

David Christopher Russell

Kingsley House

Inspection report

Kingsley House
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

This was an unannounced inspection carried out on 6 and 7 April 2017. At our last inspection on 22 January 2015 we found that policies and procedures were not up to date to reflect the service provided, and that there was no effective quality monitoring system. The provider had updated the monitoring systems in February 2017 and a deputy manager had been recruited to ensure that there was continuous monitoring of the service.

Kingsley House is a three storey Victorian property providing care and support for up to 16 people with mental health needs. The home is situated in the centre of New Brighton close to shops and community facilities and to the river-front. There are good public transport links to all parts of the Wirral and Liverpool.

During our visit we saw that the home was in need of redecoration and bathrooms and communal areas looked unkempt and required new fixtures and fittings to provide a safe and comfortable home for people to live in.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Premises and equipment. You can see what action we told the provider to take at the back of the full version of this report.

Safeguarding incidents were recorded properly and the local authority had been notified as required. The manager had not informed the CQC of two incidents that had occurred.

We recommend that the provider ensures that notifications of safeguarding referrals and other incidents are sent to the CQC as required so that we can check that relevant action has been taken.

Personal emergency evacuation plans (PEEPs) were in place for all of the people living at the home, however there was no information relating to people smoking in their bedrooms, which was a risk to all living at the home.

We recommend that the provider implements a robust system to ensure staff monitor people smoking in their rooms to ensure the safety of all living at the home.

There was a range of quality assurance systems in place to assess the quality and safety of the service and to obtain people's views. A satisfaction questionnaire had been sent out in 2016 and people's feedback had been positive.

We recommend that the provider maintains a record of actions taken to address issues identified in audits and house meetings and to show the improvements made.

At the time of the inspection 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our visit we spoke with four people who lived at the home. They all spoke positively about the home and the staff supporting them. People told us the staff were kind and caring. They said their needs were responded to promptly and whenever they asked for help, staff were always on hand to provide it. We observed interactions between staff and people who lived at the home that were pleasant, kind and compassionate. It was clear that people felt comfortable with the staff who supported them. Staff we spoke with spoke fondly of the people they cared for.

People's care records were person centred and contained information about their needs and preferences and information about how to manage people's individual risks. People's care plans contained information about what people could do independently and provided guidance to staff on how to support this.

Accidents and incidents were recorded appropriately. The records had not been updated to reflect that appropriate action was taken by the manager and staff to prevent further incidences. Staff knew what to do if any difficulties arose whilst supporting somebody or if an accident happened.

The home used safe systems when recruiting new staff. These included obtaining Disclosure and Barring Service checks. New staff had an induction programme to ensure they were competent in the role they were doing at the home. Records showed that staff had adequate training and supervision in their job role and the registered manager had plans in place to commence staff appraisals in April 2017. Staff we spoke with felt supported and sufficiently trained to provide safe and appropriate care.

People we spoke with told us there were enough staff on duty to meet their needs. They told us they felt safe at the home and they had no worries or concerns. They told us they got enough to eat and drink, the food was good and they had plenty of choice. We saw that people's weight was monitored regularly to ensure they maintained a healthy weight.

The service complied with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and its associated codes of practice in the delivery of care. Staff we spoke with had an understanding of their role and obligations in maintaining people's rights.

Group activities were provided and we saw that staff also took the time to sit and chat to people in addition to meeting their support needs. This promoted their well-being.

The culture of the home was open and transparent. Everyone we spoke with told us the home was well led and the manager was always available to discuss anything they needed to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

The premises were not adequately maintained.

Notifications of safeguarding incidents had not been sent to CQC as required.

Improvement was needed to the management of risks associated with smoking.

New staff were recruited safely and there were sufficient staff on duty to meet people's needs.

The management of medication was safe and people were given the medication they needed.

People told us they felt safe and had no worries or concerns.

Is the service effective?

Good 

The service was effective.

All staff had received training and had been provided with an on-going training plan. Staff received good support, with supervision and annual appraisals taking place.

People said they enjoyed their meals and that they had plenty to eat.

People's weights were monitored and dieticians and other health specialists were contacted as required.

Is the service caring?

Good 

The service was caring.

People told us that their dignity and privacy were respected when staff supported them.

People we spoke with praised the staff. They said staff were respectful, very caring and helpful.

Regular residents meetings took place and people were able to express their views.
People living at Kingsley House were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People's care was person centred and responsive to their needs.

People had access to a range of activities.

People we spoke with had no complaints and were happy with the service provided.

