

Chiltern Residential Homes Limited

Kingsley Rest Home

Inspection report

7 Southlands Avenue
Newcastle
Staffordshire
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Tel: 01782626740

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12 April 2018

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Ratings

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

Summary of findings

Overall summary

We completed an unannounced inspection at Kingsley Rest Home on 12 April 2018. When we completed our previous inspection on 30 November 2018, we found a breach in Regulation 15 because the provider had not ensured the environment was suitable. At this time this topic area was included under the key question of Safe. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework this topic area is included under the key question of Effective. We also found a breach in Regulation 9 because people were not always supported in line with their preferences. The service was rated as Requires Improvement overall. We asked the provider to take action to make improvements and we found that there had been improvements in these areas.

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

Kingsley Rest Home accommodates up to 14 people in one adapted building and provides support for people who predominately have a physical disability and/or a mental health condition such as dementia. At the time of the inspection there were 13 people living in the home.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Improvements were needed to ensure effective systems in all areas of care provision were in place to assess and monitor the quality of the service people received.

People received safe care and we found there were enough staff to provide support to people that met their needs. We found that people were protected from the risk of harm and received their medicines safely. The provider had safe recruitment procedures in place to ensure that staff were of a good character and suitable to support people who used the service. Infection control measures were in place to protect people from the risks of cross infection.

People were supported to make decisions about their care and staff sought people's consent before they carried out support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Improvements had been made to ensure the environment was safe. People's health and wellbeing was maintained and staff sought advice if people were unwell. People enjoyed the food and were supported with their nutritional needs. Staff received training to enable them to support people's needs effectively. There were good communication links within the service and with external agencies.

People were treated with dignity and staff were caring and kind. People's privacy was respected and upheld. Staff understood people's individual communication needs and people were given choices which ensured their individual preferences were met.

People were supported with interests and hobbies that were important to them. People and their relatives were involved in the planning and review of their care. Staff knew people well, which meant people were supported in line with their preferences. There was a complaints policy in place and people understood how to complain if they needed to. People's end of life wishes were gained.

People were involved in the service and encouraged to provide feedback about the way the service was run. The registered manager was approachable to both people and staff and staff felt supported in their role.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were aware of their responsibilities to protect people from the risk of harm. People's risks were assessed and mitigated to keep people safe. There were enough suitably recruited staff available to meet people's needs. Medicines were managed safely. Infection control measures were in place to protect people from potential infection risks.

Is the service effective?

Good ●

The service was effective.

Improvements had been made to ensure that environment risks were mitigated and further plans were in place to ensure the environment met people's needs. People enjoyed the food and were supported with their nutritional needs. People were supported to consent to their care and where systems were in place to ensure that decisions were made in people's best interests and in the least restrictive way. People received support from staff who were sufficiently trained. People's health was monitored and health professionals input was sought where needed. There were systems in place to ensure that people received consistent care from staff and external services

Is the service caring?

Good ●

The service was caring.

Staff were caring and kind and showed patience and compassion when they supported people. Staff treated people with privacy, dignity and respect. Staff understood people's individual ways of communication which ensured people were enabled to make choices to the way their care was delivered.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their individual needs and preferences. People's care was reviewed and updated to ensure

they received care that met their changing needs. There was a complaints procedure available for people and their relatives to access if required and there was a system to respond and log any complaints received. The provider gained information to ensure people were supported in a way that met their needs at the end of their life.

Is the service well-led?

The service was not consistently well led.

There were systems in place to monitor and manage the service. However, some improvements were required to ensure that systems to monitor the service were up to date to enable the registered manager and provider to assess the quality of the service provided.

People, relatives and staff felt able to approach the registered manager. People and their relatives had been asked for feedback which informed service delivery. Staff felt supported in their role.

The registered manager worked in partnership with other agencies to make improvements to the way people received their care and they understood their responsibilities of their registration.

Requires Improvement 

Kingsley Rest 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 was 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 inspection took place on Thursday 12 April 2018 and was unannounced. The inspection team consisted of one inspector.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, responsive and well led to at least good. We found that improvements had been made to these areas and to the quality of care provided.

We used the information we held about the service to formulate our planning tool. This included notifications about events that had happened at the service, which the provider was required to send us by law; for example, safeguarding concerns, serious injuries and deaths that had occurred at the service. We received information from local authority commissioners to gain their experiences of the service provided.

We spoke with five people and three relatives. We also spoke with two care staff, two deputy managers and the registered manager. We also spoke with a visiting professional.

