

The Cotswold Nursing Home Company Limited Kingsley House

Inspection report

Gumstool Hill
Tetbury
Gloucestershire
GL8 8DG

Tel: 01666 503333

Website: www.kingsleyhousenursinghome.co.uk

Date of inspection visit: 11,12 June 2015

Date of publication: 05/10/2015

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 

Overall summary

This inspection took place on 11 and 12 June 2015 and was unannounced. The previous inspection was carried out on 30 November 2013 and there had been no breaches of legal requirements at that time. We had no previous concerns prior to this inspection.

Kingsley House provides accommodation and nursing care for up to 37 people. At the time of our visit there were 31 people living at the service.

There was a registered manager in post. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and staff understood their role and responsibilities to protect people from harm. Risks had been assessed and appropriate assessments were in place to reduce or eliminate the risk. Staffing numbers on each shift were sufficient to ensure people were kept safe.

Summary of findings

All medicines were stored, administered and disposed of safely. The service had policies and procedures for dealing with medicines and these were adhered to.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported with their dietary and nutritional needs. People had access to a range of healthcare professionals when they required specialist help. Care records showed advice had been sought from a range of health and social care professionals.

The registered manager assessed and monitored the quality of the service provided for people. Systems were in place to check on the standards within the service. These included regular audits of care records, medicine management, health and safety, infection control and staff training and supervision.

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?

The service was safe.

Staff had a good understanding of the procedures for safeguarding people from harm and who they needed to report any abuse to if it was suspected, alleged or witnessed. Staff were trained in how to protect people from abuse.

There were sufficient numbers of staff on duty and prospective staff underwent thorough pre-recruitment checks to ensure they were suitable to work at the service.

Risks associated with people's care were identified and managed. Staff understood how to manage risks and at the same time actively supported people to make choices.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Good



Is the service effective?

The service was effective.

People were supported by staff trained to meet their specific needs. Staff were supervised and appraised to ensure they continued to be able to provide a high level of care.

People received care and support from staff who were knowledgeable about their needs.

People had their capacity to consent to their care assessed as necessary. Staff always sought people's consent before delivering care.

Staff understood their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and where restrictions were needed in the interests of people's safety, the manager understood and applied the Deprivation of Liberty Safeguards (DoLS) appropriately.

People received a nutritious and balanced diet.

Good



Is the service caring?

The service was caring.

We observed staff treated people with dignity, respect and kindness.

Staff were very knowledgeable about people's needs, likes, interests and preferences.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their care. Staff were supported to deliver care by care plans which reflected people's current needs. Care plans were reviewed by staff on a regular basis.

Changes in people's health and care needs were acted upon to help protect people's wellbeing.

There was a complaints procedure in place and people were informed about how to make a complaint if they were dissatisfied with the service provided.

Good



Summary of findings

People were supported to pursue social and leisure activities on a regular basis. The activities were based on the needs, preferences and choices of each person.

Is the service well-led?

The service was well-led.

People commented that they felt the service was managed well and that the management was approachable and listened to their views.

Staff felt supported by management and they were supported and listened to. They understood what was expected of them.

Quality assurance was measured and monitored to help improve standards of service delivery. Systems were in place to ensure accidents and incidents were reported and acted upon.

Systems were in place to gain feedback from people and any necessary improvements were made.

Good



Kingsley 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 11, 12 June 2015 and was unannounced. The inspection team consisted of one inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which

the service is required to send us by law. We did not request the provider to complete the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give information about the service, tells us what the service does well and the improvements they plan to make.

During the inspection we spoke with six people who lived in the service, two relatives and five care staff members (including the registered manager and deputy manager). We looked at three care records, three staff recruitment files, training records, staff duty rotas and other records relating to the management of the service.

Two health and social care professionals were contacted in order to gain their views about the service. However, no comments were received.

Is the service safe?

Our findings

We asked people if they felt in safe living at the service. Comments included, “I feel safe here”, “Yes very safe” and “I could not ask for a better home. I would tell the staff if I didn’t feel safe”. Some people were not able to tell us if they felt safe. We observed the care and support they were provided with throughout the inspection. We found people were provided with high standards of care and support.

Staff had a good understanding about safeguarding vulnerable people. Staff we spoke with were able to describe the safeguarding procedure and were fully aware of their responsibilities to protect people from abuse. Their responses confirmed they recognised all allegations needed to be taken seriously and reported. Staff comments included, “I would report all concerns to the nurse on duty or the manager”, “Any concerns would be reported straight away to the home manager or deputy manager”. Arrangements for safeguarding people from abuse were confirmed in a written procedure. All staff received training in safeguarding adults and attended yearly refresher training.

