

Sienna Care Limited

# Kingswood House

## Inspection report

Hollington Road  
Raunds  
Wellingborough  
Northamptonshire  
NN9 6NH

Date of inspection visit:  
16 December 2019

Date of publication:  
03 February 2020

Tel: 01933624298

Website: [www.siennacare.co.uk](http://www.siennacare.co.uk)

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Kingswood House is a residential care home registered to provide personal and nursing care for up to 26 older people, including people living with dementia. At the time of the inspection 18 people were using the service.

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

Since the last inspection changes in management had caused some disruption in the systems to manage oversight on quality at the service. At the time of this inspection a new manager had taken up post and an application to register with the Care Quality Commission (CQC) was in progress. The manager had previously worked at a senior level at the service and understood the needs of the service. The provider visited the service on a regular basis, they were very receptive and pro-active in response to the findings of this inspection.

Staff recorded accidents and incidents, but a system to reflect and analyse the reports for any trends or themes was not in place. Following the inspection, the provider implemented a monthly accident and incident audit system.

Information was contained in people's care plans about meeting their oral care needs. But further work was needed to increase staff knowledge in this area. Following the inspection, the provider arranged for specific oral care training, and put in place oral care assessments and monthly audits. They had also met with a dentist to arrange for domiciliary dental visits to take place at the service.

The provider had an open-door policy, they said family members and people who use the service chose not to go through the formal complaint channels. However, they did not have an effective system in place to demonstrate the actions they had taken to address any concerns or complaints. Following the inspection, the provider placed literature on the complaints policy on display and implemented systems to record all concerns and complaints brought to their attention and their actions taken in response.

Having the above systems embedded into practice will enable the provider to identify where quality and/or safety may be compromised; to respond appropriately and without delay.

A range of individual risk assessments were in place that identified areas where people needed support to manage their safety. For example, risks of falls or skin tissue damage due to poor mobility and frailty. The assessments detailed the controls and equipment in place to reduce and manage the risks to an acceptable level.

Staff knew their roles and responsibilities in relation to keeping people safe. The provider co-operated with the local safeguarding authority in response to safeguarding concerns and investigations had taken place.

The staffing numbers were appropriate to meet the needs of people using the service. The provider closely monitored staffing levels to ensure they were suitable to meet people's needs. Appropriate recruitment checks were completed, which included checks for any criminal convictions, and satisfactory employment references were obtained before staff started working at the service.

People received their medicines in line with the medicines policy and procedures. Staff received appropriate training and their competency to administer medicines was assessed. Regular medicines audits took place and any issues were dealt with in a timely way. Medicines reviews were carried out with the GP to ensure prescribed medicines were appropriate to people's needs.

Staff received infection control training and understood the importance of using protective personal equipment (PPN) such as, gloves and aprons. Information was on display to remind people of the importance of good hand washing techniques.

Staff training records demonstrated mandatory health and safety training was provided to all staff and training to meet the specific needs of people using the service. Staff received regular supervision to discuss their work and learning and development needs.

People were supported to maintain a healthy balanced diet. People at risk of not eating and drinking enough were referred to the relevant healthcare professionals. People at risk of dehydration had fluid monitoring charts in place. However, the systems to check people received the recommended daily amount of fluids needed improving. The provider took immediate action by introducing a system to ensure people's food and fluid monitoring charts were checked daily. This meant timely action could be taken to encourage people to increase their diet and hydration or when to seek medical advice.

People's needs were assessed, and people and their relatives were involved in the care reviews. People had regular access to healthcare professionals and staff sought support from health professionals in response to any deterioration in their health. Records showed that prompt referrals were made, for example to the GP and speech and language therapist and the staff followed the advice from healthcare professionals.

Routine health and safety audits and fire systems checks took place. Each person had a personal evacuation plan (PEEP) in place. Equipment used to support people to move, such as hoists were regularly maintained. A programme of redecoration, repairs and refurbishments was in place.

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; the policies and systems in the service supported this practice.

All the people spoken with said they were pleased with the care they received. People's individuality was promoted and respected. People were encouraged to express their views and to make choices. People had formed positive relationships with staff and their privacy and confidentiality was maintained.

