

Beech Meadows Homes Limited

# Kingsthorpe View Care Home

## Inspection report

Kildare Road  
Off Wells Road  
Nottingham  
Nottinghamshire  
NG3 3AF

Tel: 01159507896

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Kingsthorpe View is a purpose-built residential care home, providing personal and nursing care to people with mental health issues, dementia, physical disability or sensory impairment. The service can support up to 50 people. At the time of our inspection there were 33 people living at the service.

### People's experience of using this service and what we found

The risks to people's safety were not always well managed. Staff's management of the environment put people at risk of harm. People were not always protected from the risks of infection as there were some communal areas of the service that were not clean. Staff did not always manage medicines safely.

There was feedback from people and staff that staffing levels were not always consistent. However, on the day of our inspection we saw there were enough staff to meet people's needs, and the registered manager had been consistently working to recruit appropriately trained staff to support people.

Staff were supported with regular supervision and mandatory training, however one new member of staff had not received training for their role. This was addressed following our inspection.

There were examples of people's nutritional needs being well managed, people received appropriate diets. However, the management of some of the mealtimes we observed lacked engagement and organisation and the support some people received needed to be improved.

The majority of people were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and in their best interests. However, the information in some mental capacity assessments needed further improvement to give more detail on how the assessments had been conducted.

Although some staff treated people with care and respect, there was at times a lack of engagement with people, and several interactions we saw were task orientated. People and their relatives had not always been involved in developing their care plans.

The registered manager had quality monitoring systems in place to monitor the standards of care. However, we found these tools were not always robust enough to highlight some issues we found on our inspection.

There was a lack of engagement with people on the way the service was run.

People were protected from potential abuse and staff understood their roles in protecting people in their care. Their care was assessed using nationally recognised assessment tools and there were risk assessments in place to guide staff provide safe care.

People's health needs were well managed. They lived in an environment that allowed them the freedom to

move around the service safely. The service needed some refurbishment; however, we saw the provider had an action plan in place and was working to improve the environment.

People's privacy and dignity was respected by staff and staff were aware of their role in maintaining people's dignity.

People received care from staff who had a good knowledge of their needs. Their communication needs were met, and the provider worked to the accessible information standards to provide people with information in a way they could understand.

Staff worked to meet people's social needs in an individualised way and reflected the differing needs of the people who used the service. Complaints were managed in line with the providers complaints policy.

People's end of life wishes had been discussed where appropriate and there was information in their care plans.

The registered manager and provider worked in an open and transparent manner and understood their responsibilities in relation to the duty of candour.

#### Rating at last inspection

The last rating for this service was requires improvement (published 31.05 2018) and the service was in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation. However, we found a further breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this full report.

#### Why we inspected

This was a planned inspection based on the previous rating.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our safe findings below

**Requires Improvement** ●

### Is the service effective?

The service was not always Effective

Details are in our effective findings below

**Requires Improvement** ●

### Is the service caring?

The service was not always Caring.

Details are in our caring finding below

**Requires Improvement** ●

### Is the service responsive?

The service was Responsive

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always Well Led.

Details are in our well led section below.

**Requires Improvement** ●

# Kingsthorpe View Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

There were two inspectors and an assistant inspector who undertook this inspection in one day. We were accompanied by an Expert 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.

#### Service and service type

Kingsthorpe View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had about the service prior to our inspection. This included previous inspection reports, and details about incidents the provider must notify us about, such as abuse and accidents. We spoke with the local authority quality monitoring team who work with the service. We used the information

the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with seven people at the service and three relatives to ask about their experience of the care provided. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three members of care staff, the cook, a laundry assistant and a housekeeper. We also spoke with two registered nurses, the deputy manager, the registered manager and provider. We reviewed a range of records. This included five care records, medication records and four staff files. We also looked at the training matrix, audits, accident records and records relating to the management of the home.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- We saw evidence that people were protected from potential abuse and staff understood their roles in protecting people in their care. However, not all staff had received safeguarding training at the service. One new member of staff had not undertaken their training. We discussed this with the registered manager and following the inspection the registered manager ensured this training was completed.
- Staff worked to support people's independence, while raising their awareness of potential abuse. We saw positive outcomes for one person because of this approach.
- The registered manager worked with the local safeguarding team to address any issues of concern and staff had confidence any concerns they raised would be dealt with appropriately.

