

Blanchworth Care Limited

# Kington Court Community Care Centre

## 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 ●

# Summary of findings

## Overall summary

The inspection took place on 30 August 2016 and was unannounced. A further announced inspection visit was also conducted on the 25 November 2016 to look at the Minor Injuries Unit.

The home provides accommodation for a maximum of 47 people requiring nursing and personal care. There were 45 people living at the home at the time of the inspection. The registered provider also provides treatment for minor injuries to people in the local community with a 'walk in' minor injuries unit.

There was 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.

The home was last inspected in August 2013, during which we did not identify any concerns.

Staff understood how to keep people safe and knew what they should do if they had any concerns. Risks to people's safety were assessed and minimised.

Staff understood people's health risks and which symptoms were specific to the person and how to keep the person safe.

The provider followed safe recruitment processes to ensure people received care from a staff team who were suitable to support them.

People received their medications safely. People were supported to take their medicines as prescribed.

Staff received regular supervision and training appropriate to their roles.

People made individual choices in their meals and were supported to maintain a healthy diet.

The provider supported people to access a variety of health professionals to ensure they received effective treatment to meet their specific needs.

Staff showed compassion, dignity and respect when supporting people.

People were offered opportunities to pursue their social and spiritual interests.

The provider routinely and actively listened to people to address any concerns or complaints.

People told us the home was well-led and both staff and the management team were very approachable.

Staff also felt supported by the registered manager and felt part of a team.

There were systems in place to gain people's experiences and to continually monitor the quality of the service provided.

## 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.

People felt reassured and safe in the company of staff.

Staff understood how people needed to be kept safe from the risk of harm.

People received their medicines safely.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received regular training and support.

Staff understood how to obtain people's consent.

People were offered choices around their meals in order to help maintain a healthy lifestyle.

### Is the service caring?

Good ●

The service was caring.

People considered staff their friends and felt staff understood their needs.

People were treated with kindness, dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People were included in activities of their choosing such as spiritual interests they had.

People were invited to provide feedback about the service.

There was a system in place to capture and respond to

complaints and feedback.

**Is the service well-led?**

**Good** ●

The service was well led.

People's care and the quality of care was regularly reviewed and updated.

The provider supported the registered manager's work at the home by offering regular reviews and support.

People and staff felt that the manager was approachable and supportive.

# Kington Court Community Care Centre

## **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.

The inspection took place on 30 August 2016 and was unannounced. A further announced inspection visit was also conducted on the 25 November 2016 to look at the Minor Injuries Unit. The inspection was carried out by two adult social care inspectors and one inspector from the hospital directorate. The Inspection team was also supported by a specialist advisor in nursing. A specialist advisor is a person with a specialist knowledge regarding the needs of people in the type of service being inspected. Their role is to support the inspection.

Before the inspection, we reviewed information we held about the service in the form of statutory notifications received from the provider and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

As part of the inspection we spoke to six people living at the home and two visiting relatives. We also spoke with four staff, the registered manager, the registered provider and the clinical manager of the minor injuries unit, who was a registered nurse.

We looked at a range of records about people's care and how the home was managed. These included three care records, the complaints folder, recruitments processes as well as monthly checks the provider completed. We also reviewed medicine administration records, minutes of meetings with staff, staff training records as well as quality checks the registered provider had made.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at the home. One person told us, "Nobody would harm me in here." Another person told us, "The staff are very, very gentle." People we saw knew the staff and looked relaxed and at ease in their company.

Staff we spoke with had received training on keeping people safe and knew that they could share their concerns with the registered manager. Staff we spoke with explained their understanding of keeping people safe, and understood people's individual circumstances. This enabled them to have a detailed understanding of what safeguarding was and applying the principles to each person. The registered manager also understood their obligations for reporting incidents and where relevant making appropriate notifications.

People we spoke with told us care staff helped them when they needed support. We saw staff calmly supporting people. Staff took their time and did not rush people. One person told us, "There's usually staff around and you can speak to someone." Where people chose to spend time in their room, we saw staff chat and acknowledge them as they walked past their room. We saw people had access to call bells and felt comfortable using them. One person told us, "You press the call bell and one of the carers will be in here." People we spoke with felt comfortable with the staffing levels at the home and felt there were enough staff available to support them.

Staff we spoke with told us that there were sufficient staff to care and support people although they felt night shifts were often a struggle to cover. The registered manager told us staffing levels were adjusted based on the people's individual needs and that there had been some gaps for staffing at night. This was currently being covered by other staff. The registered manager also told us they were in the process of recruiting staff and some night staff had been appointed.