People's care plans contained sufficient detail to guide staff on the care and support people required. They were reviewed regularly, and any changes were communicated to the staff team to keep them fully apprised of people's current needs. The provider was aware of the requirement to provide people with accessible information, we saw that information was provided in large print. Staff were aware of people with sensory, sight and hearing loss, and how they communicated.

A range of activities were provided for people. People were supported to maintain relationships with friends

and family and there were no restrictions on visiting times. Staff received training on end of life care to ensure people were provided with the right support to have a comfortable, dignified and pain-free death.

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

Rating at last inspection

The last rating for this service was Good (published 23 June 2017).

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.  
Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.  
Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.  
Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.  
Details are in our well-led findings below.

**Good** ●

# Kingswood House

## 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

The inspection was carried out by two inspectors.

#### Service and service type

Kingswood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had been without a registered manager since February 2019. At the time of this inspection a manager had been appointed and was in the process of registering with CQC. 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

#### During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the provider, the manager, a senior care worker, care staff, activity person and the cook. 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 reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, and a range of policies and procedures and monitoring records.

# 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 requires improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Accidents and incidents were recorded, but a system to reflect and analyse them for any trends or themes was not in place. Following the inspection, the provider implemented a monthly accident and incident audit system.
- A range of individual risk assessments were in place that identified areas where people needed support to manage their safety. For example, risks of falls or skin tissue damage due to poor mobility and frailty. The assessments detailed the controls and equipment in place to reduce and manage the risks to an acceptable level. For example, sensor mats and low-rise beds were in use for people at risk of falls from their beds, and pressure relieving mattresses to help prevent skin pressure damage.

### Systems and processes to safeguard people from the risk of abuse

- Staff knew their roles and responsibilities in relation to keeping people safe. Training records showed staff received training in safeguarding, which was updated annually. Staff told us they would not hesitate to bring any safety concerns to the attention of the provider. They also knew if they were not satisfied with the response from the provider they could report concerns to the Care Quality Commission or the local safeguarding authority.
- The provider co-operated with the local safeguarding authority in response to safeguarding concerns and investigations had taken place.

### Staffing and recruitment

- The staffing numbers were appropriate to meet the needs of people using the service. In discussion with the provider and manager we were told afternoons were more demanding on staff resources, due to people becoming restless. An activity person provided activities during the afternoon. The provider said they would continue to closely monitor staffing levels to ensure they were suitable to meet people's needs.
- People were safeguarded against the risk of being cared for by unsuitable staff. Appropriate recruitment checks were completed, which included checks for any criminal convictions, and satisfactory employment references were obtained before staff started working at the service.

### Using medicines safely

- People received their medicines in line with the medicines policy and procedures. This included medicines prescribed to be taken as and when required (PRN).
- Staff received appropriate training and their competency to administer medicines was assessed. We observed staff administering medicines to people. They ensured people were informed of the medicines being given and maintained accurate administration records. Records showed regular medicines audits took place and any issues were dealt with in a timely way. People's care plans evidenced that medicines



reviews were carried out with the GP to ensure they were appropriate to people's needs.

#### Preventing and controlling infection

- Staff received infection control training and we observed this training was followed in practice.
- Staff understood the importance of using protective personal equipment (PPN) such as, gloves and aprons. Information was on display to remind people of the importance of good hand washing techniques.

#### Learning lessons when things go wrong

- Staff understood their responsibility to report all accidents and incidents. They recognised the importance of reporting as part of the learning process and how this could mitigate future risk. For example, to protect people known to be at risk of falls from bed, the provider had purchased specialist beds which lowered close to the ground and floor sensor mats, so staff could immediately respond to incidents.

# 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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed to ensure their needs could be met by the service and individual care plans were developed from the information gathered. A relative said, "We discussed [name of person's] needs with the social worker and the manager. We visited the home and found it very friendly, we immediately felt this would be the right place for [name of person] to live." Relatives told us they were involved in the care reviews and the staff kept them fully informed of any changes.

Staff support: induction, training, skills and experience

- All new staff undertook induction training and were encouraged to take relevant qualifications such as the Care Certificate, which is an identified set of standards health and social care workers follow in their daily working life.
- The staff training records demonstrated mandatory health and safety training was provided to all staff. For example, in emergency first aid, moving and handling, food hygiene, diet and nutrition and safeguarding.
- Further consideration was needed to ensure oral care training was provided for staff based on best practice. Following the inspection, the provider informed us they had purchased an oral care training pack and implemented specific oral care assessments and monthly audits. They had also met with a dentist to arrange for dental visits to take place at the service.
- Staff told us, and records showed they received regular supervision to discuss their work and learning and development needs. All the staff said the manager was supportive and approachable. One staff member said, "We all work very much as a team, I love working here."

