

Friary Care Limited

# Kingsley Court

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

The inspection visit took place on the 26 March 2016.

Kingsley Court is registered to provide accommodation and personal care for up to 17 people in a residential area of Weymouth. At the time of our inspection there were 16 older people living in the home and one person was staying on a short break.

There was a registered manager in post at the time of our inspection. 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.

Staff understood how people consented to the care they provided and encouraged people to make decisions about their day to day lives. People were not always enabled to make complex decisions about issues such as where they lived and risks they might want to take. This was addressed immediately by the registered manager. Care plans did not all reflect that care was being delivered within the framework of the Mental Capacity Act 2005 when people did not have clear capacity to make decisions for themselves at all times. Staff demonstrated that they understood the importance of enabling people to make day to day decisions and understood the need to provide care that is in a person's best interests.

Deprivation of Liberty Safeguards had been applied for where a person who needed to live in the home to be cared for safely did not have the mental capacity to consent to this.

Everyone described the food as good and there were systems in place to ensure people had enough to eat and drink. When people needed particular diets or support to eat and drink safely there were systems in place to share this information. This system had not been effective where a person had moved in whilst a chef was on holiday. The chef did not know about the person's dietary needs but they had not given the person any food that would have put them at risk. The registered manager assured us they would review this and take action to ensure it could not happen again.

Staff were consistent in their knowledge of people's care needs and spoke confidently about the support people needed to meet these needs. They told us they felt supported in their roles and had training that gave them the necessary knowledge and skills. There was a plan in place to ensure staff received refresher training as deemed necessary by the provider. This included the opportunity for staff to develop their knowledge about areas of care that they were particularly interested in.

People felt safe. They were protected from harm because staff understood the risks people faced and knew how to reduce these risks. They also knew how to identify and respond to abuse. Information about how to report abuse was on a noticeboard in a prominent position available to everyone at Kingsley Court.

People told us they received the care and support they needed at the time they needed it. They also told us they saw health care professionals when necessary and were supported to maintain their health by staff. People's needs related to ongoing healthcare and health emergencies were met and recorded. People received their medicines as they were prescribed. The temperature was not checked in the areas where unrefrigerated medicines were stored. This put the medicines at risk of not working effectively if these areas became too hot over a period of time. The registered manager told us they would add these areas to their computerised monitoring system.

People were positive about the care they received at Kingsley Court and told us the staff were kind and attentive. Staff were cheerful and treated people and visitors with respect and kindness throughout our inspection. People told us they were confident to share concerns and we saw that complaints were handled to the complainant's satisfaction.

People enjoyed a range of activities that reflected their preferences. These included individual and group activities both in Kingsley Court and the local community.

Quality assurance systems were in place and had led to improvements being made for people living in Kingsley Court. People, relatives and staff were invited to contribute their views to this process. Staff, relatives and people spoke positively about the management and staff team as a whole.

## 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. There were enough staff to support people at the time they needed them.

People felt safe and were supported by staff who understood their role in keeping them safe.

People were supported by staff who understood the risks they faced. Staff spoke competently about how they reduced these risks.

People received their medicines as prescribed.

Good ●

### Is the service effective?

The service was mostly effective. People who were able to consent to their care had done so and told us they directed the care they received. Staff provided care in people's best interests when they could not consent. This was not always recorded as having been decided within the framework of the Mental Capacity Act 2005 (MCA). People were not always supported to make complex decisions when they had the capacity to do so. The registered manager showed us that MCA training was being reviewed.

People had the food and drink they needed. Everyone told us the food was good. The chef had not been made aware of one person's guidance designed to reduce their risk of choking. They had not received any food that increased their risks and the system for ensuring chef's had current information was reviewed immediately.

Deprivation of Liberty Safeguards (DoLS) had been applied for one person who needed their liberty to be restricted for them to live safely in the home.

People were cared for by staff who understood the needs of people in the home and felt supported. Staff training was up to date and scheduled.

People had access to healthcare when they needed it.

Requires Improvement ●

### Is the service caring?

The service was caring. People received compassionate and kind care.

Staff communicated with people in a gentle and warm manner. They treated people with dignity and respect and their privacy was protected.

People and their relatives were listened to and felt involved in making decisions about their day to day care.

Good 

### Is the service responsive?

The service was responsive. People told us they were supported to live their life the way they chose to. They told us they received care that was responsive to their individual needs.

People were confident they were listened to and felt the staff were all approachable.

Complaints received in the year prior to our inspection had been addressed and the complainants were all happy with the outcomes.

Good 

### Is the service well-led?

The service was well led.

People and staff had confidence in the management and spoke highly of the support they received.

