Mrs M Baya

Kingston House

Inspection report

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Date of inspection visit:
13 April 2016

Date of publication:
25 May 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 House provides accommodation and personal care for up to 11 people. It is a service without nursing for older people who may have dementia. There were 8 people living in the service when we inspected on 13 April 2016. This was an unannounced inspection.

There was a registered manager in post. The registered manager was also the provider. 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.

There were procedures and processes in place to ensure the safety of the people who used the service. However, people did not have personal evacuation plans to guide staff on how to support them in the event of a fire. Staff were trained and supported to meet the needs of the people who used the service and there were sufficient numbers of staff to meet people's needs. Recruitment processes checked the suitability of staff to work in the service. There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely. However, guidance for staff on how and when to administer as and when required medications was not always in place and the recording of when these were taken was not always clear.

People were supported in accordance with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People's nutritional needs were assessed and met and they were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment. Staff had received supervision from the manager, however these were not always recorded or records were not available.

Staff knew people well and had good relationships with people who used the service. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner. People were provided with personalised care and support which was planned to meet their individual needs and were involved in making decisions about their care and support.
A complaints procedure was in place. People's comments, concerns and complaints were listened to and addressed in a timely manner.
Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a small staff team and any issues were discussed and resolved promptly. As a result the quality of the service continued to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were systems in place to minimise risks to people and to keep them safe, however, people did not have personal evacuation plans to guide staff on how to support them in the event of a fire.

There were sufficient staff to meet people's needs. Recruitment checks were completed to make sure staff were suitable to work with people in a care setting.

People were provided with their medicines when they needed them, however, this was not always clearly recorded and as and when required guidance for some medications was not in place.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet people's needs effectively. Staff had received supervision from the manager, however these were not always recorded or records were not available.

People were supported in accordance with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

Staff's positive and friendly interactions promoted people's wellbeing.

People and their relatives were involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The manager was very visible in the service and any issues were discussed promptly and resolved quickly. As a result the quality of the service was continually improving. This helped to ensure that people received a good service.

The manager completed audits of the service to identify any areas that required 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.
This inspection took place on 13 April 2016, was unannounced and undertaken by two inspectors.
Before our inspection the provider 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 looked at information we held about the service including previous inspection reports and notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.This included health and social care professional feedback about their experiences when they have worked with or visited the service.

We spoke with six people who used the service and two visitors. We used the Short Observational Framework for Inspections (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with the provider who is also the manager, and three members of care staff. We looked at records relating to the management of the service and systems for monitoring the quality of the service. We looked at three staff files which included recruitment processes. We looked at training records for the staff team.

Requires Improvement

Is the service safe?

Our findings

People told us that they were safe living in the service. One person said, "I feel safe here." Another person said, "They [staff] make sure we are safe."

There were no obstacles which could cause a risk to people as they mobilised around the service. We saw that staff took prompt action to ensure people's safety, such as supporting a person who was at risk of falling when they had got up out their chair independently.

Staff had received training in safeguarding adults from abuse and staff understood their responsibilities to ensure that people were protected from the risk of abuse. They knew how concerns were to be reported to the local authority who were responsible for investigating concerns.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risks associated with mobilising, pressure ulcers, nutrition and falls. Where people were at risk of developing pressure ulcers records showed that actions were taken to minimise the risks. For example, the use of pressure relief equipment, prescribed barrier creams and assisting people to reposition. The records of one person who was at risk of developing pressure ulcers showed that regular checks were made, including on the mattress, equipment and hygiene to reduce these risks.

We saw that checks had been made on equipment, including hoists, to ensure they were safe to use and fit for purpose. There were emergency lift instructions displayed next to the lift. Smoke detectors were being replaced in the service on the day of our visit and there was a plan of the building displayed near the front door for use in case of fire. However, there were no personal emergency evacuation plans in place for people. This meant that staff may not be aware of how to support someone to evacuate them in the event of a fire. When this was discussed with the manager, they started thinking about about how the people living upstairs would be supported to safely use the stairs to evacuate the building, if the lift could not be used. This showed us that plans needed to be put into place so that staff knew how to safely support people to evacuate the building in the event of an emergency.

People told us that there was enough staff available to meet their needs. One person said, "There seems to be enough, they [staff] help me when I need it." Another person who chose to remain in their bedroom told us that their call bells were answered promptly, "They [staff] always come, so I think there are enough of them." Staff were attentive to people's needs and requests for assistance were responded to promptly. We saw that all necessary checks had been completed on newly recruited staff prior to them taking up employment to ensure their suitability for the role. .

During our inspection we saw that two staff came on duty in addition to the staff that were on the rota to work. The manager told us that this was because a new person was moving into the service during the day. This showed that there were systems in place to make sure that there were enough staff to support people living in the service and to manage any changes in the service safely.