Is the service well-led?

Requires Improvement ●

The service was mainly well-led.

There were systems in place to assess the quality of the service provided, however records did not show what actions had been taken and whether they were effective.

People who used the service and staff were asked for their views about the quality of the service provided.

Staff were supported by the registered manager, the deputy manager and the provider.

The provider worked in close partnership with other professionals to make sure people received appropriate support to meet their needs.

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 7 April 2017. The first day of the inspection was unannounced. The inspection was carried out by an adult social inspector.

Prior to our visit, we looked at any information we had received about the home and any information sent to us by the provider since the home's last inspection. We also contacted the Local Authority for their feedback on the service.

At this inspection we spoke with four people who lived at the home. We also observed the provision of day to day care. We spoke with the registered manager, the deputy manager, the provider, two care and support staff and a member of domestic staff. We looked at a variety of records including three care records, recruitment records for three staff, staff training records, medication administration records and other documentation relating to the management of the service.

We looked at the communal areas that people shared in the home and a sample of people's bedrooms.

Following the inspection we received written information from the manager and the provider regarding the staff training programme and an action plan for improvement work to the environment.

Is the service safe?

Our findings

We had a tour of the home and looked at all areas. Communal areas including the television lounge, the dining room/conservatory and the back garden looked unkempt and required a deep clean. The premises were unsafe in some areas specifically the flooring by the back door leading out to the garden and the staff toilet/storage room. There was an old fridge and other furniture left in the garden that was a risk. There were two bathrooms that had skirting boards hanging off and were in a bad state of repair.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Premises and equipment, because people who used the service and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.

We looked at safeguarding records and saw that safeguarding incidents were recorded properly, investigated and reported to social services. However two incidents had not been reported to the Care Quality Commission. The manager told us they thought that the local authority had informed the CQC. The manager and provider said that they would notify the CQC retrospectively and would ensure that all notifications are sent as required and appropriately.

We recommend that the provider ensures that there are systems in place to report all safeguarding incident notifications to the CQC.

We asked two care and support workers about how to spot and respond to signs of potential abuse. We found they had a clear understanding about how to safeguard vulnerable adults from potential harm. People we spoke with told us they felt safe in the home. One person said "I do feel safe, of course I choose to live here". Another person commented "Yes, I'm safe".

Regular health and safety checks were carried out. The home's gas, electric, fire alarm systems and equipment in use at the home had been tested and certified as safe by external contractors. A fire risk assessment had been completed in September 2016. This identified that improvements were needed to the home's fire safety arrangements. This was to include information on people's personal emergency evacuation plans (PEEPs) in relation to people smoking in their bedrooms. This had been done by day two of the inspection.

We discussed with the manager and provider how they monitored the people who smoked in their bedrooms and they told us that staff checked continuously. We asked to see records of these checks but were told that they were not recorded.

We recommend that the provider ensures that there are effective systems in place to monitor the people smoking in their rooms to ensure the safety of all people living there.

We saw that accident and incident reports were completed in full. The records had not been updated to reflect the action that had been taken by the manager and staff to prevent further occurrences. The

manager told us that they had referred one person to the community falls team and this had been recorded in the person's care records. The manager told us that they would ensure that as part of their monitoring they would develop a record of actions they had taken.

We saw that risk assessments had been completed with regard to moving and handling, the environment, medication, equipment, socialising in the community and people's physical and mental health. These identified risks to people's safety and well-being. The risk assessments had been dated and marked as reviewed in all of the three care plans we looked at.

We looked at the personnel files of three staff members and found that all of the required pre-employment checks had been carried out. A Disclosure and Barring Service (DBS) check had been completed for all staff at the service. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have.

Staffing levels were seen to be appropriate for the care and support of the people and gave adequate time for safe, individual and person centred care to be provided.

We looked at the arrangements in place for the safe keeping and administration of medicines. There was a medication room on the ground floor that was kept locked. Most medication was dispensed in monitored dosage blister packs. Some medication was dispensed in boxes, for example, 'as and when required' medication such as pain relief. We checked a sample of three people's medication administration charts (MARs) and found they matched what medicines had been administered.

The medication administration records (MAR) charts we looked at contained allergy information and PRN (when required) administration records/ care plans. Photographs of the people were recorded with the MAR sheet files. Lists of staff signatures and initials were clearly displayed in the MAR files.

The medication room temperature and medication fridge temperature were checked daily by designated staff to ensure the medication was stored safely.