We observed how staff supported people throughout the day and how staff interacted with people who used the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We viewed three records about people's care and four people's medicine records. We also viewed records that showed how the service was managed, which included quality assurance records, improvement plans and three staff recruitment and training records.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "I feel safe here. The staff are very good and treat me well". A relative also told us that they felt at ease that their relative was safe with staff and they had no concerns about how staff treated their relative. Staff we spoke with were aware of the various signs of abuse and understood the actions they needed to take if they suspected abuse. One staff member said, "I would report any concerns I had immediately to make sure the person was safe". The records we viewed showed that any concerns had been reported to the local safeguarding authority and an investigation had been carried out.

People's risks were assessed and managed. People and their relatives told us that staff supported them to stay safe. One person told us that they were prone to falling and the staff helped them to access suitable equipment to help them to walk. Staff we spoke with had a good understanding of people's risks and the plans in place to manage these. The records we viewed confirmed what staff told us and we observed that the risk assessments in place were followed by staff when they supported people. This meant people were protected from harm because their risks were managed and mitigated.

People told us that there were enough staff available to meet their needs. One person said, "I feel there are enough staff. I never have to wait too long when I need something. The staff are very good". Another person said, "The staff are very attentive and there is always someone about in here (the lounge area)". During the inspection we saw there were enough staff available to provide support in a patient and unrushed manner. Staff told us that any shortages in staff were covered with existing staff to ensure that people received consistent support. One staff member said, "We are a good team if there is any sickness or holidays we all just help each other out".

Staff had been employed using safe recruitment procedures. Staff told us and we saw that they had received checks of their character and references from previous employers which ensured they were suitable to provide support to vulnerable people. This meant people were supported by staff that were of suitable character and had been recruited safely.

We saw medicines were stored, recorded and managed safely. Staff we spoke with told us they had received training to ensure that they had the knowledge to administer medicines and the records we viewed confirmed this. We carried out a small audit of medicines and found that the medicines in stock match the amount recorded on the Medicine Administration Records (MARs). The MARs we viewed showed the medicines people needed, the frequency and the amount and we saw the MARs had been completed accurately by staff. This meant that medicines were managed safely.

People and relatives told us that the service was always clean. We saw that the environment and equipment were all clean and there was a cleaning schedule in place. We saw domestic staff cleaning all areas of the service throughout inspection. We observed staff wearing gloves and aprons when they supported people and staff told us that these were always available for them to use. The registered manager explained how they ensured that staff prevented the risk of cross contamination. This meant people were protected from

the risk of infection and cross contamination.

The registered manager had acted on feedback received and systems were in place to learn when issues had been identified. Action was taken to make improvements to the quality of the service. People, relatives and staff felt involved in the service and said they felt the registered manager was approachable and acted on issues if things went wrong.

Is the service effective?

Our findings

At our last inspection, we found that the provider had not always ensured that the environment was suitable for people when work was being carried out. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The topic area relating to this concern was under the key question of Safe in the previous assessment framework, but was moved to this key question when the framework was reviewed and refined. At this inspection, we found that improvements had been made and the provider was no longer in breach of the regulation.

At this inspection we found that the provider had put systems in place to ensure that the environment was warm and safe whilst improvements were being made to the environment. We saw that temperatures of all the rooms within the service were monitored which ensured the environment was suitable. The provider was continuing to improve the environment for example; a new kitchen and dining area was planned and people and relatives had been consulted on the changes and any disruptions that this may cause. People and relatives we spoke with were aware of the planned improvements and were happy with the temporary arrangements that had been made. The registered manager also told us that they had plans in place to make the environment more suitable for people with dementia.

People we spoke with were happy with the food and told us that they were able to choose their meals. One person said, "The food is very nice. I choose to have my cooked meal in the evenings and the staff are happy to accommodate this". Another person said, "The food is lovely. I like most things and we are asked what we want to eat". We saw that people were given choices and where people wanted something different to eat or drink the staff ensured people were supported to have the food they wanted. Staff supported people who needed assistance to eat in a patient and unrushed manner. Staff we spoke with understood people's individual nutritional needs and how to support people effectively. We saw there were detailed plans in place for people who needed specialist diets and required their food preparing in a way that protected their health, such as soft diets. This meant people were supported with their nutritional needs.

People were supported to access health professionals when they needed to. People told us that staff arranged for them to see a G.P if they felt unwell. Relatives told us that their relatives had access to health professionals and they were kept informed of any changes in their relatives' health. We viewed records that showed people had been supported to access G.Ps, physiotherapists and speech and language therapists. We saw that guidance provided by health professionals was implemented into people's care records and we saw these were followed out in practice. The records we viewed showed that people's health was assessed and monitored regularly. This meant people were supported to maintain their health and wellbeing.