The registered manager and staff had taken steps to help protect people from avoidable harm. We observed leaflets titled ‘safeguarding vulnerable adults from abuse’ were available within the entrance hall of the service. This encouraged people to speak up if they suspected abuse. The leaflet contained the contact details of the local authority adult help desk and the police.

In each person’s care records, there were comprehensive risk assessments. These risk assessments covered areas important to people and aimed to protect them from harm. People’s capacity to make specific decisions had been assessed and their best interests had been taken into account. Risk assessments provided clear guidelines for staff on how to provide care and support. Where there were specific risks such as the use of equipment, assessments were in place and reviews carried out on a regular basis.

Staff spoke with us about specific risks relating to people’s health and well-being and how to respond to these. These included risks associated with falls, weight loss, maintaining skin integrity and behaviours which may challenge. People’s records provided staff with detailed information about these risks and the action staff should

take to reduce these. An example being the care records of one person reflected changes in managing the risks associated with maintaining skin integrity whilst receiving end of life.

Staffing levels were reviewed regularly by the registered manager to ensure people were safe. The registered manager told us staffing levels were based upon the amount of support people required. An example being staffing levels would be increased if any person required an increased level of care. During the inspection we observed nurse call bells were responded to promptly by staff. This indicated there were sufficient numbers of staff on duty in order to meet the needs of people using the service. When we spoke with people who lived at the service, they told us they never had to wait long for assistance and were on hand to provide support with people’s care needs when required.

Rotas confirmed staffing levels were maintained at all times. Vacant staff posts were covered by permanent care staff and registered nurses as overtime with no shortfalls identified. Staff we spoke with told us “We work as a team to cover the rota. The managers are very hands on and willing to help pick up extra shifts”, “I like to pick up extra shifts, the rota is always covered in advance”. This meant there were enough staff on duty to meet people’s needs.

We looked at staff recruitment records and spoke with staff about their recruitment. We found recruitment practices were safe and the relevant checks were completed before staff worked in the service. A minimum of two references had been requested and checked. Disclosure and Barring Service (DBS) checks had been completed and evidence of people’s identification and medical fitness had also been obtained. A DBS check allows employers to check whether the staff had any convictions which may prevent them working with vulnerable people. Staff confirmed their recruitment to the service was robust and they did not start work until all necessary checks had been completed.

There were clear policies and procedures in the safe handling and administration of medicines. People’s medicines were being managed safely. Systems were in place for the ordering and disposal of people’s medicines, and for their safe storage. There had been no errors involving medicines within the last 12 months. The registered manager told us about the appropriate action they would take if a medicines error was made by staff. This included seeking medical advice on the implications to

Is the service safe?

people's wellbeing, providing further training and support to staff to assess their competence and referral to the safeguarding local authority. We observed the medicines administration at lunch time which was carried out safely by the qualified nurse.

Is the service effective?

Our findings

People said they felt staff at the service were suitably trained and experienced to support them. Comments included, “The staff seem very well trained”, and “I have no complaints about the staff. They do good job caring for me”.

Staff received an induction when they started working at the service. Staff said their induction had consisted of completing mandatory training, getting to know the people and by working shadow shifts with experienced care staff. Staff said they were encouraged and supported to achieve further qualifications. An example is a national qualification in health and social care.

Staff received comprehensive support to carry out their role. Staff we spoke with said they had regular supervision and attended staff meetings. This gave them an opportunity to discuss their roles and any issues as well as identifying any training needs. During our inspection we looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. The staff files we looked at showed staff had received supervision on a regular basis. Records confirmed staff had received an annual appraisal to discuss their development.

Staff said they felt supported by the registered manager and they attended on-going training on a regular basis. Comments included “I attend regular training to update my knowledge”, “Regular training opportunities are always available for the staff”. Staff said they had access to training relating to people’s specific needs. For example dementia and pressure care. We viewed the training records for the staff team and records confirmed staff received training on a range of subjects. Training completed by staff included diet and nutrition, safeguarding vulnerable adults, medication, infection control, fire awareness, food hygiene, managing continence and moving and handling. This meant training was planned and was appropriate to staff roles and responsibilities.

All staff had training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. These safeguards are there to make sure that people are looked after in a way that does not inappropriately restrict their freedom.

Staff we spoke with understood the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. The registered manager told us if they had any concerns regarding a person’s ability to make a decision, appropriate capacity assessments were carried out. Staff demonstrated good knowledge of these areas and were able to describe how important it was to enable people to make decisions for themselves. For example, people were involved in decisions about how they wished to be care for and the activities they wished to participate in. Staff said they always asked people’s consent before providing any care or treatment and continued to talk to people while delivering care so people understood what was happening.