People we spoke with confirmed they received the medication they needed. One person told us that staff always made sure they took their medication. They said "They stand there until I have taken it". Another person said "They make sure I have my medication on time and remind me when it's due".

We spent time with a member of the domestic staff and the deputy manager who told us that a new system was being implemented to show checks of the environment. The deputy manager was the infection control lead person and they monitored infection control records and checklists monthly. There were records of actions taken to address issues identified.

We spent time talking with the manager and provider and had a tour of the kitchen and food storage areas. The kitchen and catering equipment were clean and tidy. Fridge and freezer temperature checks were recorded daily and food temperature checks as and when necessary. All were recorded as being within safe limits. The kitchen had been rated as a five star by the Food Standards Agency.

Is the service effective?

Our findings

We asked people about the skills of the staff and if they were competent in their roles. Comments we received included "really fantastic, really good staff" and "The staff are all brilliant".

We were provided a copy of the home's training programme and training matrix which showed that training was provided throughout the year on a rolling basis so that all staff were able to attend. Training for staff included health and safety, fire safety, first aid, challenging behaviour, dementia care, personal care and person centred care, the Mental Capacity Act and Deprivation of Liberty Safeguards, food hygiene and infection control. Training was provided internally by the provider and external trainers supplied any specialist training required for the care of a person using the service.

Member of staff we spoke with said the training provided was good. They were confident and happy about the training they had completed. New staff had an induction programme that was in line with the 'Care Certificate'.

All staff attended supervision meetings with the manager. The manager told us that the plan was for the deputy manager to be trained to share the responsibility of ensuring staff were all supported effectively. We looked at three staff files and saw that they all had supervision records. Staff told us they had supervision with the manager and said there was an open door policy and the manager and provider were supportive and dealt with their issues immediately. Staff told us that they had an annual appraisal.

People were supported to have sufficient food and drink and any allergies or dislikes were recorded. One person told us "The staff ask me what I want, and I choose what to have". We spoke to the cook on duty and looked at the menus they had prepared. The cook told us they had put together a picture menu to help people recognise and choose what they would like to eat.

We saw that most people went to the dining room to eat their lunch. The food provided was of sufficient quantity and looked and smelt good. The atmosphere at lunchtime was a relaxed and homely and people were able to enjoy their meal in an unhurried manner.

We were told that if people needed a special diet, or if there was a dietician involved, staff ensured they kept to the recommended diet or encouraged people to do so. The staff checked people's weight if required and reported any concerns to the dietician. Staff told us that they supported people to prepare their own food if this was part of their care plan.

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 so that they can receive care and treatment when this is in their

best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the 'Deprivation of Liberty Safeguards' (DoLS). We checked that the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager was knowledgeable about the MCA and had records in place to show what actions had been taken in relation to people's mental capacity. We looked at three care plans and all showed that MCA assessments had been undertaken. Two DoLS had been applied for and had been authorised by the local authority. We observed staff interacting with people on both days we were at the home and saw that staff supported people to make their own decisions.

People were supported by staff to attend healthcare appointments in the local community if required. Staff monitored people's health and wellbeing and were vigilant in noticing changes in people's behaviour. One person had health professionals visiting them and staff worked with them to ensure they were fully briefed on any changes to the person's health.

One person who lived at the home had been unwell and records showed that their appetite had reduced and they had lost weight. The person had been referred to both a medical professional who specialised in caring for older adults and the community dietician in support of their nutritional needs. Staff monitored the person's dietary intake to ensure it was sufficient and records showed that the person was encouraged to eat and drink.

People had been enabled to personalise their own rooms, two people showed us their rooms. They told us they were happy with their rooms and if they had an issue with their rooms, they would tell the manager and the provider. We looked at maintenance records which showed that any issues reported were dealt with promptly.

Is the service caring?

Our findings

The four people we spoke with told us that staff treated them well. Comments included, "Staff look after me and "I'm well cared for". We observed caring interactions between staff and the people living at the home. We observed that people were supported where necessary, to make choices and decisions about their care and treatment. We observed that staff reacted to people's requests for support in a respectful manner.

Throughout the two day inspection we saw positive and caring interactions from staff. For example, we saw a member of staff talking with a person who was extremely anxious and continually pacing the corridor. The member of staff was respectful to the individual and calmed them down by explaining why they were at the home and distracting them by having a sing-song with them.

We saw that staff respected people's privacy and were aware of good practice in regard to people's confidentiality. People were able to see personal and professional visitors in private either in their own rooms or in the office or medication room if they chose.