Assessing risk, safety monitoring and management

- The risks to people's safety were not always well managed. While there were clear risk assessments in place, staff's management of the environment put people at risk of harm.
- There were times during the inspection when we saw the housekeeper leave their trolley, which contained chemicals, unattended. The laundry and sluice room doors were unlocked. There were several people living with dementia who could have gained access to these chemicals and rooms and been put at risk
- The majority of risk assessments were individualised, they contained clear information on how to reduce individual risks to people. However, there were a small number of inconsistencies in the care plans.
- Staff we spoke with were aware of the risks to people's safety and we saw the information on the equipment or measures needed in the care plans were in place. For example, the pressure relieving equipment needed for people was correctly set and there was clear information on the checks needed to ensure the equipment remained effective.

Staffing and recruitment

- There was feedback from people and staff that staffing levels were not always consistent. However, the registered manager had been working to improve this. Safe recruitment processes were in place.
- People told us there were times when they waited a long time for support with care.
- Staff told us they could see the registered manager was working to improve the staff levels to match the changing needs of people. There was less agency staff being used and more of the company's bank staff (staff who work flexible hours to suit the needs of the service). The registered manager had worked to recruit more registered nurses and continued to recruit care staff to improve the consistency of staff supporting people.

- People were supported by staff who had been recruited safely. Potential staff's work history was examined. References were sought, and the disclosure and barring service (DBS) system showed if staff had any criminal convictions which needed to be considered before any job offers were made.
- We did raise concerns with the registered manager that staff files were not well organised, and we needed to ask the registered manager and administrator to find items for us during our examination of the files. The registered manager told us they were aware the filing system needed some further work and they were addressing this.

#### Using medicines safely

At our last inspection the provider had failed to ensure that medicines were being administered as required and in the best interests of people. this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulation 2014

- At this inspection although we found the provider had address these issues there were still some aspects of the management of people's medicines that required further improvement.
- During a medicine's administration round, the medicines trolley was left unattended on two occasions. We addressed this with the registered manager. The registered manager told us they undertook regular observations of practice during medicine administration rounds, and this was not usual or excepted practice. They told us they would address this with the member of staff and revisit their competency and medicines training.
- People told us they got their medicines when they needed them. There were protocols in place to support and guide staff to give as required medicines safely and appropriately.
- Storage and checks of medicines were in place, and medicines were stored appropriately.

#### Preventing and controlling infection

- People were not always protected from the risks of infection, there were some communal areas of the service that were not clean. The sluice and an upstairs bathroom we viewed had visible signs of dust present. One member of the housekeeping team had not received appropriate training for their role. We raised this with the registered manager and following the inspection they ensured this was completed.
- People told us they were happy with the standard of cleanliness in their rooms and staff told us there was always personal protective equipment available.

#### Learning lessons when things go wrong

- The registered manager had some processes in place to ensure learning from events or incidents at the service.
- Staff told us there were debriefs following any significant incidents. They were able to discuss any issues at their supervisions and there were daily handovers to keep them updated with events.
- We saw there was a staff meeting held to discuss a significant event at the service, which focused on what had gone well and how the staff group could improve on practice in the future.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care was assessed using nationally recognised assessment tools. Staff showed an understanding of how the outcome of the assessments should inform the care they provided for people. For example, the use of the malnutrition universal scoring tool (MUST) to guide staff to provide effective management of people's weights.

Staff support: induction, training, skills and experience

- Staff were supported with regular supervision and mandatory training; however, the training matrix did not always reflect the training people had received. The registered manager was aware of this, they were looking at ways to improve the system to give them a better oversight of the training needs at the service.
- The majority of people felt staff had the knowledge and skills to provide the care they needed. Staff told us the training they received was useful, however a number of staff felt they needed further training on managing people with challenging behaviours and dementia. Our observations of staff's skills supported this.
- Staff were supported with regular supervisions. Staff we spoke with told us they found the supervisions useful and felt able to raise any issues they wanted to discuss.