Care records confirmed people had been supported to express their views and were involved in making decisions about their care and treatment. These included daily records of what choices people had made on a day to day basis and how they wished to spend their day. This meant people’s rights were respected and people were protected from abuse.

CQC is required by law to monitor the operation of DoLS. DoLS are the process to follow if a person has to be deprived of their liberty in order for them to receive the care and treatment they need. The registered manager told us they were aware of how to make an application. They told us about the DoLS applications that had already been made to the local authority, and were awaiting confirmation if these applications had been authorised. These were submitted as some people could not freely leave the service on their own, also because people required 24 hour supervision, treatment and support from staff.

The registered manager told us three people were at risk of malnutrition. People’s care plans recorded information about their nutritional intake and the support they needed to maintain good health. Records confirmed people’s weight gain or loss was monitored so any health problems were identified and people’s nutritional needs met. We noted where people’s intake of food or fluid was being monitored, the charts were completed accurately. We observed a variety of drinks and snacks were available for people throughout the day. People had access to juice and water in their rooms. A tea trolley was taken around during the early morning, mid-morning and again in the afternoon and evening.

Is the service caring?

Our findings

We asked people who lived at Kingsley House if they thought the staff were caring. Comments we received from people included, "It is a nice home and the staff are just lovely. I am cared for very well", "The staff are marvellous and are genuinely very caring. The best home I have been in", "I have everything I need here. I feel cared for very well by the staff".

We spoke with relatives regarding the care and support their family member received. Comments we received included, "I visit quite often and have nothing but praise for the staff", "My relative is looked after very well by the staff". We were told by several members of staff that they really enjoyed their job and enjoyed coming to work caring for people.

We spent time at the service observing how people were cared for by staff. Throughout our inspection people were cared for and treated with dignity, respect and kindness. People told us the staff knew them well, understood their history, likes, preferences and needs. We observed good interactions between staff and people. Staff were able to explain to us people's needs, their likes and dislikes. The conversations we heard between people and staff were polite and friendly. Staff were present within communal areas and were attentive and engaged in conversation with people. An example being we observed two staff sat next to people in the dining area talking about how much they enjoyed participating in the keep fit class held at the service.

People were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Necessary services and equipment were provided as and when needed. When people were nearing the end of their life the care records ensured people received compassionate and supportive care in the

way they preferred. Arrangements were in place to ensure people, those who mattered to them and appropriate professionals contributed to their plan of care. The registered manager told us this ensured the staff were aware of people wishes so people had their dignity, comfort and respect at the end of their life. The staff told us they received excellent support from their local GP surgery during these times.

People could move freely around the service and could choose where to spend their time. The service was spacious and allowed people to spend time on their own if they wished. An example being one person told us how they liked to spend time in their room after breakfast. In the afternoon they preferred to spend time in the main lounge. Another person told us they liked to spend time in the dining area after lunch as they liked to talk to their friends.

The registered manager told us the services philosophy of care was based on treating people with respect, respecting people's diversity and beliefs, ensuring their dignity and privacy was preserved at all times.

Staff we spoke with told us that they were aware of maintaining people's confidentiality by not discussing information about them outside of work or with others who were not directly involved in their care. People's care records were held securely within the service.

People had access to information within the service about independent advocacy services. Information was freely available to people within the entrance hall. An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. People told us information about the service was given to them when they first enquired about the service. People's relatives or their social workers acted as their advocates to ensure they received the care they needed.

Is the service responsive?

Our findings

Throughout our inspection we observed people being cared for and supported in accordance with their individual wishes. People told us they were happy with the care and support they received. Comments included “I am happy with the care I receive here”, “I am looked after very well at Kingsley House” and “If I need anything all I have to do is ask the staff. Nothing seems too much trouble”.

People received consistent, personalised care, treatment and support. The registered manager carried out assessments before people moved in to the service. This was to make sure the service was able to meet people’s needs. People were part of the pre-admission assessment and were given the opportunity to talk about their life and what was important to them. For example people’s religion, favourite foods and significant others important to them. This showed that staff understood and acted on people’s needs and preferences.

People’s care, treatment and support was set out in their care plan that described what staff needed to do to make sure personalised care was provided. Staff told us they found care plans easy to understand and access. People and their relatives were involved in their on-going care and support and confirmed they felt listened to and their input was valued and acted on. Records confirmed people’s significant others had been contacted when people’s needs had changed, for example if a person had become unwell or they had suffered a fall. We heard the registered manager contacting a person’s family’s during the inspection providing an update regarding their relative’s wellbeing as their health condition had deteriorated.

