

Kingarth Limited

Kingarth

Inspection report

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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?

Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 23 and 24 April 2018 and was unannounced. The last comprehensive unannounced inspection of Kingarth took place in September 2016 when we found it was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, Good Governance. This was because improvements were needed in relation to quality monitoring to ensure that risk assessments, staff training and supervision were up to date.

We carried out an announced focused inspection on May 2017 when we found that although some improvement had been made there was a continuing breach in good governance at the service.

At this inspection we found the breach was met.

Kingarth 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.

Kingarth provides support for up to seven people who have a learning disability who may at times present behaviour, which can challenge others. At the time of our visit, six people were using the service with a seventh person visiting with a view to move into the home.

The service offered by Kingarth is consistent with the aims of Building the Right Support. The bespoke environment and specialist skill set of the staff team enable people with learning disabilities and very complex needs to live in a community setting.

A registered manager was 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. The registered manager was also one of the registered providers for the home.

People told us they had no concerns about their safety in Kingarth. People were cared for in a safe and clean environment.

The people who used the service and staff felt safe and there were clear processes in place for safeguarding people from abuse.

Staff had been safely recruited and there were enough staff to meet people's needs.

Detailed risk management plans were in place to guide staff on the action to take to mitigate the identified risks, which were kept under regular review.

Systems were in place to help ensure the safe administration of medicines, including where people who used the service took responsibility for their own medicines.

People were supported to make their own decisions and choices within any restrictions that were in place.

People were encouraged to eat a healthy diet. People chose what they wanted to eat and bought, prepared and cooked their own meals.

The property was large and spacious, whilst retaining a homely feel.

Staff closely monitored people's physical health and wellbeing. The staff team worked closely with other health and social care professionals to help maintain this.

People spoke positively about the relationships they had with the staff team. The atmosphere was relaxed, calm and friendly.

People were involved in developing their care plans, which were person-centred and kept under reviewed.

Staff received positive behavioural support training to help them support people effectively.

People had busy and active lifestyles with support from the staff team. Independence was promoted. People were involved in all household activities, for example, cleaning the home, cooking and laundry.

People lived closer to their families and relationships with them were encouraged wherever possible.

There was a system in place for managing complaints in the service. We saw that people's views had been taken seriously and acted upon in order to improve their experience in the service.

There were processes in place to ensure regular audits and governance of the service.

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

Improvements were seen in arrangements for individual risk management plans, which were kept under review.

Staff knew how to recognise and report abuse.

There were enough staff to make sure people had the care and support they needed.

Medicines were managed safely and effectively.

Is the service effective?

Good ●

The service was effective.

Improvements were seen in staff training and supervision arrangements. Planned training would help ensure that staff training was up to date.

People's health needs were monitored and the service liaised with other health and social care professionals where appropriate.

People were encouraged to live active and healthy lifestyles.

Is the service caring?

Good ●

The service was caring

There was a relaxed, calm and friendly atmosphere at the home.

People spoke positively about their relationship with staff.

Is the service responsive?

Good ●

The service was responsive

Care records were detailed in relation to how people preferred and needed to be supported.

People took part in activities both inside and outside the home.

People's independence was promoted wherever possible.

There was a system in place for managing complaints in the service.

Is the service well-led?

Good ●

The service has improved from Requires Improvement to Good.

People and staff spoke positively about the registered manager.

The registered manager received good support from the registered provider.

There were systems in place to monitor the quality and health and safety of the service.

Kingarth

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 and to provide a rating for the service under the Care Act 2014.

Before our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service including notifications the provider had made to us.

We also contacted the local authority safeguarding team and the commissioners and the local clinical commissioning group to obtain their views about the service. No concerns were raised with us.

We visited the home on 23 and 24 April 2018. This inspection was unannounced and carried out by one adult social care inspector.

We spoke with three people who lived at the home and briefly to a fourth person who was in the process of moving in. We also spoke with the registered manager, the nominated individual for the organisation, the regional operations manager, two nurses, two team leaders and a support worker.

During the inspection we spent some time with people who used the service and staff. This enabled us to observe and talk with people about how their support was provided.

We also looked at a range of records relating to how the service was run; these included two people's care records, as well as medication records and monitoring audits undertaken by the service to ensure a good quality service was maintained.

Is the service safe?

Our findings

At our previous inspection we found that the service was safe. At this inspection we had no concerns about people's safety and the service continued to be good in this area.

People who lived at Kingarth had complex needs but were able to express their views and opinions about the service. People we spoke with told us they felt safe with staff that supported them and the way the home was run. They said, "10 out of 10" and "I am happy and safe." A staff member said, "I feel happy and safe here and confident [registered manager] would address any problems."