Supporting people to eat and drink enough to maintain a balanced diet

- Although we saw examples of people's nutritional needs being well managed, the management of some of the mealtimes we observed lacked engagement and organisation. There was a lack of clear information to allow people to make choices about their meals.
- The lunchtime meal we observed on one of the units was disorganised and staff lacked the skills to manage the needs of some people living with dementia. This resulted in some people not receiving the support they required to manage their meals. However, observations in other units were more positive with people receiving support from staff or their relatives who had joined them.
- Several people were living with dementia and there was a lack of pictorial menus on one of the units to assist them to make their choices. When we asked where the pictorial menu was, staff needed to go to another unit to find one, when it arrived it did not match the choices on offer for people.
- The information in people's care plans showed their nutritional needs and staff we spoke with were able to discuss these needs. We saw an example of how through staff support a person had been encouraged to

maintain a healthy diet that had a positive effect on their wellbeing and underlying health conditions.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health needs were well managed. People and their relatives told us if people needed the support of health professionals, staff ensured they received this care in a timely way.
- The deputy manager told us the staff team worked closely with the service's GPs, and they undertook regular home visits every two weeks to provide consistent care, as well as visiting at other times should the service request this support.
- We saw records of health professionals' visits in people's care records that showed timely support was sought for people, and recommendations of care were followed.

Adapting service, design, decoration to meet people's needs

- People lived in an environment that allowed them the freedom to move around the service safely. The service needed some refurbishment.
- The service was divided up into units and this allowed people who had capacity to have a greater independence. There were communal areas to allow people to sit in small groups.
- There was easy read signage to support people with their independence, clearly showing communal areas, bathrooms and toilets.
- There was a refurbishment plan in place and the provider and registered manager told us they continued to work to this plan. We saw there were areas that had benefited from some refurbishment.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- There were DoLS orders in place to show people had not been unlawfully deprived of their liberty and any conditions were being met. However, the record keeping system for DoLS was disorganised. This put the service at risk of not monitoring DoLS in an effective way.
- The information around the mental capacity assessments we saw was variable. For example, there was good assessment and information around one person's ability to make financial decisions. However, there was also a lack of best interest decisions in place for some people who lack capacity but had bed rails in place. The registered manager was aware that further work was required to improve the information and assessments around people's mental capacity.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Although some staff treated people with care and respect, there was a lack of engagement with people from some members of staff and several interactions we saw were task orientated.
- There was a differing attitude among staff on the different units on the day of our visit. On one unit we saw some positive interactions between people and staff and staff engaged with them in a very person-centred way. However, on another unit we saw some people were moving around the unit with a lack of positive engagement from staff.
- The registered manager told us they were working with staff to improve this aspect of care and some staff we spoke with had told us they felt they would benefit from further training in supporting people living with dementia. We did receive some positive feedback on staff behaviours from people and their relatives. One relative said, "Some staff are very caring, understanding, and some of them will go the extra bit for you."

Supporting people to express their views and be involved in making decisions about their care

- There was a lack of engagement with people and their relatives around people's care plans, however we did find people were involved in their day to day decision making about their care.
- People and relatives, we spoke with did not appear to know about their care plans and some people we spoke with felt the staff completed the care plans for them.
- People told us staff did ask them if they could provide care prior to supporting them and respected their wishes if they did not want an aspect of care providing. People were able to make choices about their daily routines.
- One relative told us they saw staff talking with their relative who was unable to verbally respond before they provided care. The staff gauged the person's response through their expression to ensure the person was happy to receive care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff and staff were aware of their role in maintaining people's dignity.
- People told us staff were careful to ensure curtains and doors were closed before providing care. We saw staff knock on bedroom doors and wait for a response before they entered.
- People told us staff supported their independence and offered help but allowed them to take the lead when deciding the level of care they required.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good.