We observed people being listened to and talked with in a respectful way by the manager and the staff members on duty. Staff communicated in a calm manner and reassured people if they became anxious. The relationship between the staff members, the manager, the provider and the people living at the home was respectful, friendly and courteous.

The manager and staff told us that if people could not express their wishes and did not have any family or friends to support them to make decisions about their care they would contact an independent advocate on their behalf. One person had recently used this service and we saw records to show what support had been provided to support the person.

People were encouraged to make and keep relationships outside the service. Families were invited to meetings and could visit freely.

People were encouraged to participate in everyday activities such as choosing what to wear or helping in the house and this helped to promote their independence. People used their own and the communal rooms for visits from family and others. People told us they could have visitors whenever they wished.

Is the service responsive?

Our findings

The people who we spoke with were more than satisfied with the way staff supported them and the way care was provided. One person told us "I don't need to complain, I'm happy. I would speak to the manager if I did".

Kingsley House had a clear written complaints policy and this was included in the information pack given to people when they started using the service. The complaints procedure advised people to contact the registered manager if they wished to raise any concerns and gave contact details for the CQC. We asked one person if they had a copy of the complaints procedure and had they used it. They told us that they had the complaints procedure and would use it if required. We saw that two complaints had been recorded in the last two years. Records showed what actions had been taken.

The manager informed us that a service was not provided until they had been to meet and assess the person. We saw records of these assessments in people's files. The assessment forms had been completed in detail and recorded the agreement for the service to be provided. The forms were signed by the person requiring the care and support from the service or by a representative or family member.

In the three people's files we looked at the person centred care plans (PCCP) were up to date and relevant. The PCCPs were informative and gave a clear picture of the care and support requirements of the people and what their expectations were of living at Kingsley House. For example, one person required more support from staff as they were unwell. The PCCP had been updated and the required support had been provided with staff liaising quickly with the commissioners to ensure the support met the person's needs. We saw that the information was reviewed and information updated to reflect changes that had taken place. Staff completed a daily record after each shift and we saw that entries were detailed and described the support and care that had been provided and how the person was feeling.

A person we spoke with told us that they were fully involved in their PCCP. They reported that they were in control of the care and support they received. They told us that staff always consulted them about how their support was to be provided and they clearly understood the reason why they required care and support from the staff.

We asked how staff liaised with any community services on behalf of the people who received care. All staff told us they would call a doctor or emergency services if they had concerns. We were able to see how the service was able to contact relevant people to provide appropriate treatment and the PCCPs and care plans included examples of specialist advice that had been sought and provided. For example, one person had also been provided with health care professional support when arriving back after a short stay in hospital.

The provider had a plan of social activities for people to participate in if they chose. This was flexible to suit people's preferences.

Is the service well-led?

Our findings

People we spoke with told us that the registered manager was always available and so were the other managers if they wanted to speak with them. Comments included "The manager is really good, she's friendly and helps me when I need support" and "Really nice lady; good at her job and gets things done for me when I ask".

There were systems in place to assess the quality of the service provided. These included care plan audits, staff training audits, health and safety audits and medication audits. There were no incident and accident audits. We looked at the audits for October 2016 to February 2017. The records showed how the manager and provider had implemented action plans, however there was no evaluation of how these had improved the service.

We looked at the ways people were able to express their views about the support that they received. One person told us "I am independent but staff always asked if I am ok with the support I get and I say yes. I know if I asked for help they would help me straight away, their good like that". People using the service and staff were invited to complete a questionnaire about the service. The information collated showed that people were happy with the service and that staff were happy working there.

There was a monthly house meeting for the people who lived at the home and the staff. We looked at records of house meetings which showed what had been discussed, however we did not see any records of what actions had been taken to address issues raised.

We recommend that the provider maintains a record of actions taken to address issues identified in audits and house meetings and to show the improvements made.

The home had a registered manager, a deputy manager and senior care staff. There was always a manager or a senior member of staff on duty. The senior care staff worked alongside care staff on each shift. Staff told us that they had a good relationship with the registered manager and the provider who were supportive and listened to them. We observed that staff interactions with the manager were respectful and positive.

Comments from staff were "It's a brilliant place to work, I really enjoy working here."; "I think we do provide great care and support to people here, we all work hard, it's a lovely home."; "Great place to work; I really do love my job. I get a lot out of supporting people to be confident, independent and happy." and "It's hard work but I really do think we do a great job of providing good care and support. We listen to what people want."

The manager and provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs. We heard numerous conversations with health and social care professionals taking place, specifically for one person whose health had deteriorated.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who used the service and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.