Care staff we spoke with understood the health conditions that people lived with and the associated risks to their health. For example, care staff understood which people might present with challenging behaviours and how to support them remain calm. They understood how to support people who became upset and how to offer reassurance when required.

Staff we spoke with described the recruitment process they followed to work at the home and what checks the registered manager followed to ensure it was safe for them to work there. The registered manager amongst other checks, ensured care staff had DBS (Disclosure and Barring Service) checks undertaken before commencing employment. The DBS is a national service that keeps records of criminal convictions. Two care staff files we reviewed demonstrated that the necessary checks had been followed before care staff were allowed to work at the service. References and identity checks were also sought as part of the recruitment process.

We looked at how people's medicines were managed. People we spoke with were happy with the level of support they received and told us they normally received their medicines at the same time. We saw people

had their medicines explained to them by the nurse before they took them. Nurses we spoke with could explain which medications were taken by which people and were knowledgeable about how their medicines needed to be taken. Regular checks were completed to ensure people received their medication as prescribed. Staff we spoke with understood people's medications and understood if there were any allergies to be aware of.



## Is the service effective?

### Our findings

People living at the home felt reassured that staff understood how to care for them. One person told us, "The staff are very good. They know what they're doing and I let them get on with it."

Staff told us we were able to access regular training and supervision. One staff member who told us their background was not in caring felt the training had equipped them well to support people. They told us about some of the people they supported and how they lived with certain conditions such as diabetes. They told us the training had made them aware of the symptoms that may indicate a person was becoming unwell and what action to take. They could tell us which people lived with diabetes and how each person was supported. Another staff member told us about their training and how this helped them support people living with dementia. They described knowing about behaviours that people can display and how they supported people to reassure them.

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.

We checked whether the service was working within the principles of the MCA. People that had not been able to make decisions were supported to have decisions made in their best interests. Staff we spoke with understood the importance of where possible allowing people to make decisions for themselves. Staff understood why a person's consent was needed before they supported them. Staff explained to us what was meant by a best interests decisions. They told us they would speak to the registered manager if they were unsure of anything. The registered manager told us about how they involved relevant stakeholders in make a best interest decision and showed us examples where these had been done.

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). Where the registered manager had identified a person required to be deprived of their liberty, a DoLS application had been made to the local authority for assessment and approval.

People were supported to make choices about their food and received support where appropriate. One person told us, "If you don't fancy anything you can get a sandwich if you like." One person chose a specific meal to eat each lunchtime and staff ensured the person received this. People were also supported to maintain a diet they had always chosen. For example, one person told us they liked a large cooked breakfast and they received this. People were seen drinking a variety of different drinks throughout the day. A number of people required special diets either to maintain a healthy lifestyle or because of an allergy. Staff understood which, people were affected and how to support them. For example people that required a softened diet received this.

People felt able to access any additional medical support they needed. One person showed us the new spectacles they recently had prescribed. They told us "I've had new glasses look." Another person told us, "If you're feeling a bit rough the doctor will come and see you." People felt assured that they could get the appropriate medical help when they required it.

## Is the service caring?

### Our findings

People we spoke with were positive when talking about the home and the staff supporting them. One person told us, "It's very nice living here. The staff they take good care of me." Another person told us about staff, "I don't know how they find so many nice ones. They're all pleasant and caring."

People had a friendly relationship with staff and chatted with them throughout the day. We saw people laugh and exchange friendly chatter with staff. Staff took time to stop and talk with people when they saw them. We saw people had a good relationship with staff and staff responded to people in ways that were appropriate to them.

People knew staff understood their preferences. One person told us, "I like my room tidy and the girls know that." We saw the person's room was immaculately tidy and they told us it was exactly how they wanted it. Another person told us, "I don't like spaghetti and they know that." The person told us that staff knew about them. A further person told us, "They always ask me if I need anything and I can always ask if I need anything." People felt staff understood them and their care requirements.

We saw people being offered choices throughout the day about their day to day support needs. We saw staff ask people whether they wanted to sit in the lounge or stay in their room. People's decisions were supported by staff. When some people grew tired and chose to return to their room, staff walked with people at their own pace.

Staff we spoke with could tell us about the people they supported and about the each person's personality. They could tell us about what they liked to eat, any family involvement the person had as well as things the person didn't like. For example, one person did not like loud noises and staff were aware of this and tried to minimise the person's exposure to loud noises.

People shared time with their family members in ways that they chose to. We saw people sit and chat with family members in the lounge or go out and spend time with them. Some people chose to sit in the bedroom whilst others sat outside in the garden area. We saw relatives were encouraged to visit and participate in some of the activities taking place such as skittles and a faith based meeting so that they could spend time together. The home ran a 'pen pal' project with a local school and people were encouraged to share stories about their life in letters to local schoolchildren, who replied to them.