People told us they consented to their care. Some people were unable to understand some decisions about their care and we checked that the provider was meeting their responsibilities under the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. We saw mental capacity assessments had been carried out when people lacked capacity, which contained details of how staff needed to support people to make specific decisions in their best interests. Staff we spoke with understood their responsibilities under the MCA and what it meant for people they supported. People were supported to have as much choice and control as they were able to in their daily life. Where restrictions had been identified Deprivation of Liberty Safeguards (DoLS) had been applied for to ensure any restrictions were lawful and in people's best interests.

Staff told us they had received an induction when they were first employed at the service, which included training and shadowing experienced staff. One member of staff said, "I carried out lots of training and was able to shadow other staff before I provided care on my own. I found this really useful and it helped me to feel confident to support people on my own". The records we viewed confirmed staff were trained to carry out their role effectively. This meant people were supported by staff who had the skills and knowledge to provide effective care.

Staff told us that they attended a handover session at the beginning of each shift, which ensured that they were able to provide a safe and consistent level of care to people. The handovers ensured that any risks were highlighted and any changes in people's needs. Staff also told us that they had staff meetings and supervision sessions where they could raise any concerns or make suggestions about improvements to people's care. A visiting health professional told us that the staff followed any advice provided and the staff were proactive in gaining advice to ensure people's health needs were met. This showed that the service ensured that people received consistent care within the service and across other services.

Is the service caring?

Our findings

At our last inspection people were treated with dignity and respect by caring staff. At this inspection we found people continued to be treated with care, dignity and respect.

People told us that they were treated with dignity and respect when they were being supported by staff. One person said, "The staff treat me well and are respectful when they are talking with me. The staff respect my wishes when I want time alone in my room". A relative said, "I am here a lot and I see staff treating people with dignity. People are always supported in their rooms to give them privacy". We saw that staff spoke with people in a way that respected their dignity, for example; staff were discreet when asking people what they needed help with. We observed a staff member supporting a resident with their food; the staff member talked with the person and wiped their mouth which enabled them to maintain their dignity. People were supported with personal care in privacy and were able to access private bedrooms and quiet areas when they wanted some time alone. Staff we spoke with were aware of the importance of dignity and were able to explain how they supported people to feel dignified. This meant that people were treated with dignity and their right to privacy was upheld.

People told us that the staff were kind and caring towards them. One person said, "I like it here the staff are very nice with me". Another person said, "The staff are very caring. They have time to have a chat with me, which I like as I'm quite a chatty person". Relatives we spoke with also told us that staff showed compassion towards their relatives. One relative said, "My relative is very happy. The staff are kind and look after them well, which is important for me". Relative's told us that they were able to visit their relatives and the staff made them feel welcome. One relative said, "There is a lovely caring and happy atmosphere here. I visit regularly and staff always make me feel welcome".

We observed staff interaction with people and found that staff were caring and compassionate when they provided support. For example; one person was supported to move and we saw staff constantly providing reassurance and encouragement for the person. This person said, "Thank you, It's nice that you understand me". Staff took time and patience to ensure that this person was supported to move when they were ready and felt cared for by responding to their questions in a calm and caring way. We saw staff were given time to provide caring support for people in an unrushed manner and staff were able to sit and talk with people. This showed that staff treated people with care, kindness and compassion.

People told us that they were given choices in how and when their care was carried out. One person said, "I have certain routines in the way I have support and the staff are great as they listen to me and help me when I want the help". Another person said, "I choose what I want to do and lots of other things like the clothes I wear and the food I want". We saw that people were given choices throughout the day by staff who were patient and listened to what people wanted. We heard staff asking people in a way that promoted their understanding and repeated questions if people hadn't heard or understood the question. People responded well to the way staff interacted and staff had a good understanding of people's ways of communicating their needs. For example; some people were unable to communicate effectively and we saw staff were patient and gave people possible answers to the question to help people make choices. This

meant people were supported to make choices in line with their individual needs.

Is the service responsive?

Our findings

At our last inspection, we found that improvements were required to ensure people received care that met their individual needs and preferences. There was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the provider was no longer in breach of the regulation.

People told us that they received care in a way that they preferred. One person said, "The staff know me well and they always ask how I would like to be supported". Another person said, "Staff respect my routines. I have always enjoyed a hot meal in the evening and staff respect my wishes with regards to this". Staff supported people throughout the day in line with their preferences and staff knew people well and understood how people preferred their support to be carried out. We saw that people's preferences and interests were detailed throughout the support plans, which showed people's lifestyle history, people's cultural needs and people's current physical and emotional wellbeing needs. The information we viewed gave a clear picture of each individual person and ensured that people's preferences were met in all areas of their care. We saw records of reviews that had been undertaken which showed involvement of people and contained details of any changes to their needs.

