the person had quick access to a nurse, the pharmacist and a physiotherapist to provide the additional support they needed.