There were systems in place to monitor and improve quality including seeking the views of people and relatives. Regular monitoring had been effective in identifying where improvements were necessary.

Staff were committed to the ethos of the home and were able to share their views.

Good 

# Kingsley Court

## **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 unannounced inspection took place on the 26 March 2016. The inspection team was made up of one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the home had sent us and information received from other parties. We also reviewed the Provider Information Record (PIR). A PIR 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.

During our inspection we observed care practices, spoke with eight people living in the home, three relatives, four members of staff, and the registered manager. We also looked at records relating to six people's care and reviewed records relating to the running of the service. This included three staff records, quality monitoring audits, complaints, training records and accident and incident forms.

We also spoke with a social care professional and a healthcare professional who had knowledge of or worked alongside staff in the home.

## Is the service safe?

### Our findings

People told us they felt safe and looked after. One person said: "Oh yes I feel safe. It is lovely to feel safe and secure." Another person told us they sometimes became frightened at night time and that staff always took the time to make them feel safe. People were relaxed with staff throughout our inspection and confident when they spoke with them.

People were at a reduced risk of harm because staff were able to describe confidently the measures they took to keep people safe. For example they described how they reduced risks relating to people's mobility and health. During the inspection people received care and support planned to reduce risk and as described in their care plans. For example, some people were using equipment to assist their mobility, other people were checked and helped to move regularly. Staff were confident they would notice indications of abuse and were able to describe these. They knew where they would get the contact details to report any concerns they had. Information about keeping people safe from abuse was displayed prominently in the entrance of Kingsley Court which meant it was available to people living in the home and relatives in addition to the staff team.

Accidents and incidents were reviewed and actions taken to reduce risks to people's safety. For example when people had fallen actions had been taken to reduce the risk of this reoccurring. For example input was sought from health professionals and sensor mats were used to alert staff if a person got up. These actions were reflected in people's care plans and were discussed with the person.

There were enough staff to meet people's needs safely. During our inspection people did not wait to receive care and staff were able to spend time talking with people as well as responding to their immediate care needs. One person told us "I get the help I need when I need it." Staffing levels were monitored alongside the needs of people living in the home and this was reviewed monthly. This was effective and we saw that staffing at night had been increased in response to changing needs within the home. Staff had been recruited in a way that reduced the risk of people being cared for by people who were not suitable to work with vulnerable adults. Staff employed since the introduction of the Health and Social Care Act 2008 had been subject to the checks detailed in this legislation. The registered manager was in the process of reviewing staff records in order to ensure that all the information detailed by the act was in place.

People told us they received their medicines and creams as prescribed. One person told us: "they look after them for me well." Medicines were stored securely and people received their medicines as prescribed. People were asked if they wanted pain relief that was prescribed to them to take only when they needed it. One person took medicines that were covered by the Misuse of Drugs Act. This meant they had to be stored and administered with more security than other medicines. These medicines were stored safely. Temperatures in the medicines fridge were recorded automatically and an alert would be raised if the temperature rose above safe levels. The registered manager told us they would extend this system to cover the medicines trolleys also as currently the temperature was not regularly checked in these. This meant there was a risk that medicines would be stored at a temperature that would reduce their effectiveness.

## Is the service effective?

### Our findings

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. The application procedures for this in care homes and hospitals are 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 were being met.

People told us they made choices about their day to day care and we saw that staff encouraged these choices throughout our visit. For example, people were offered choices about where they spent their time, where and what they ate and what time they got up and retired to bed. Most people living in the home were able to make decisions about their care and they did so throughout our inspection. Some people living in the home were not always able to make decisions for themselves due to dementia. There was not always a record that the principles of the Mental Capacity Act 2005 (MCA) had been followed. For example, one person was confused about where they lived and whether they lived at Kingsley Court permanently. Their care plan described them as being able to make decisions about their care and had not been updated to reflect that this was now variable as their dementia had advanced. Staff told us that this person was sometimes less confused. Their care plan did not describe that staff could leave some decisions until the person was not confused. Whilst this recording omission put the person at risk of receiving unnecessarily restrictive or inappropriate care we observed that they responded positively to the staff and told us "I am looked after beautifully". Staff were able to describe how they encouraged people to make decisions about day to day care but we heard from people that more complex decisions were not supported in the same way. For example one person told us they did not think they could decide whether or not they went out alone and another person told us that when they raised the issue of where they lived that staff did not explore this with them and this had left them feeling they could not revisit this choice. This did not reflect the principles of assumed capacity or taking the least restrictive option that run through the MCA. We spoke with the registered manager about this and they took immediate action to address both these situations including making contact with an independent advocacy organisation. They also showed us they had started to review records related to the MCA and had plans in place to enhance staff training about the MCA.