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

- People were supported to maintain a healthy balanced diet. One person said, "The meals are lovely, I always enjoy them." A relative said, "When I visit the meals always look well presented, it's traditional home cooked meals [name of person] says she enjoys the meals here." The cook was placing a food order and when asked about the food budget they said, "I don't have a limit to the food budget, I just put down what we need, and the provider orders it for me."
- People at risk of not eating and drinking enough were referred to the relevant healthcare professionals. For example, people with swallowing difficulties and at greater risk of choking were referred to the speech and language therapist (SALT) and staff followed their advice and guidance.
- Staff completed fluid monitoring charts for people at risk of dehydration. However, the charts did not have a section to record the total daily amount of fluids people had received. We brought this to the attention of the provider who immediately amended the fluid chart template to include this detail. This would indicate how much fluid is being drunk in a 24-hour period, and also serve as a tool to monitor for any other urinary

problems.

- We observed people receiving the lunchtime meal. The atmosphere was calm and relaxed, and staff sensitively offered additional support to people that required assistance to eat and drink.

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

- People had regular access to healthcare professionals and staff sought support from health professionals in response to any deterioration in their health. Records showed that prompt referrals were made, for example to the GP and speech and language therapist and the staff followed the advice from healthcare professionals.

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

- Routine health and safety audits and fire systems checks took place. Each person had a personal evacuation plan (PEEP) in place. Equipment used to support people to move, such as hoists were regularly maintained.
- A programme of redecoration, repairs and refurbishments was in place. New flooring had been laid in areas of the service, new profile beds and chairs had been purchased, the boilers had been relocated outside of the home, and work was in progress to create more parking and provide a secure outdoor space in the garden.

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.

- People were encouraged to make decisions about their care and their day to day routines and preferences.
- Capacity assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been requested. We discussed with the provider the need for the capacity assessments to include details to demonstrate how the assessor had reached the conclusion a person lacked capacity. Following the inspection, the provider sent us copies of capacity assessments, which detailed how the information was presented to the person and their responses. This demonstrated the provider was committed to ensuring people's consent to care and treatment was in line with the law and current guidance.

# 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 Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- All the people spoken with said they were pleased with the care they received. People's individuality was respected, and staff responded to people by their chosen name. We observed staff spoke politely to people and knocked on bedroom doors before entering and checked whether people were happy for them to enter.

- Visitors were welcomed at any time and those who we spoke with said they were always welcomed by staff. We observed there was a warm, friendly atmosphere within the service and visitors were made welcome by staff. One visitor (a family member) said, "I visit almost every day, [name of person] is very happy living here all the staff are so friendly, and the manager is marvellous." Another visitor said, "The home is kept clean, the staff appear caring, very patient and always on hand." We observed visitors had also built friendships with other people using the service for example, one person spoke with the visitor of another person about their daughter visiting them the previous day.

- One visitor mentioned that when they visited (Mainly during the mornings) they had noted most people seemed to be asleep and wondered whether this may be due to a lack of stimulus.

During the morning of the inspection we saw most people spent time in the two ground floor lounge areas. In one lounge a selection of Christmas music was playing, and people were listening tapping their feet and hands in time to the music. In the adjacent lounge the television was on with the sound muted and subtitles on. However, neither of the two people in the room appeared to be watching the television.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were encouraged to express their views and to make choices. The results of satisfaction questionnaires sent out to people during 2019 showed people were happy with the care they received.

- People had formed positive relationships with staff. In our conversations with staff it was clear they knew people very well and understood their individual needs. We observed staff supported people with limited verbal communication, giving people time to express themselves, and regularly checking on their well-being, offering comfort and reassurance. For example, we heard staff asking people about the activities they would like to do, offering and providing drinks according to people's choice and generally chatting about day to day matters.

- People's privacy and confidentiality was maintained, staff knew not to talk about personal information in open communal areas. We observed staff discreetly supported people with their personal care needs.