The registered provider had procedures to minimise the potential risk of abuse or unsafe care. Staff had received training in safeguarding vulnerable adults and whistleblowing. This was confirmed by talking with staff and training records looked at.

We checked to see that staff had been safely recruited. We reviewed two staff personnel files and saw that each file contained an application form with included a full employment history, two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

Some people who used the service had behaviours that might challenge others. We looked at risk assessments that had been completed to identify the potential risk of accidents and harm to staff and people in their care. To help people achieve their goals the service promoted positive risk taking within any restrictions in place.

We were told by the registered manager that there had been some turnover of staff in the past year. The staff team in place worked flexibly to support people's activity plans and goals. No agency staff were currently being used by the home and people were always supported by staff that knew them well and therefore received good continuity of care.

People said, "I never run out of tablets" and "My meds do work." We looked at how medicines were recorded and administered. Medicines had been checked on receipt into the home, given as prescribed and stored safely. Records showed medication had been signed for. We checked this against individual medication packs, which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed and at the right time. The registered provider had signed up to STOMP an initiative to support people with learning disabilities to stop taking antipsychotic medicines.

The building was clean and free from offensive odours. We found hand wash and paper towels in place in communal areas. People said, "It's clean and tidy here" and "I don't like mess." People who used the service were supported, where necessary, to maintain the cleanliness of their bedroom area and undertake household tasks around the home. We looked at documentation and found equipment had been serviced

and maintained as required. For example, records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use.

Is the service effective?

Our findings

At our previous inspection we found the service was effective. At this inspection we had no concerns and the service continued to be good in this area.

Before people moved into the home the registered manager and a behaviour practitioner from the registered providers Positive Behavioural Intervention Team carried out an initial assessment. If it was decided to progress with the referral then a full assessment would be carried out and a plan to make a gradual transition to the service was put in place, whilst the appropriate funding was being agreed. The registered manager said, "It's important that people want to live here."

We spoke with a person who was in the process of making a gradual move into the home. They spoke positively about the home. They told us they were looking forward to having the opportunity to move forward in their life. Some staff were transferring with him to ensure familiarity. We received positive feedback about the home from a visiting supporting staff member.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

When we undertook our inspection one person who lived at the home had been assessed as lacking capacity to leave the property without support from staff and had a DoLS in place.

Some of the people who lived at Kingarth were required to do so under restrictions placed on them by the Mental Health Act (MHA) 1983. Staff were able to tell us about the MHA status of the people they supported and any conditions placed on them due to a statutory order. People said, "I know this [restriction] is in my best interests" and "I don't always agree with my psychiatrist but I know they are acting in my best interest."

People's healthcare needs were carefully monitored and discussed with the person as part of the support planning process. People and staff had access to the registered provider's Positive Behavioural Intervention Team to help develop coping strategies to manage their behaviours. Where needed we saw that workshops had been undertaken with a behaviour practitioner from the PBIT. The workshop was followed up with a 'What's working' and 'What's not working' session.

We talked to staff about working at the home. They said, "It's interesting to work here. You learn about the complex needs of people and their backgrounds and help them improve their insight into their behaviours."

Staff had a good understanding about people's needs and challenges to others they may present. At the time of this inspection, we were told that no physical intervention was used and had not been for some time though staff had received training in restraint should it be necessary to use it. We discussed with the registered manager an incident that had occurred recently that we had been formally notified about. The

registered manager told us about what action had been taken to help prevent this happening again.

Staff we spoke with told us about the training and de-escalation techniques they used to help prevent behaviours that may challenge others. Importantly people were able to tell us about their own coping strategies they had developed with staff to help prevent their behaviours escalating.

People told us, "I have coping strategies in place. I use code words, talk to staff and have a stress ball" and "I work with [member of the positive behavioural team] and they are looking into a condition I may have which might help me in the future." A staff member said, "It's important to have a good sense of humour particularly to help de-escalate situations and motivate people into taking part in activities."

We looked to see how staff were supported to develop their knowledge and skills. We saw that new staff completed a 3 day orientation programme when they started work at the home and shadowed existing staff.

Records we reviewed showed that staff employed in the service had received training to help ensure they were able to provide people with effective care and support. Records showed that 92% of the registered providers mandatory training had been completed by the staff team. The service specific training was standing at 75%. However, the registered manager told us that staff were booked on a face to face course for positive intervention techniques in the coming weeks and therefore this percentage would improve. 75% of the staff would be receiving this training as updated refresher training. Records we reviewed showed an improvement in staff supervision.