People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person said, "I get them [medicines] every day, never a problem."

We saw that when staff provided people with their medicines this was done safely, respectfully and at the person's own pace. However, there were some as and when required guidance for some medications that was not in place. For example, a person had recently been prescribed diazepam and there was no guidance available on when this medication may be required or how often it could be taken. We saw a medication administration record for paracetamol that was confusing to read and did not clearly state how many tablets were given and when. This meant that the person was at risk from having too much medication. There were medications on the administration record that were no longer being used but they had not been removed from the record. This meant it was unclear which medications the person was receiving. The manager had highlighted this in her medication audit and asked that old medications were removed from the medication administration record. A staff member who was responsible for administering medicines told us that they had received training to safely do this.

Medicines were stored safely in trolleys which were locked when not in use and secured to the wall. This had been risk assessed by the manager.

Good

Is the service effective?

Our findings

People told us that the staff had the skills to meet their needs. One person said, "They know what they are doing."

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people living in the service. Staff were knowledgeable about their work role, people's individual needs and how they were met.
There were notices in the service showing when staff were to attend training in April and May 2016. This included training in first aid, infection control, Mental Capacity Act 2015 and Deprivation of Liberty Safeguards. Two staff discussed the upcoming training and how they planned to travel to the local venue. Staff had received training which was relevant and gave them the necessary knowledge for their roles such as dementia awareness.

At the time of the inspection, an agency staff member was on shift. This was her first day and the agency staff member confirmed that she was given an induction by the manager and information about how to support people including people's likes and dislikes. This demonstrated that the staff member had received the necessary information to be able to support people effectively.

We observed staff assisting people to use mobility equipment in a safe way. This showed that the moving and handling training they had been provided with was effective.

Staff told us that they were supported in their role. The manager held supervisions with staff, however, these were not always recorded or records could not be found. There was a daily message book in place which was used to communicate key information and ensure the team were aware of any changes to people's needs.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager told us about the applications that had been made under DoLS to the relevant supervisory body, to make sure that any restrictions were lawful. The registered manager understood when applications

should be made and the requirements relating to MCA and DoLS.
People's care records showed where DoLS referrals had been sent to the local authority. The records identified how people made their day to day decisions in their lives and any assistance that they required, such as with their finances. People's records showed where their consent was sought and where people refused care or treatment, this was respected. For example, one person had refused to change the food they were eating following a diagnosis of diabetes. The person's views were recorded, identifying that their choices must be respected, but staff were to continue to encourage a healthier diet. Where people had refused medical treatment, this also had been respected and staff had encouraged people to attend other appointments. This showed that people's consent was sought before any care or treatment was provided.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. This was confirmed in our observations. We saw that staff sought people's consent before they provided any support or care, such as if they wanted to participate in activities, if they needed assistance with their meals and where they wanted to be in the service.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People told us that they were provided with choices of food and drink and that they were provided with a healthy diet. One person said, "The food is very good." Another person said, "I get enough to eat." One person's relative told us that the food in the service was, Very good," and that they enjoyed meals with their relative. This was confirmed in our observations.

People were provided with the assistance they needed, at their own pace, during meals. Choices of hot and cold drinks were provided to people throughout the day. Where people were at risk of not drinking enough, staff encouraged them to drink.

There were choices of meals displayed in the dining area. This was in both text and picture format, which was accessible to the people who used the service. We saw that people's breakfast preferences were on the wall of the kitchen. There was a rolling four week menu that was varied to meet people's nutirional needs.

People's records showed that people's dietary needs were assessed and met. Records were in place which showed what people had eaten and drank each day. This assisted staff to recognise when people's eating routines had changed.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person's relative said, "They [staff] will always get a doctor out." One staff member assisted a person with exercises, they encouraged the person, "Well done, this will help."
Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. Where changes in people's wellbeing were identified, prompt action was taken to seek guidance and treatment from health professionals. The outcomes were clearly recorded and taken into account when planning people's care.

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, "They [staff] are beautiful people." Another person told us, "They [staff] are very kind." One person's relative said, "All the staff are smashing."

We saw that the staff treated people in a caring and respectful manner. People were clearly comfortable with the staff, they responded to staff interaction by smiling and chatting to them. When communicating with people, staff positioned themselves to people's eye level which promoted effective communication. We saw a staff member singing and counting with a person to encourage them when supporting them.

