Four Seasons (No 10) Limited

Kingston Care Home

Inspection report

Kingston Care Home
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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 well-led?	**Requires improvement**

Overall summary

We carried out an unannounced comprehensive inspection of this service on 6 January and 9 February 2015 and a number of breaches of legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to; ensuring enough staff were deployed in the home to meet people's needs, staff were aware how to report abuse and understood their responsibilities regarding consent issues, substances hazardous to health were stored safely, the premises were well maintained, and the quality of care people received was monitored.

We undertook this unannounced focused inspection on 23 June 2015 to check that the provider had followed their action plan and confirm they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingston Care Home on our website at www.cqc.org.uk

Kingston Care Home provides accommodation, nursing and personal care for up to 67 older people. The service specialises in the care and support of older people who have a range of health care and medical needs, the

Summary of findings

majority of whom are living with dementia. The home is purpose built and accommodation is arranged over three floors. At the time of our inspection there were 53 living at the home and one person receiving respite care.

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At this inspection we found the provider had taken appropriate action to ensure all the breaches identified at the previous comprehensive inspection had been met. We saw there were sufficient numbers of staff deployed in the home to meet people's needs and the provider regularly assessed and adjusted the required staffing levels. Staff we spoke with understood how to report abuse if they suspected people using the service were at risk of harm. Chemicals and substances harmful to health were safely stored. The premises, which had recently been refurbished, were well maintained. The service had systems in place to monitor the safety and quality of the service provided at the home. The new acting manager understood when a Deprivation of Liberty Safeguards (DoLS) authorisation application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

However, despite these improvements, we identified a number of new issues where the provider had failed to meet their legal obligations. We found people were not always protected against the risks associated with medicines because the provider had not always followed arrangements in place to manage medicines. This failure meant people might not receive their medicines as prescribed. We also found that people's needs may not always be fully met because staff were not appropriately trained or supported by their managers to effectively carry out the duties they were employed to perform.

Furthermore, people had mixed views about the quality of the care and support provided at the home. Although most people told us staff were caring and treated them with dignity and respect, others said this was not always the case. Our observations supported some of the negative comments we had received from people and their relatives. We found the home had not been consistently well-led for over six months and had suffered instability due to constant changes in the people appointed to be in day-to-day charge of the home. This lack of continuity had adversely affected the standard of care people received and the support provided to staff. Security arrangements in the home were also found to be inadequate. This meant people could not be sure the service would keep them and their belongings safe and secure.

These negative comments made above notwithstanding we saw the new acting manager was in the process of developing a more open and transparent culture in the home. The views of people using the service, their relatives, professional representatives and staff working at the home were sought by the provider, which they used to improve the standard of care and support people received at the home. The new acting manager also demonstrated a good understanding of their role and responsibilities, and staff told us they were supportive and fair.

We identified two new breaches of the Health and Social Care (Regulated Activities) Regulations 2014 during our inspection. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not safe.

People were not protected against the risks associated with medicines because arrangements for the safe management of medicines were not always followed by staff.

Security arrangements in the home were inadequate. This meant people could not be sure the service will keep them and their belongings safe and secure.

However, action had been taken by the provider to improve safety in relation to ensuring sufficient numbers of staff were always deployed in the home. Staff understood when and how to report abuse and hazardous substances were safely stored.

Is the service effective?

Requires improvement

Some aspects of the service were not always effective.

We found staff were not always appropriately supported by their line managers or trained to carry out all the key duties they were employed to perform.

However action had been taken to ensure the provider acted in accordance with the Mental Capacity Act (2005) and managers understood their responsibilities in relation to mental capacity and consent issues.

We could not improve the rating for 'Is the service effective' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection of the home.

Is the service caring?

Requires improvement

Some aspects of the service were not always caring.

We received mixed feedback people who told us staff did not always ensure their needs were fully met. Some of our observations and discussions with the relatives of people using the service also supported this.

We could not improve the rating for 'Is the service caring' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Requires improvement

The service had not always been well-led.

Although people spoke positively about the new acting manager and how they ran the care home in an inclusive and transparent way, people and relatives told us the service suffered instability due to high turnovers of managers in the past six months.