The home had applied for Deprivation of Liberty Safeguards (DoLS) to be authorised for a person who was not able to consent to their care. DoLS aim to protect the rights of people living in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards are used to ensure that checks are made that there are no other ways of supporting the person safely.

Everyone told us that the food was good. One person said : "The food is really excellent", another said it was "delicious ". Lunchtime was a calm but social event for those that wanted to eat together. The tables were set with table cloths and condiments and people sat where they chose to. People who chose to eat in their rooms were able to do so and received their meals at the time that they preferred. The menu offered a choice of dishes and alternatives were made available if people did not want these. People who needed support to eat and drink received this and where people had guidance in place about safe eating and drinking this was followed. The chef, who had returned from leave, was not aware of guidance for one person who had moved in whilst the chef was away. This meant the person had been at risk of eating foods that would put them at higher risk of choking. The chef and registered manager acknowledged this and assured us that they would review how this information was shared with chefs straight away. The chef checked what they had given the person and it had all been safe for the person to eat.

People's weights and other indicators of adequate nutrition and hydration were measured regularly and there were systems in place to make sure that action would be taken if anyone became at risk. Relatives described how before moving into the home their relative had been malnourished and dehydrated and that since moving in this was no longer the case. We observed these people were eating and drinking well at the time of our inspection.

People told us the staff had the skills they needed to do their jobs and staff told us they felt they had the support and training they needed. One member of staff said "I definitely feel supported." And another told us they could always go to the registered manager or senior staff for support and guidance. They spoke competently about the care and treatment of people living in the home and told us that their training was appropriate. One member of staff who was new to care work had started the Care Certificate. The care certificate is a national qualification which ensures that new staff receive a comprehensive induction to care work. Another member of staff had just undertaken some training about oral care and described passionately how they could use this in their work. There was a system in place for ensuring that staff training was kept up to date and training was reviewed to ensure it met the needs of the people living in the home. A training course had been sourced to improve staff understanding of how dementia can affect people. Staff told us that they received support from the management team and colleagues. Formal supervision and appraisals were also provided and staff had the opportunity to explore their practice and development formally and informally. They all told us they loved their work and felt valued by the registered manager.

People told us they were supported to maintain their health. They told us they saw medical professionals whenever this was appropriate. Recent guidance was being followed during our inspection, one person was having their fluids monitored and another was taking antibiotics. Records were kept of health needs relating to ongoing conditions and appointments such as those related to diabetes or heart conditions and those where staff supported people when their health changed suddenly. We saw that when people experienced health emergencies that these were responded to appropriately. We spoke with a visiting health professional who told us that the staff contacted them in a timely manner and followed guidance competently.

## Is the service caring?

### Our findings

People told us the staff were kind and that they felt cared for. One person told us, "The staff are particularly nice." Another person said: "The staff are marvellous." We visited over the Easter weekend and people had all received Easter cards and eggs from Kingsley Court. We were told by people and relatives that this touch was appreciated and reflected the care and kindness of the staff. A relative had written to the registered manager and referred to their observation of kindness saying that everyone had "gone the extra mile" to help their relative settle in. Relatives told us this kindness extended to them and they felt welcome whenever they visited Kingsley Court.

Staff took time to build relationships with people in an individual way and spoke of, and with, people with affection. This was supported by relatives who described conversations with staff members that evidenced they had clearly had long conversations with their relative about events and relationships that mattered to them. People also reflected on the time staff took to chat about important times in their lives. Staff spoke confidently about people's likes and dislikes and knew about people's social histories and relationships. They spoke respectfully to people living in the home, visitors and to each other. This created a gentle and respectful atmosphere that people told us they appreciated.

One person became upset whilst we were visiting and shared a sadness with the registered manager. We saw that the registered manager went back later in the day to talk with the person again. The registered manager behaved and described their response in a way that modelled the ethos of compassion and dignity they wanted people to experience. There were posters relating to compassionate and dignified care in prominent positions in the office and both staff and people living in the home had spent time considering what dignity meant to them. The outcome of these discussions had been developed on a "dignity tree" on the wall in the lounge. People told us they felt respected by staff who made efforts to know them individually and promoted their privacy. One person told us: "I like my privacy and I know I have it." Another person described that retaining their independence was important to them and the staff: "let me do what I can". This ethos of person centred care ensured that people's independence was respected and promoted.

People were supported to make choices throughout the day and care provided reflected this. One person told us: "They help me the way I like". Another person commented: "They are always checking if there is anything they can do for me." People were encouraged to choose their food and drinks, what activities they joined and day to day decisions such as when they got up. One person told us "I decide what I do."