Care records evidenced referrals had been made promptly to a range of health professionals when people’s needs had changed or they had become unwell. This included doctors, dentists and opticians. The registered manager told us the local doctor surgery visited the service each week to provide an in house surgery. The registered manager showed us a list they had prepared in the diary ahead of the doctor’s visit. The list contained the names of people the registered manager felt needed to be seen by the doctor. Outside of the weekly visits, the GP’s would visit as and when required. The registered manager told us they had a very good relationship with the local surgery who were “very supportive of the home”.

Handover information between staff at the start of each shift ensured that important information about people was known, acted upon where necessary and recorded to ensure people’s progress was monitored. Staff told us handovers were useful as they discussed people’s changing needs and any action they needed to take to ensure people were cared for or supported appropriately was taken.

People were offered a range of activities and information was displayed on noticeboards within the service. We observed staff and relatives holding an arm chair exercise class with people in the lounge. We heard lots of laughter and people were engaged in conversation during the activity. When the class had finished some people participated in relaxation with tea and coffee. Other activities included exercise sessions, trips out, arts and craft sessions and a church service. The registered manager told us relatives were actively supportive of activities within the service and often participated.

The service had good links with the local community including local churches. People told us their faith had played an important part in their lives before coming to Kingsley House. We were told by the staff that the local church visited the service monthly conducting a small service and Holy Communion if people wished to attend. A poster was displayed in the entrance hall of the dates the church was due to visit.

We asked people what they would do if they had a complaint. People told us they would talk to any member of staff and were confident they had the necessary support and help to resolve the matter. People’s comments included, “I have never had to complain I am happy here”, “I have nothing to complain about but if I did I know they would take notice”. Some people were not able to tell us about the action they would take if they were unhappy. We spoke with staff about how they would tell if people were unhappy. Staff told us they would notice any changes in the person’s behaviour which may indicate they were unhappy.

We looked at how complaints were managed. There was a clear procedure for staff to follow when a concern was raised. A copy of the complaints procedure was available to people living in the service. There had not been any complaints raised by people in the last twelve months. Staff knew how to respond to complaints if they arose.

Is the service well-led?

Our findings

People using the service were positive about the registered manager. One person told us “The manager is really nice here. She always speaks to us”. All the staff we spoke with said the registered manager was person-centred, open, caring and empowering. Staff confirmed they felt listened to and valued as staff. Comments included “The manager leads by example and is always available if I need support”, “The manager is hands on and very involved in the daily running of the home” and “X is very well respected as the manager”.

There was a management structure in the service which provided clear lines of responsibility and accountability. There was a registered manager in day to day charge of the home. The registered manager was supported by the deputy manager. The provider regularly met with both managers monthly.

The registered manager said they received good support from the provider and the staff team. The registered manager and staff knew what their roles and responsibilities were and the lines of accountability within the service and across the organisation. We were told by staff that the manager worked alongside staff, covered nursing shifts when required and provided guidance and support. Staff told us because of this they felt motivated and supported in the way the service was managed and that they were very happy in their job.

Regular staff meetings were organised and minutes were made available for us to see. Staff said these meetings gave opportunities for staff to voice their opinions and make suggestions they thought would benefit the people who lived in Kingsley House.

There were systems in place to regularly assess and monitor the quality of the service. This was to help ensure high quality care was delivered. Quality assurance

measures included checks of the medication systems, care plans, training and supervision, infection control and health and safety. There was evidence these systems identified any shortfalls and that improvements had been made. Any accidents and incidents which occurred in the home were recorded and analysed to identify any patterns or areas requiring improvement. This meant people were protected against receiving inappropriate and unsafe care and support.

The registered manager was aware of when notifications had to be sent in to CQC. A notification is information about important events which the service is required to send us by law. These notifications would tell us about any events that had happened in the service. In the previous 12 months 24 notifications had been sent in. The CQC used information sent to us via the notification process to monitor the service and to check how events had been handled.

The registered manager showed us annual questionnaires they used to seek the views from people about the service regarding the care and support they received. Staff said they assisted people to complete these and return them to the registered manager. The registered manager also sought the views of staff through distributing an annual questionnaire. The results were shared with staff and the people living in the service. Staff told us they felt valued and were encouraged to contribute any ideas they may have for improving the service. They told us the staff survey was distributed to all staff and the survey had included questions about their role and how to improve the experience for people who used the service.

For qualified nursing staff, records were in place to ensure staff had an up-to-date registration with the relevant professional body. The nursing and midwifery council registrations for all qualified nurses were valid and expiry dates were recorded.