Summary of findings

However, despite the high turnover of managers and the instability this caused; we found appropriate action had been taken by the provider to improve the way they monitored the care, facilities and support people received. People also felt their views were welcomed and valued by the new acting manager and would be used to improve the service they received.

We could not improve the rating for 'Is the service well-led' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Kingston Care Home

Detailed findings

Background to this inspection

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

This unannounced focused inspection was undertaken on 23 June 2015 by three inspectors, one of whom was a specialist CQC pharmacy inspector. The inspection was carried out to check that improvements the provider told us they would do to meet their legal requirements following our last inspection of the home had been done. This was because the service was not meeting a number of legal requirements at the time of that inspection. We inspected the service against four questions we ask about services: Is the service safe, effective, caring and well-led?

Before the inspection we spoke with a social care professional from the local authority who worked closely with the home. We asked them for their views and experiences of the service.

We also reviewed all the information we held about the service. This included feedback we had received from various health and social care professionals who had visited the home recently and notifications the provider is required to submit to the CQC. We read the written report we required the provider to send to us regarding the action they told us they were going to take to meet the regulations they breached at their last inspection.

During this inspection we spoke with six people who lived at the home, ten people's visiting relatives, the new acting manager, two senior regional managers, the deputy manager, six nurses, eight care workers, an activities coordinator and two cleaners. We also looked at records that related to the care and support people received, staff and the overall management of the service. This included five people's care plans and ten staff files.

Requires improvement

Is the service safe?

Our findings

We inspected the service on 6 January and 9 February 2015 and identified the provider was in breach of the regulations that related to ensuring sufficient numbers of staff were deployed in the home at all times to meet peoples need, substances hazardous to health were kept safely stored away when they were not in use and the building was well maintained. These failings had meant people were placed at unnecessary risk of harm. Following that comprehensive inspection the provider sent us an action plan in May 2015. They told us they had made all the improvements needed to meet the requirements of these regulations.

On 23 June 2015 we inspected the service to check whether or not the provider had made all the improvements they said they would in their action plan. We found that improvements had been made to the way the provider deployed staff in the home, including covering staff absenteeism, stored substances hazardous to health and maintained the premises, ensuring the service now met the requirements of the relevant regulation.

People were not always protected against the risks associated with medicines because although the provider had arrangements in place to manage medicines, these were not always followed. We identified a number of concerns with the way medicines were used and managed.

We saw the process for crushing medicines was unsafe, as the same tablet crusher was being used for three different people without it being cleaned in-between. This meant there was a risk of cross-contamination. Nursing staff we spoke with confirmed it was custom and practice not to routinely clean the tablet crusher. We were unable to find any recorded evidence that showed us people living with dementia who had been prescribed anti-psychotic medicines and medicines for Alzheimer's disease were having these medicines reviewed at regular intervals. Medicines records indicated that people's blood glucose was not being monitored at regular intervals contrary to what was stated in their care plans. We also found the minimum and maximum temperature of medicines fridges located on each floor of the home was not being recorded. This meant we could not be sure that medicines that needed to be stored in a fridge were being kept at the correct temperature to remain effective. The above shortfalls represent a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found that most staff we spoke with were not clear what action they needed to take if they witnessed or suspected people in their care were being abused or neglected. Records we looked at showed us that most staff had refreshed their safeguarding adults training in the past six months, which staff we spoke with confirmed. We saw the minutes of a team meeting chaired by the home's former acting manager, where staff responsibilities in relation to safeguarding and how to report abuse were discussed. It was clear from discussions we had with staff that their knowledge and understanding of what constituted abuse, how to recognise the signs of abuse and how to report any concerns they might have had significantly improved since our last inspection. One member of staff said, "I would let the nurse in charge of the floor know immediately if I thought people here were being abused."