People told us they were involved in activities within the home. One person said, "We can be involved in various activities if we want. I prefer a chat with staff and the staff have time to sit with me and have a good natter, which I really enjoy". Another person said, "I like to visit my sister and we go out together most weeks". During the inspection we saw people were involved in separate activities and group activities and appeared happy and interested with their chosen activity.

People we spoke with knew how to complain and felt able to approach staff if they were unhappy with the service they received. One person said, "I would speak to [registered manager's name] if I was unhappy. I have raised minor issues in the past that have been dealt with". A relative said, "I have no concerns as I am very happy with the care, but I would not hesitate to approach any of the staff or management if I had concerns". The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. At the time of the inspection there had been no formal complaints received. However, the provider had a system in place to deal with complaints and log the outcomes for people.

At the time of the inspection the service was not providing end of life care. We saw that information regarding people's wishes had been obtained during the assessment of their needs. The information contained details about the person's wishes in relation to involvement of family members and specific funeral service. However, on discussion it was felt that further information could be sought to ensure that there was sufficient details regarding all areas of people's care during the end of their life. The registered manager told us that this was normally sought when people had reached this stage of their life but agreed that this could be gained in advance.

Is the service well-led?

Our findings

At our last inspection, we found that improvements were needed to ensure that people received a consistently well led service. At this inspection, we found that some improvements had been made. However, further improvements were still needed.

We saw the registered manager and provider had systems in place to monitor and manage the service. We found that some of these systems were effective in ensuring any concerns were identified. For example; we saw where concerns had been identified with medicines management actions had been recorded to show how improvements were to be made. Staff supervisions had been held to discuss concerns with staff members and updates in medicine training where needed. However, we found that some of the systems in place were not always effective and up to date. For example; incident monitoring was out of date, care plan audits had not been completed on a regular basis and the infection control audit was out of date. We also saw that the system in place to check people's fluid intakes was not monitored effectively because people's targets were not always recorded and totalled. This meant that there was a risk that people at risk of dehydration were not monitored effectively. Immediately after the inspection we received details from the registered manager of the action they had taken and the systems that had been implemented. We will assess these at our next inspection to ensure these systems have been implemented and sustained. This meant that some improvements were needed to ensure that the systems in place to monitor and manage the service were maintained.

People and relatives told us that the registered manager and deputy manager were approachable and they felt able to talk with them if they needed to. One person said, "The manager is very nice. They always come and say 'hello' to me and ask if I am okay". One relative said, "[Registered Manager's name] is very approachable. I feel able to go to them if I have any concerns and both deputy managers are very good too". During the inspection we saw people talking with the registered manager and it was clear that the registered manager knew how to support people in a way that met their needs and understanding.

We saw people were encouraged to give feedback on the way they were supported through meetings and questionnaires. The questionnaires were also available in an easy to read format to aid people who had communication and understanding difficulties. The responses received from people were positive and the minutes of the meetings showed that changes had been made to aspects of care as a result of the feedback gained from people.. The registered manager told us that people and their relatives had been informed of the planned changes to the environment and the temporary arrangements so that this did not cause unnecessary anxiety for people. People and relatives we spoke with confirmed that they were aware of these changes and the registered manager had spoken with them. This meant that people were kept informed of changes at the service and their feedback was gained to inform the delivery of their support.

The service had a registered manager who was approachable and supportive. The staff told us that the manager was approachable and gave them guidance and support when they needed it. One member of staff said, "The registered manager is very approachable. They will work alongside us if needed and I have learnt a lot from them. They are firm when needed and I respect them". Another member of staff said, "The

management team are really good. I can approach anyone. Both deputy managers are approachable and supportive". Staff told us they received supervision on a regular basis, where they discussed any issues and their development. One member of staff said, "I have supervisions. I find these a good opportunity to discuss my role. It is also a place that we talk about any improvements I need to make".

We saw that the registered manager had contact with other agencies when people's needs changed. This included health professionals such as G.P's, district nurses and speech and language therapists. Relatives told us that the service contacted health professionals when their relatives were unwell or needed further intervention from health professionals. A visiting professional told us that the registered manager was proactive and ensured that appropriate referrals were made when required. This meant that the registered manager worked in partnership with agencies to make improvements to people's care.

The registered manager understood their responsibility of their registration with us (CQC) and their requirement to notify us of any incidents or events that had occurred at the service. The provider had ensured that they were open and transparent by displaying their previous rating of requires improvement within the service.