

B & C Holt Ltd

# Kingston Nursing Home

## Inspection report

7 Park Crescent  
Leeds  
West Yorkshire  
LS8 1DH

Tel: 01132666520

Date of inspection visit:  
04 September 2018  
05 September 2018

Date of publication:  
04 October 2018

## 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 ●

# Summary of findings

## Overall summary

Kingston Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Kingston Nursing Home provides 47 beds for older people who require nursing care, some people were living with dementia. It is situated close to Roundhay Park in North Leeds.

At our last inspection in January 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This inspection took place on 4 and 5 September 2018.

Systems and processes were in place to keep people safe and risks associated with people's care needs had been assessed. There were sufficient staff to meet people's needs and recruitment processes and procedures were robust.

Medicines were managed safely. People's nutritional and healthcare needs were met.

Staff received appropriate induction, training and supervision to provide safe and effective care. The registered manager worked in partnership with other organisations to support people's needs.

Staff knew people well and care plans were, detailed and provided staff with guidance on how to meet people's needs. Observations showed staff were caring and patient. The registered manager and staff explained they knew people well and were in the process of recording, where necessary, people's end of life wishes. Staff respected people privacy and dignity and encouraged people to remain independent. A range of activities were available for people to take part in.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives could express their views about the running of the home. They said the registered manager was approachable and listened. Staff said the home was well-run and the registered manager was supportive.

Complaints and concerns were managed appropriately and outcomes were actioned. People and relatives knew how to make a complaint. Infection control management was robust. There was evidence of effective checks being carried out to assess and monitor the quality of the service provided.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service has improved to Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Kingston Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

A comprehensive inspection took place on 4 and 5 September 2018 and was unannounced on day one and announced on day two. On day one, the inspection team consisted of one adult social care inspector, a specialist advisor in medicines and two experts 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. On day two, the inspection team consisted of one adult social care inspector.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed the information we held about the service and requested feedback from other stakeholders. These included the local Healthwatch, the local authority safeguarding team and local authority commissioning and contracts department. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On both days of the inspection, there were 45 people living at Kingston Nursing Home. We spoke with the registered manager, deputy manager, five staff members, three people who used the service and four relatives.

We looked at four people's care plans in detail. We inspected six staff members recruitment records, and/or supervision, appraisal and training documents. We also sampled 10 people's medication administration records. We reviewed documents and records that related to the management of the service, which included audits, risk assessments and policies and procedures.

## Is the service safe?

### Our findings

At our last inspection in January 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

People told us it was a safe place to live. One person said, "I have no complaints. I am safe here. I have no reason to think otherwise." Safeguarding systems were in place to safeguard people from abuse. Staff we spoke with had a good understanding of safeguarding procedures. They reported any concerns to the registered manager and when appropriate, to external agencies. Staff had received safeguarding training.

Risks to people's safety were assessed and their care plans contained assessments, which covered area such as falls and pressure care. Risk assessments provided appropriate guidance for staff to minimise and manage the risks and keep people safe.

People had a Personal Emergency Evacuation Plan (PEEP) to protect them in the event of fire and provided guidance for staff on what support they needed. Fire safety and equipment checks had been regularly carried out and staff had received fire safety training. Other equipment and safety checks had been regularly tested and certificates we saw were in date. Slings used to hoist people still needed to be tested. The registered manager said they would address this immediately.

Staff, people and relatives told us there were enough staff to meet their needs. The registered manager and records we looked at confirmed sufficient number to meet people's needs. One person said, "Staff come quickly if I need them."

Safe recruitment practices were followed and appropriate checks were carried out to ensure all staff members were suitable to work with vulnerable people.

People told us they received their medicines when they needed them. We observed staff spoke in a caring tone when administering their medication and medicines were administered in line with the prescribers' instructions. Medicines were stored safely and securely. Staff had been trained on the administration of medicines.

The home was clean, tidy and mostly odour free. Prior to our inspection, the registered manager had identified areas where new carpets were required. One person said, "Oh yes, It's always clean and tidy. If my room is untidy that's my fault."

Lessons had been learnt because of a complaint made. The registered manager had arranged a meeting for staff to understand how important communication was from a relative's point of view.

# Is the service effective?

## Our findings

At our last inspection in January 2016, we rated this key question 'Requires Improvement'. At this inspection the service was rated 'Good'.

People's care and support was delivered in line with good practice guidance. The registered manager told us they worked within current guidance, which included Nursing and Midwifery Council's code of conduct and the National Institute for Health and Care Excellence.

Staff had received induction and training in a range of topics. These included, fire safety. Staff also completed specific training which helped support individual care needs. One staff member said, "I have picked up a lot from training." Staff said they received supervision and appraisal and records confirmed this.

People we spoke with were positive about the food. One person said, "You get a choice for every meal." People were supported to maintain a nutritious balanced diet; dietary needs were documented. Staff were aware of people's dietary requirements and records showed any weight loss was managed appropriately. The lunch time meal was calm and people were not rushed. The food looked plentiful and appetising. Drinks and snacks were available during the day.

Our observations showed and staff said they worked well as a team and they attended handover meetings at the start of each shift where they were updated on people's care and support needs.

People and relatives said they were very happy with the healthcare support they received. One person said, "The chiropodist and doctor comes in regularly." Staff told us and records showed people received support with their healthcare needs from a range of external healthcare professionals. The registered manager said a local GP attended the home on a weekly basis to review individual concerns.