This meant people's needs were met through good organisation and delivery

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care from staff. Their care was planned and recorded in their care plans and the registered manager worked to improve communication to further support good personalised care.
- Some people and staff were able to give examples of personalised care people received. This included how people enjoyed spending their day, the times they wished to get up the level of support they required, and how their cultural needs were supported. For some people this included their diet or their religious preferences. However, this was not consistent throughout the service and in some of the units people felt staff worked in a task orientated way.
- Staff told us the registered manager had a meeting with staff to get their ideas on how to improve communication and put some of these ideas into practice. One member of staff told us they felt communication and providing good care had improved since these initiatives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager worked to ensure people's communication needs were met. Where there were barriers to communication we saw arrangements in place to overcome those barriers.
- One person whose first language was not English had words from their own language written in their care plan so staff could have a basic understanding of their needs.
- There were memory boxes outside people's rooms to help people find their rooms. The signage at the service for communal areas such as bathrooms and toilets were clearly signposted using dementia friendly signage. There was a board in each of the communal areas showing the date, time and season, all accurately reflected.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager and their staff group worked to meet people's social needs. This was approached in an individualised way and reflected the differing needs of the people at the service.
- People and staff on one unit had worked together on a project to grow flowers and vegetables from seed. The courtyard area of the service had been improved and people had been encouraged to paint and plant up flower boxes. One member of staff told us people had a sense of ownership of the area and enjoyed

sitting in that area.

- There were other examples of how people's individual social needs were met, as people told us they enjoyed going to the pub, theatre or to a football match. One person's room had been decorated with memorabilia from their favourite football team, and they recounted their enjoyment of their trip to see their team play. Another person enjoyed watching films and the provider had installed sky T.V for them.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of who to speak with if they had any concerns. One relative told us they had made a few minor complaints and the management team had addressed them. The complaints policy was displayed at the service and staff understood their responsibilities in relation to managing complaints.

End of life care and support

- Where appropriate, people's end of life wishes were recorded in their care plans. This included any cultural or religious needs, family involvement and where people wanted to be at the end of their life. The registered manager and the registered nurses at the service worked with the relevant external health professionals to ensure people in their care received a peaceful and pain free death.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had quality monitoring systems in place to monitor the standards of care. However, we found these tools were not always robust enough to highlight some issues we found on our inspection. The registered manager had met their registration regulatory requirements of notifying CQC of certain information through statutory notifications.
- Aspects of people's care was being monitored, for example falls were being monitored and recorded, however, there was no analysis of trends to reduce risks. People's weights were being monitored, however the registered manager could not demonstrate how they were auditing weights and there was a lack of oversight of how people's weights were being managed other than looking at people's care plans. We discussed this with the registered manager and they were looking at ways this could be achieved through their electronic care plan system.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and at the service.

The lack of robust quality monitoring processes in place and the second inspection where the provider has been rated as requires improvement has led to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider worked in an open and transparent manner and understood their responsibilities in relation to the duty of candour. The registered manager had a good management structure in place and continued to build on this through regular meetings with key staff to ensure they understood their roles and responsibilities.
- The registered manager was aware of the need to further develop staff to support them in their roles, they had a supervision plan in place to ensure staff were both supported and developed. They told us they were aware there were still things to do but they felt they were achievable now. Our discussions with the registered manager showed they were very aware of people's needs and worked with staff to ensure their care was delivered in a person-centred way.

- People and relatives, we spoke with told us the registered manager and deputy manager were visible around the service, and people knew the manager by name. One relative when asked who the registered manager was, said, "Oh yes, its [Name] She will speak to you anytime. She walks around." They went on to say the registered manager knew their family member enjoyed company and they often found them sitting with the registered manager in her office.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- There was a lack of engagement with people on the way the service was run. The provider informed us they had sent questionnaires to people and relatives to gain their opinions of their care but the response to this had been poor. However, we did not see any evidence of an alternative approach to obtain people's views . There were staff meetings and the minutes we viewed showed a range of issues were discussed with staff.
- The registered manager was working with the local authority to provide training to staff in a programme which trains staff with a view to them sharing this knowledge in their teams. The registered manager told us they had worked hard to improve the training for staff and improve their knowledge and skills.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The quality monitoring processes in place had not identified some of the concerns we highlighted during our inspection.