We found the kitchen was clean and well organised. People were encouraged to shop for, prepare and cook food to help promote their independence. People choose what they wanted to eat and encouraged by staff to eat healthily. We saw that one person had lost a significant amount of weight, which should help to improve an underlying physical health condition. Another person was going back on a slimmer's diet.

We saw the house was spacious, comfortable and homely. There was a garden area at the rear of the property for people to use privately and a well-established garden to the front of the property. We looked at parts of the building and found it was appropriate for the support provided. We found a number of lounges and conservatory were available for people to make a choice where to spend their time. The communal areas were in the process of being painted at the time of our inspection.

Is the service caring?

Our findings

At our previous inspection we found the service was caring. At this inspection we had no concerns and the service continued to be good in this area.

The atmosphere at the home was quiet, calm, friendly and relaxed. Many people who lived at Kingarth had done so for a number of years and told us that they mostly got on well together as a group. It was noted that there had been an increase in the number of people being supported by the home and the staff needed to support them. The registered manager told us that consideration was always given to the needs of a person moving into the home to ensure minimal disruption to the established group.

People said, "There are more support workers and nurses here and they have time for you", "It's all 'pros and no cons' here. Yes I love it 100 out of 100" and "We get on most of the time. If not we apologise."

A new staff member said, "It's relaxed here and not as challenging as the last place I worked. People can see a future and the teamwork here is brilliant." The nominated individual said, "It's a stable house with a good mix of people and staff. There are possibilities for people to make progress."

During the inspection we observed staff engage with people in a caring and sensitive way. Staff we observed used appropriate humour when spending time with people. People spoke positively about staff. One person said, "They always listen even if they don't agree. They are always there for us and nothing will shock them."

People looked well-presented and cared for. People had spacious bedrooms with en-suite bathrooms, which were personal to the person's individual tastes. One person said, "I love having my own bathroom and I wouldn't want to share again!"

People at the home had undertaken a fund raising event for people who were living with cancer. They were involved in making and gathering items to sell as well as organising and participating in the event. People and staff were proud of this achievement.

We saw that a new service information pack had been developed that informed people what they should expect from the service.

The registered manager informed us they worked in conjunction with Independent Mental Capacity Advocates (IMCAs). IMCAs represent individuals where there is no one independent of the service, such as a family member or friend to represent them.

People's records were kept in an office that was always kept locked when not in use.

Is the service responsive?

Our findings

At our previous inspection, we found the service was responsive. At this inspection we had no concerns and the service continued to be good in this area.

We found care records were personalised to each individual and very detailed. We spent time looking at two support plan and risk assessments. We saw and were told that the records matched the person's support needs and assessed risks. People were involved in developing their support plan and risk assessments and signed their agreement to them.

We saw recent written feedback from a social care professional, which notes, "It would be good to go through this assessment to review the good positive work Kingarth have done in a professionals meeting and identify the next steps." Another social care professional commented, "I had a positive meeting with [person using the service] and was greatly encouraged by the progress evidenced by [registered manager] especially in view of the comparatively short time [person] has been at Kingarth."

A handover system was in place that helped keep staff up to date of any changes and what action was needed to support people. A keyworker system was also in place to help ensure people achieved their identified goals. This meant staff could support people to develop to their potential and make progress in independent living skills. We saw the service tried to match people with keyworkers by considering shared common interests and the skills needed to support the person.

We were aware that a number of people had moved on to more independent settings in the community with the support of staff with good outcomes. We saw a video made by a person who had moved out of a hospital environment to supported living via Kingarth. The person told the viewer about their experiences in hospital and how their life had been positively transformed moving back within the community.

We saw an excellent person centred pictorial map and path plan that a person had developed with support from staff. This process had helped the person put their past into context and helped the person to be involved in making decisions about what action and goals they wanted to achieve in the future. The person said, "It's helped me concentrate on moving forward into the community. I have got more control over my future."

People had either been on holiday or were in the process of planning a holiday or day trips. One person showed us photographs from their holiday, which was the first time they had been away for 18 years. They had thoroughly enjoyed the holiday and the photographs supported the person to tell us all about it. One person owned their own mobility car, which they took a pride in keeping clean.

People were supported to take part in meaningful activities and access the local community. Each person had an individual activities programme which was flexible to accommodate people's individual needs. We spoke with people about the daily routines at the home. They told us they had busy active lifestyles and were involved in healthy leisure activities which included a variety of community based activities. We saw

that there was an activity board in the office which gave out plans for the day and identified staff supporting people at various times of the day. On the first day of our inspection we saw people were either out visiting family, a trip out to the seaside, being supported to use buses or cleaning, shopping for food and cooking.