People's bedrooms were personalised and corridors were clutter free, decorated with contrasting colours and pictures adorned the walls, with bird song on one corridor which helped to promote a homely feel. Appropriate signage was present around the home. People had memory boxes outside their bedroom which supported them to locate their room. The building had ramp access to the front door and to the garden area.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Systems were in place to assess people's capacity to make decisions about their care. DoLS applications had been submitted to the local authority, where appropriate. Consent to care and treatment was sought in line with legislation and guidance. Staff told us they always offered people choice and understood how to support people to make decisions. They had completed MCA and DoLS training. One person said, "The staff always respect my choices."



# Is the service caring?

## Our findings

At our last inspection in January 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

People and relatives said staff were very caring and helpful. One person said, "Staff are kind. I have good interaction with them."

We observed many caring interactions between staff and people they supported. Staff were attentive, showed warmth and demonstrated they knew people very well. People responded in a positive way, smiling, chatting and enjoying the verbal interaction. People moved around the communal areas freely and could to choose where they wanted to spend their time.

People looked well cared for and tidy in their appearance. People had their hair brushed, were wearing comfortable clothes and footwear. One person was wearing just socks, but that was their choice and this was documented in their care plan.

People and/or relatives were involved in making decisions about how they wanted their care and support to be provided. People had access to an advocate if they felt they needed support to make decisions. The registered manager was aware of referral procedures for advocacy services. An advocate acts to speak up on behalf of a person who may need support to make their views and wishes known.

Staff were respectful when speaking with people and they knocked on people's bedroom doors before entering. One staff member said there were seven ways to promote dignity, which included, giving choice, respect and people were dressed appropriately.

People were encouraged to maintain independence with personal care and day to day choices. For example, one person was unable to verbalise when they wished to go to bed but would make staff aware by a hand gesture. Some information was provided in pictorial form, to support people with decision making, for example, pictures of the menus were displayed on a small TV which repeated the menus every few minutes.

Where required, staff supported and respected people's cultural and spiritual needs. For example, the local church visited the home monthly so people could attend the service. This information was appropriately documented in people's care plans and staff had completed equality and diversity training.

## Is the service responsive?

### Our findings

At our last inspection in January 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

The management team involved people and/or their relatives in planning their care and support. Each person had a care plan tailored to meet their individual needs. Staff kept daily records which gave sufficient information about people's daily lives. Care plans contained information on people's preferences, likes and dislikes and how they wanted their care and support to be delivered. For example, one person's care plan stated, '[Name of person] prefers to sit in their own chair at mealtimes'. Care plans were reviewed monthly.

People were supported in promoting their independence and community involvement. A range of activities were available for people to take part in. These included cinema evening, karaoke and outings. One staff member said, "There is singing and dancing, quizzes and past event discussions. Everyone is included."

People knew who to talk with if they were unhappy about anything and told us they would feel comfortable making a complaint. A relative said, "I once raised an issue about medication, it was dealt with satisfactorily." The provider's complaints policy was displayed in the home. The complaints file listed details of any complaints along with low level concerns. This listed action taken and outcomes for each complaint. In each case, we saw people had been listened to and concerns had been resolved to their satisfaction.

The registered manager and deputy manager were not aware of the Accessible Information Standard, although, care plans contained information about the person's preferred method of communication. Detail of whether the person could communicate their needs around requiring assistance or making decisions was included. The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they can understand, plus any communication support they need when receiving healthcare services.

Staff had a good understanding of what care and support people might need as they were approaching the end of their life and had received training. People had an end of life care plan in place which gave them the opportunity to express their preferences. The registered manager told us there was no one at the time of this inspection who was approaching the end of their life.

## Is the service well-led?

### Our findings

At our last inspection in January 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

The registered manager was supported by a deputy manager and roles were clearly defined. Along with the staff team, they worked well together to provide a consistent care and support to meet people's needs. 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 and their relatives, told us the home was well run. A relative told us, "I know the manager she is very approachable." People were encouraged to share their views through day to day contact with the management and staff team, annual satisfaction surveys and meetings. Resident survey results showed a high satisfaction with the home and any suggestion had been acted on. The registered manager also sought feedback about the home through surveys, from healthcare professionals, relatives and staff.

Staff told us they felt supported and valued by the management team. One staff member said, "Managers are really good, they are helpful for both staff and people. I feel supported and involved, I am happy here." Staff meeting minutes confirmed staff received updates, had the opportunity to raise concerns and share ideas.

We saw the registered manager had a visible presence in the home, knew staff and people very well and had good oversight of the service. There was an open and supportive culture in the home. The provider's quality assurance systems were used effectively to monitor quality and drive improvements. For example, care plan evaluation recording had improved following a documentation audit in August 2018. There was a range of audits completed monthly which, included, housekeeping, complaints and infection control. The audits were detailed and any actions were acted upon in a timely manner. All policies and procedures were found to be up-to-date.

All accidents and incidents were documented and detailed the action taken. The registered manager completed an audit of accidents and incidents each quarter and analysed this information to identify themes or trends to prevent re-occurrence.

The registered manager said they worked in partnership with other organisations to provide effective outcomes for people they supported. These included other local providers, social workers, mental health teams and pharmacists.

Notifications had been sent to CQC about events that had occurred at the service, as required by legislation. A notification is the action a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