We saw there were sufficient numbers of staff deployed throughout the home to keep people safe. People using the service and visiting relatives we spoke with told us staffing levels had improved in the last month and that there were now enough staff working on each floor. Typical comments we received included, "Definitely less staff going off sick at the moment. Staffing levels seem to be stable at the moment. Let's see if they [the provider] can keep it up", "There's plenty of staff around today as you can see. Lack of staff seems to be less of a problem these days", "It used to be so difficult to get hold of staff when you needed them, but there seems to be a lot more staff about recently". It was clear from discussions we had with staff that they also felt there were now sufficient numbers of staff on duty at all times to meet people's needs. We saw there were enough nursing and care staff working throughout our inspection on all three floors of the home. It was clear from staff duty rosters we looked at, and comments we received from the new acting manager, that the way staff were deployed in the home had been reviewed and as a result staffing levels had been increased to reflect the number and dependency levels of the people using the service. For example, two additional care workers now work on the top floor during the day, where people with the highest levels of dependency reside.

Requires improvement

Is the service safe?

During our inspection we saw hazardous products were kept locked away in designated storage cupboards when they were not being used. These cupboard doors had been fitted with a keypad device ensuring only staff who knew the access code could open them. We found substances hazardous to health were securely stored away. Records showed us staff had been reminded at a team meeting about their responsibilities to always keep substances hazardous to health safely locked away when they were not in use. Staff we spoke with demonstrated a good understanding of their responsibilities to keep people safe by correctly storing these hazardous substances.

The premises were safely maintained and free of malodours. People told us since the work to refurbish the home's interior had been completed; Kingston Care Home was a more comfortable place to live. One person said "The noise and dust the building work caused was horrendous at the time, but now it's been finished things are so much better", while another person told us, "the place looks so much better than it did before. I particularly like the new carpets and furniture in the lounge". Visiting relatives were equally complimentary about the refurbishment work that had been carried out. One relative told us, "The smell has really improved in the home." During a tour of the premises we saw the home looked clean and smelt fresh. We saw most communal areas had been wallpapered or repainted and fitted with new carpets and curtains and new furniture purchased. Most of the toilets and bathrooms had also been retiled. The rear garden had been landscaped and made wheelchair accessible.

However, security arrangements in the home were inadequate. When we arrived at the home to carry out our inspection the front door was unlocked by a building contractor who allowed us to enter the home without asking who we were or for any proof of our identity. We were then allowed to wander freely around the premises unsupervised, which meant we were able to enter the ground floor unit unchallenged by staff. We discussed this security lapse with the new acting manager who told us the provider was in the process of reviewing the current building security arrangements. Progress made to improve security at Kingston Care Home will be reviewed at the service's next comprehensive inspection.

Requires improvement

Is the service effective?

Our findings

We could not improve the rating for 'Is the service effective' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection of the home.

We found some evidence that staff had not been appropriately trained. We received mixed feedback from people about whether they thought staff were suitably trained to carry out the duties they were employed to perform. One person told us, "Most staff are good at their jobs", while another individual said, "I can't fault any of the staff. They seem to know what they're doing." However, we also received some negative comments from people about staffs' ability to perform their roles properly. These included, "Some staff don't seem to know what they're doing. I've seen staff leave people in soiled clothes for ages and pull people in wheelchairs backwards." And "The staff are genuinely caring, but sometimes they don't seem to understand what dementia is and how to look after people who live with it."

It was also clear from records we looked at, and comments we received from the new acting manager, that some staff had not been appropriately trained in some key aspects of their role. For example, a large proportion of staff had not received up to date training in moving and handling, the safe management of medicines and equality and diversity. Staff we spoke told us that although the training they received had begun to improve in the last six months, most felt they had not been provided with all the guidance and information they required to meet the needs of the people they supported. One member of staff said, "The training is getting better, but I think we need to learn more about supporting people with dementia."

We discussed these training issues with the new acting manager who acknowledged that some staff did not currently have the right mix of knowledge and skills to fully meet the needs of the people living at the home. We saw records that showed us the acting manager was in the process of assessing staff's training needs to help them plan a suitable training programme to address any gaps identified in relation staffs current knowledge and skills.