Staff talked about people in a compassionate and respectful way. They understood people's individual needs and how they were met. This was reflected in their knowledge of how people communicated. For example, a staff member told us about one person's specific way of communicating, which was to write down any questions that we had. When we spoke with this person they confirmed that this method helped them to understand what staff were saying to them.
People told us that they felt staff listened to what they said. One person told us that they had recently moved into the service and they had been asked what support they needed, which was what they were provided with in a daily basis. We saw that staff listened to people about how they wanted to be supported, for example, if they needed assistance with their personal care needs and with cutting up their food.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. One person told us " It is a good service, I am very happy. I had a chance to move but why would I want to?" We saw that one person who had medication patches told the staff member which leg he would like the patch on. The staff member had explained how the patches worked and respected the persons choice. We saw that staff respected people's privacy and dignity. For example, by asking people if they wanted to wear aprons during meals to prevent food spilling on their clothing. Care records identified the areas of care that people could attend to independently and how this was promoted and respected. One staff member told us that she had explained the health needs of a person to the GP to ensure that that person got the care that they needed as she was concerned that the person was not being listened to.

There was a poster displayed giving people details of a local advocacy service that they could use if they required any additional support. These details were also provided to people in the service user guide.

Good

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person said, "I am very happy here, I think I will be here now for the rest of my life. I have got a nice bedroom and bed, you push the button and it goes up and down." They also said, "Some homes are big, but this is only small so more personal." Another person commented, "I am happy, I have got everything I need. What more could I want?" One person's relative told us, "It is nice here, very homely." Another person's relative said that they were happy with the care provided to their relative, "I don't have to tell you, you can just see for yourself how good it is. It is a small home and [relative] is well cared for." Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. These records provided staff with the information that they needed to meet people's needs and preferences. Where people had specific conditions there was information in the care records about how these affected the person's daily living. For example, how a person's condition could change daily, how they mobilised and the assistance they needed.

Staff knew about people's specific needs and how they were provided with personalised care that met their needs. Staff knew about people and their individual likes and dislikes. Staff knew about people's diverse needs, such as those living with dementia, and how these needs were met.
People's records included people's interests and hobbies, One person's records said that they enjoyed reading magazines and we saw a staff member offer magazines to the person. Another person's records identified how they preferred to stay in their bedroom and what they enjoyed doing. This was promoted by the television, delivered newspaper and the use of a mobile telephone. This showed that people's interests were promoted and respected.

During our inspection we saw people doing activities. These included a ball game, entertaining visitors, going out into the garden, talking with staff and talking about reminiscence cards. There was an activity programme on the wall in the lounge area which showed that there were group activities twice a day. Staff told us that for people who remained in their bedrooms they were provided with one to one time to reduce the risks of isolation. This was confirmed in care records. One person told us that they were looking forward to the warmer weather so they could go out into the garden, "They grow all vegetables at the back there, I like that." They also told us that they had been told, "It is supposed to be good here at Christmas."

Staff were always present in the lounge ensuring people were supported when they needed assistance and we saw that they also made sure all people received some social interaction. No people were left for long periods of time without staff speaking with them.

People could have visitors when they wanted them. This meant that people were supported to maintain relationships with the people who were important to them and to minimise isolation.

All of the people told us that they knew who to speak with if they needed to make a complaint and the complaints procedure was given to people in the service user guide. We saw that every complaint was logged in a book and that the action taken was recorded. These complaints were dealt with informally.

We saw compliments that included " Thank you so much for all the care – you were kind and thoughtful" and "Thank you for the care you gave my relative – it was appreciated.

Good

Is the service well-led?

Our findings

People knew who the provider and manager was and told us that they felt that the service was well-led.

The Statement of Purpose for the service clearly explained the vision and values of the service and included how people's cultural needs would be met.

The manager was very visible in the service and the manager told us that because they were in the service, a minimum of five days a week and worked alongside the seniors as part of the shift, they spoke with staff and people regularly and so could monitor the service on an ongoing basis and make improvements as required.

The service has a small staff team and any issues or concerns were discussed at the time and dealt with promptly. There were policies and procedures in place to provide guidance to staff which had been reviewed regularly and signed by the staff team. There was guidance displayed for staff on how best to support someone to remain hydrated, how to prevent pressure ulcers and another on how to recognise the signs of a stroke.

The manager had completed audits of the service to identify any concerns in practice. Audits and checks were made in areas such as medicines and falls.

There was an open culture in the service and people were involved in developing the service and were provided with the opportunity to share their views. We saw the outcomes to satisfaction questionnaires which had been completed by people in 2015 and were stored in their individual files. All of these questionnaires provided positive responses.

There were plans in place to continually improve the environment, this included replacing the flooring throughout the service. The manager recognised the limitations of the environment due to it being an older building but they made sure that people were provided with a homely and safe environment to live in.

Staff told us that they felt supported and listened to. One staff member said " I feel supported by the manager" Staff understood their role and responsibilities in providing a good quality service to people. One staff member said about working in the service, "I love it." Another staff member said " Kingston House is like a family and the residents always come first. We discuss things between the team and come up with a plan of how best to support someone"

Staff had an awareness of the whistleblowing procedure and who to contact if they had any concerns.