One person said, "I go for walks, the cinema and shopping. Sometimes it's important to do something but being quiet is also important." People were encouraged and supported to maintain relationships with family and friends. One person said, "I get to see my family now and I really like that."

There was a complaints procedure in place. The operations manager monitored complaints and compliments. There had been eleven compliments and thirteen complaints in the period from July 2017 – March 2018. These covered a request for new sofas for the lounges, bed times, minor issues between people who use the service and fairness of allocated activities. We saw that where a person had raised concerns the service had taken swift action to address the matter.

The last house meeting took place on 28 November 2017. Detailed minutes were recorded. However we saw that keyworker sessions were in place for some people. The session includes an easy read record which asks people questions such as, what have you enjoyed and what have you not liked in the last four weeks and things you would like to do in the next four weeks.

Is the service well-led?

Our findings

At our previous inspection we found the service requires improvement. At this inspection we had no concerns and the service was rated good in this area.

There was now a registered manager at Kingarth. The registered manager was present and well prepared for the inspection. The registered manager was a qualified mental health nurse who had recently completed a nationally recognised qualification in leadership and management to help ensure their professional continuous development.

We received positive feedback about the registered manager. People said, "[The registered manager] always has time for you." A support worker said, "[Registered manager] always has time for you. Very accommodating and flexible to personal needs."

Since our last comprehensive inspection, we heard that changes had been made to the management arrangements at the home. More time had been made available to nurses to work directly with people to help maximise the use of their clinical skills. The arrangements had reduced the amount of time nurses spent on management tasks. Team leaders now took responsibility for co-ordinating the shift. There was always a nurse and team leader on shift. A team leader told us they thought that handovers had improved. There was a clear list of responsibilities of the registered manager and deputy manager roles.

We asked the registered manager what they thought had improved since our last comprehensive inspection. They said, the quality of people's life, improvements in behaviours, all staff were more engaged with people and the new management structure.

The registered manager told us that since our last inspection Kingarth had become part of a bigger provider group of homes and supported living scheme. The registered manager said they now had support from other registered managers within the group and continued support from external managers, particularly the operations manager. The registered manager said, "I get fantastic support" from the operations manager.

The operations manager had previously worked at the home and knew staff and people who used the service well. The operations manager now carried out alternate audit and engagement meetings at the home. This helped to get the views and opinions of the people who lived at the home.

The registered manager told us that the home had adopted the same policies and procedures as the rest of the group to help ensure a consistent approach.

We saw that team meetings had taken place on 12 January 2018, 21 March 2018 and 03 April 2018. Attendance at these meetings was seen to be low however staff had signed to show they had read a copy of the minutes. Team meetings give staff the opportunity to raise any concerns they have and share best practice.

There were opportunities for people and staff to comment on the quality of the service. A quality assurance staff feedback report showed that eleven staff responded showing a 73% satisfaction rate. Areas covered were support, communication, development and values. Concerns were raised about communication, structure and leadership. Since that time the staff team, structure and management of the service had changed and the registered manager was hoping for improved results at the next satisfaction survey later in the year.

Feedback from six people who use the service gave a satisfaction rating of 95% and six stakeholders 93%. We saw feedback from families who took part in the quality assurance review undertaken in October 2017. Relatives commented, "Excellent always make you feel comfortable and welcome", "It's a delight to come", "Very happy with the support given to my [relative]" and "100% better."

We saw that the registered provider monitored the home. We saw a copy of the continuous improve report for the first quarter of the year. The report covered accidents, incidents, restraints, hospital admissions, compliments and complaints and notifications to CQC. The operations manager would evaluate any trends. This fed into the group continuous improvement plan, 'Getting It Right'.

A support worker who had a special interest had taken responsibility for overseeing that the health and safety audits for the home. They showed us the records they completed and talked though what they check were undertaken.

We saw that the provider group had produced a lot of information to help staff meet positive and negative experiences of the inspection process. They had also produced a booklet 'Well Led Together' that outlines the values of the organisation as well as a leaflet that demonstrated the monitoring across the organisation. They also produced 'In Focus' fortnightly business news which notified staff of changes in the law such as the General Data Protection Regulation (GDPR).

The organisation demonstrated they were involved in the Transforming Care Agenda for people with learning disabilities and were actively looking for new initiatives and resources to help ensure people could be supported better in the local community rather than a hospital environment.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a notification. The provider had made timely and detailed notifications to CQC when required in relation to significant incidents.