Staff were not always appropriately supported by the home's management team. Several people and their relatives commented on the high turnover of managers at the home since the former registered manager left in November 2014. Most felt this had adversely affected the support staff received and their morale. It was clear from records we looked at that staff regularly attended team meetings with their fellow peers, senior staff and managers. However, these records also indicated that staff's overall work performance had not been formally appraised by a suitably skilled person in the past 12 months. This was confirmed by staff we spoke with. Furthermore, we received mixed comments from staff about the opportunities they had to have supervision meetings with their line managers. Some staff told us they attended one-to-one supervision meetings with a suitably qualified senior person every six weeks, while others could not recall ever having an individual meeting with a senior member of staff. Typical comments we received from staff included, "I feel we get a lot of support from the managers and senior staff here", "To be honest there's been so many changes in management round here lately I'm amazed anyone's had a supervision" and "I've worked here for years and can't remember the last time I had a supervision meeting. It's definitely been well over six months." This meant that staff did not have enough regular opportunities to review their working practices and look at their personal development.

These shortfalls in staff training, support and appraisal represent a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection which we carried out on 6 January and 9 February 2015 we identified a breach of the regulations in relating to the provider not always acting in accordance with the Mental Capacity Act (2005). Specifically, managers did not understand their responsibilities in relation to mental capacity and acting in accordance with people's consent in relation to care and treatment. The provider sent us an action plan telling how they would rectify this issue. During this inspection we found the provider had taken the action they said they would in their improvement plan.

The new acting manager demonstrated a good understanding and awareness of their responsibilities in relation to the MCA and DoLS and knew when an application should be made and how to submit one. We saw applications to deprive an individual of their liberty had been properly made by the service to the appropriate body.

Requires improvement

Is the service effective?

We observed that staff sought people's consent before carrying out care tasks. During lunch we saw several members of staff carefully explain to people they were supporting to eat their meal, why they had come to sit next to them in the dining room or their bedroom, and what they proposed to do. They waited for the person to agree before continuing with the task.

Where people did not have the capacity to consent to decisions about their care, the provider followed appropriate guidance. Records showed that in such cases, senior staff had carried out assessments of mental capacity to demonstrate that people were not able to make decisions for themselves and involved other relevant people to come to a decision about what was in the person's best interests.

Requires improvement

Is the service caring?

Our findings

We could not improve the rating for 'Is the service caring' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

We received mixed feedback from people about whether they thought staff at the home were caring. Positive comments about staff included, "The staff are marvellous. They're so kind", "I can't fault the staff, I wouldn't want [my relative] to go anywhere else" and "The staff do care and most of them do a good job". However we also received some comments from people that indicated some staff may not be as caring as others. These included, "The care overall is good, but there's a lack of interaction" and "On one occasion we were in the lounge for an hour before we saw a member of staff."

We saw staff treating people with kindness and being gentle in their dealings with people throughout our inspection. People appeared comfortable and relaxed in the presence of staff. We saw instances where staff took the time to sit with people and listened to what people had to say. These conversations were warm and friendly. When people became anxious staff acted appropriately to ease people's distress or discomfort. In our conversations with staff we noted they also spoke about people in a kind and respectful way.

However, during lunch although we saw some staff interacted with the people they were supporting in a respectful manner, other staff did not attempt to communicate with the people they were supporting to eat their meal at lunchtime. We saw two instances where staff did not act in a kind or caring way. For example, we observed one individual being supported to eat their meal by a member of staff who did not explain what the person was eating or attempt to maintain any eye contact with this individual. We also saw another person was left unsupported at a dining room table with their lunch in front of them for nearly an hour. We discussed the inconsistencies in people's feedback and examples of care we witnessed with the new acting manager on the day of our inspection. They advised us these would be discussed with the home's management team and action would be taken to make mealtimes a more positive social occasion for all concerned.

People said their right to privacy and dignity was respected by staff. They told us staff did knock on their door before entering their room and asked for permission before carrying out any personal care. People said staff talked them through the care and support they wanted to provide and explained why this was being done. Throughout our inspection we saw staff responded quickly to people's requests for assistance. People's individualised care plans set out how their right to privacy and dignity should be respected by staff when providing care and support. For example, when people received personal care staff were instructed to ensure this was always done in the privacy of people's rooms and in a dignified way.

Requires improvement

Is the service well-led?