People we spoke with told us they were treated with dignity and respect. One person told us, "The staff here are very, very good. They are very respectful." Care staff we spoke with also told us they understood what dignity meant. One staff member told us, "People are individuals." All the people we spoke with told us staff were supportive and were sensitive to their needs. This meant people felt comfortable talking to them and asking for additional help without feeling embarrassed.

People told us their family members were encouraged to visit whenever they chose. We saw people had telephones in their bedrooms and could call their family members when they chose to in order to stay in

contact with them. During the course of the inspection we saw a number of family members visit and stay for varying lengths of time. They told us they dropped in and visited whenever they liked and stayed for as long as they needed.

## Is the service responsive?

### Our findings

People we spoke with told us they were part of the process for deciding how their care was arranged. They told us they regularly spoke with staff about things that were important to them.

People told us they were able to pursue interests that were personal to them. We saw people had access to books and newspapers, and some people chose to go to the town centre to do their own shopping. Where people had chosen to continue the skills associated with their profession they had the opportunities to do so within the home. For example, one person helped a staff member fix a piece of broken office equipment.

Relatives told us they contributed regularly to discussions with staff to ensure their family member received the care they needed. They told us it was important for them to help staff understand their family members care requirements. They described outlining the person's needs before the person moved to the home. Where people's needs changed staff worked with the person and their relatives to continue to be able to support the person. Two relatives we spoke with told us, that as their family member's health had changed and that they worked with staff to share ideas for supporting the person further.

Care staff we spoke with told us they understood how to care for the people they were supporting. One person lived with Dementia and was affected by some of the memories they lived with. Staff we spoke with understood the person's needs and how the person required reassurance. Staff understood how the person required support and were seen offering the help when needed.

During our inspection, we saw people being offered the opportunity to attend a religious service at the home. We saw staff knew which people would be likely to want to attend and people that chose to attend were offered assistance.

Care plans we reviewed detailed information about people that staff could refer to. The information related to people's care needs and about things that were important to the person such as information about the person's family and career. It listed for staff, information about the person so that they understood how to support them, such as information about birthdays. One person we spoke with had a significant milestone birthday, and staff we spoke with were aware the person's birthday was coming up.

People living at the service were encouraged to share what they thought of the service and were able to share their opinions on topics like the food, activities and any concerns they may have. The registered manager also used resident meetings to share with people what progress had been made since the last meeting. One person asked for a change in the menu and this was being progressed.

People told us they understood they could complain if they needed and understood the process for doing so. People we spoke with told us they were happy with the care they received and did not have any reason to complain. We reviewed how the registered manager followed the registered provider's system for recording complaints. We saw one person had raised an issue about the carpets and this had been shared with the provider and the carpets were in the process of being replaced. Feedback was given so that people

living at the home knew there would be new carpets.

## Is the service well-led?

### Our findings

People living at the home knew the registered manager and we saw the registered manager support staff care for people throughout the day. One person described the registered manager as "Really nice." Another person spoke affectionately about the registered manager and about the region of England they were from. People we spoke with knew the registered manager and felt able to speak with her when they needed to, because she was familiar to them.

Staff working at the home felt supported by the registered manager. One staff member told us of the registered manager, "Anything you need, she'll help me." Another staff member told us, "It's a brilliant team here." Staff spoke positively about working at the home and how they were included and had access to the information they needed. We saw minutes for team meetings were staff had suggested agenda items and raised issues they had wanted to discuss. Staff told us they attended team meetings and felt communication was good, because they received the information needed to care for people.

People's care and documentation was reviewed regularly by the registered manager. Staff told us they referred to the care plan records for further information and that the records were checked. Three records we looked at showed people's care had been reviewed and updated when changes were required. Staff told us information was communicated to them at handover meetings or during team meetings and they felt well informed.

The registered manager told us they felt supported by the provider and was able to approach them to discuss any support or requests they needed. For example, they had discussed the purchase of new equipment they needed in relation to people's care and this had been provided. The registered manager told us they were supported by the provider in updating their knowledge and had attended training events that the provider ran to maintain staff understanding of their policies and procedures. The registered manager also had regular visits by the provider to check that the home ran in accordance with the provider's expectations.

The registered manager told us they had worked with local business and groups to develop their links with the local community. They showed us a display of letters that local children had exchanged with people living at the home. They had also arranged for some of the people to use the swimming pool at a local hotel. Relatives of people living at the home were also asked to judge a 'Great British Bake Off' competition that the home ran.