# 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 Good. At this inspection this key question has remained the same. 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's care plans contained sufficient detail to guide staff on the care and support people required. For example, each person had a 'This is me' document, detailing life events, close friends, family and things that were important to them. This enabled staff to provide meaningful, individualised 'person centred' care. We saw the care plans were reviewed regularly and changes were communicated to the staff team to keep them fully apprised of people's current needs.

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.

- People's care plans included information on their communication needs. The provider was aware of the requirement to provide people with accessible information, we saw that information was provided in large print. Staff were aware of people with sight and hearing loss, they ensured people wore their glasses and hearing aids.

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

- An activity person was employed at the service and they worked in the afternoons. The activity person told us the types of activities they provided included arts and crafts, quizzes, reading the newspaper and discussing current affairs, flower arranging, sing-a-longs, and a range of board, and floor interactive games. They told us they were currently working with a person using the service that was an amateur artist in designing a Christmas poster.
- People were supported to maintain relationships with friends and family. A relative said, "I visit almost every day, I take [name of relative] out for a drive in the car at weekends. They have always enjoyed this and continue to do so." A close friend of one person using the service said they visited regularly, and they were pleased the person was able to continue going to classical music concerts, and singing their favourite hymns, which were things they had always enjoyed doing.

Improving care quality in response to complaints or concerns

- Relatives told us if they had any concerns they were happy to speak to the provider or the registered manager and were confident issues would be listened to and resolved.
- The provider told us they did not have any ongoing complaints investigations. They said they had an

open-door policy and most family members and people who use the service chose not to go through the formal complaint channels. They said families tended to ring them directly if they had something on their mind and things brought to their attention was usually dealt with and acted upon there and then.

- Therefore, the provider did not have a system in place to demonstrate when complaints had been received or the actions they had taken to address complaints. Following the inspection, the provider informed us they had placed the complaints policy on display within the home and had implemented a system to log and record suggestions, complaints, comments and compliments. They had also created a log to record the actions they had taken, and investigations carried out.

#### End of life care and support

- Staff had received training on end of life care to ensure people were provided with the right support to have a comfortable, dignified and pain-free death. At the time of the inspection no people were receiving end of life care.

## 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 left the service in February 2019. The provider appointed a new manager, but they had subsequently left the service. At the time of this inspection a new manager had recently taken up post and an application to register with the Care Quality Commission (CQC), was in progress. The manager had worked at a senior level at the service and understood the needs of the service. They informed us they were currently completing a Level 5 diploma in care management. All staff said the manager was approachable and effective as a manager.
- The provider visited the service on a regular basis, they explained how the changes in management had resulted in some disruption in monitoring quality at the service. Both the provider and manager were aware of their regulatory responsibilities, they were receptive and pro-active in response to the findings of this inspection and took immediate action to implement systems to drive improvement at the service. For example, improvements to meeting people's oral care and implementing systems to evidence their response to any concerns or complaints. These recently introduced systems now need time to be embedded into practice.
- The provider understood their responsibility to be open and transparent when things went wrong. They took timely action to improve the systems and processes regarding the oversight of incidents, accidents and complaints.
- The provider demonstrated a good understanding of how and when to report significant incidents to the Care Quality Commission and other appropriate organisations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us the manager and the provider were very approachable. During the inspection we observed the provider and manager interacted well with people using the service and relatives. They knew all the people using the service very well and were able to describe the specific care each person required. One relative said, "[name of provider] and [name of manager] are both very approachable, you can see they genuinely care about the residents, the home has a homely feel and that is what's important."
- A newsletter was sent out regularly to people using the service and relatives, which gave details of past and future events and informed of developments within the service.
- Staff attended regular meetings and minutes of meetings confirmed they had opportunity to discuss the

needs of the service, raise any concerns and share ideas around good practice and learning.

#### Continuous learning and improving care

- The provider worked in partnership with people, relatives and other professionals to ensure good outcomes for people. They were committed to the continuous development of the service. They recognised their own limitations and the need to ensure they maintained oversight of the service and had recently employed a manager to support with this.

#### Working in partnership with others

- The staff responded to changes in people's needs and worked in close partnership with other healthcare professionals. Visiting health and social care professionals gave positive feedback regarding the care people received.
- The provider and staff understood their responsibilities to raise any concerns about people's well-being and safety and appropriately shared information with CQC and the local authority when required.