Our findings

We could not improve the rating for 'Is the service well-led' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

We found the home had not been consistently well-led due to a high turnover of managers. The service has not had a registered manager in post since November 2014. The current acting manager told us they had been in post for just over two weeks, which staff we spoke with confirmed. Since the home's last registered manager resigned three different acting managers had been in temporary day-to-day control of Kingston Care Home for varying periods of time. Several people, their relatives and the local authority safeguarding team told us they were concerned about the high turnover of managers and stressed the home required more consistency. This lack of continuity had adversely affected the standard of care people received and the support provided to staff.

However, despite these negative comments made about how the home had been run recently, people and their visiting relatives spoke positively about the new acting manager's leadership style. Typical feedback we received included, "The new manager listens to what we have to say and we definitely have more opportunities to express our views at relatives meetings", "The new manager is so easy to talk to. I'd happily speak to the new manager if I had a problem" and "It's incredible what a difference the new manager has had in such a short time. They clearly know what they're doing." One person's relative gave us a good example about how they had raised concerns about the standard of the food at Kingston Care Home, which they told us the home's management had taken on board and addressed quickly to their satisfaction.

In addition, staff we spoke with were equally complimentary about the leadership style of the new acting manager. Typical feedback we received from staff included, "The new manager is very approachable and takes on board what we say", "'I feel 100% supported by the new managers" and "The new manager listens to what we have to say, which is a new experience for us". The new acting manager told us they were a qualified nurse and were an experienced home manager who specialised in helping 'struggling' care homes improve.

At our last inspection of the service on 6 January and 9 February 2015, we identified the provider was in breach of the regulations that related to governance of the home. Specifically, we found the providers systems to identify, assess and improve the quality and safety of the service people received were not operated effectively. Following that comprehensive inspection the provider sent us an improvement plan in May 2015. They told us they had completed all the actions needed to meet the requirements of these regulations. We could not improve the rating for 'Is the service well-led' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

At this inspection we checked to see whether or not the provider had taken all the action they said they would take in their improvement plan. We found that the provider had improved the way they operated their governance systems and processes.

Records we saw indicated the new current acting manager and other senior managers representing the provider regularly carried out audits and observations of staff providing care to people at the home. It was clear from these records that any accidents, incidents, complaints and allegations of abuse involving the people using the service were now being reviewed at regular intervals. This included an analysis of what had happened and improvements that could be made to minimise the risk of similar incidents reoccurring. Minutes of the last staff meeting held at the home showed safeguarding incidents involving people using the service had been discussed to ensure staff were aware of what had happened and the improvements that were needed. Staff we talked with confirmed there was an expectation that they regularly participated in daily shift handovers and monthly team meetings where they were able discuss their opinions openly and receive feedback about any issues or incidents that had adversely affected the people who lived at the home. Staff also told us they felt able to speak with the new acting manager if they had any concerns and were confident they would be listened to and taken seriously.

It was also confirmed by discussions we had with the new acting manager that the service had begun to regularly quality assure people's care plans, incidents of falls, risk assessments, medicines management, infection control, fire safety and staff record keeping. The acting manager told us if any issues were found they would put an action

Requires improvement

Is the service well-led?

plan in place which stated clearly what the service and staff needed to do to improve and progress against these actions. The acting manager also told us the home's management structure had been changed recently with the creation of a new post for a clinical nurse lead who had been appointed and was responsible for assessing and monitoring the quality of nursing practices at Kingston Care Home.

Records we looked at showed us people using the service and their relatives were regularly invited to share their views about the home and could get involved in helping managers and staff to improve the service they provided. For example, we saw people had regular opportunities to attend 'residents or relatives meetings' and could participate in the providers annual customer satisfaction survey. It was clear from the minutes of these meetings that they were well attended by people and used to discuss a variety of issues that were important to them.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care was not provided in a safe way for people using the service because the registered person had failed to ensure medicines were always safely and properly managed. Regulation 12(2) (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing People using the service were at risk of not having their needs fully met by suitably competent staff because they had not received such appropriate support, training, professional development, supervision and appraisal to enable them to carry out the duties they were employed to perform. Regulation 18(2) (a).