Care plans included information about end of life care where this was known. It was evident that this was only discussed with people who wished to do so when they were ready to. Information recorded reflected personal discussions which afforded consideration of a wide range of subjects from spiritual needs to the role of other people and staff.

## Is the service responsive?

### Our findings

People were happy with the care and support they received and told us they decided what care they wanted. One person told us: "They look after me well. They ask what I want." People told us they felt well cared for, one person told us: "I just can't fault them."

People told us they were involved in developing the care and support they received at Kingsley Court. They told us they were able to decide how and when they received their care. People's care needs were assessed and these were recorded alongside personalised plans to meet these needs. Records showed that these care plans were reviewed monthly with the person and reflected most changes. For example one person had changes in their medicines that required additional; monitoring by staff. We saw that this monitoring happened as required and important information had been passed on to the GP. Needs were assessed and care plans written to ensure that physical, emotional, communication and social needs were met. The detail of how people preferred this care was not captured in these records however people were confident to tell staff what care they wanted. This meant that staff were able to provide personalised and responsive care. Two people were not feeling very well on the day we visited. They told us that staff changed how they helped them to reflect this and they felt cared for.

The staff kept records which included references to personal care people had received; how they had spent their time and physical health indicators. These records did not always link clearly to people's care plans but rather reflected general observation about them. We discussed an example of a record where someone had become upset with the registered manager. The record made had not covered the trigger of their distress or how it had manifested or been resolved. Records are important tools in monitoring the quality of care people receive and ensuring it can be reviewed effectively. The registered manager had been undertaking an ongoing discussion with the registered manager of the provider's other home about the most effective method to ensure records reflected the needs of the management, the staff and people living in the home.

People told us they were able to approach all the staff. We also heard from people about residents meetings where they contributed to decisions about the whole home rather than their own individual care. We saw that these meetings happened regularly and were recorded. The last meeting had covered a variety of subjects. Menu options were discussed and events and trips out were reviewed as a group and further trips planned.

Activities were planned for groups and individuals and people enjoyed these. One person told us: "We have lovely outings." Another person told us they really enjoyed the bingo. When necessary additional staffing was provided for large events such as the Christmas dinner or to ensure people had the right support for personal trips. During our inspection some people read newspapers that they had chosen to have delivered, chatted with each other or spent time engaged in their own choice of activity in their rooms. Staff told us that a wide range of activities were offered including music and one to one discussion and trips. People told us they went out to visit friends and relatives and were able to welcome visitors to their home at any time. People told us they had been asked about activities they enjoyed and we saw this reflected in residents meeting minutes and individual care plans drawn up around people's interests and preferences. The

member of staff who had been leading activities had decided to stop this role and the registered manager had appointed to the role. The new staff would receive support and attend a local forum to share good practice around activities. They would also spend time with the established activities coordinator in the provider's other home.

People told us they would be comfortable raising concerns and complaints. One person told us "I would be able to say if I wasn't happy." There had three complaints recorded in the year prior to our inspection. These had been investigated and the complainant informed of the outcome. Two of these complaints were made by people in the home about minor events that had caused them dissatisfaction. For example one person had expressed dissatisfaction with the choice of cheese available with biscuits. These complaints had been valued and addressed in line with the complaints procedure. The complainants had all acknowledged satisfaction with the outcome of their complaints. There was information available to all people and visitors about how to make complaints. This included external agencies that could be contacted.

## Is the service well-led?

### Our findings

Kingsley Court was held in high esteem by the people living there, relatives, and staff. Relatives described how they had visited the home after personal recommendation from other relatives and told us it "exceeds all expectations". People told us they thought the home was "marvellous" and "very nice" and made comments like "I love it here." Staff also told us they loved it, one member of staff described it as: "being like a family". Staff, people and relatives told us that the management team were accessible and that they felt heard. Everyone identified the registered manager as capable and supportive. One person told us: "(Registered manager) is excellent – a real gentleman." Relatives described them as approachable and kind.

The registered manager had submitted a provider information return prior to our inspection that showed evidence that they had a clear idea of where they were achieving well and where they could improve people's experience of care. For example, they had identified a number of training courses that they wanted staff to undertake with an emphasis on dementia and mental capacity. They also had plans to review the environment further in light of the changing needs of people living in the home. There were systems and structures in place to ensure that the quality of service people received was monitored and improved. These included checks on medicines, health and safety, infection control and care plans. These audits had been effective in ensuring change. For example a medicines audit had led to action to improve the administration of controlled medicines. This made the home safer. An audit of care plans had led to the addition of activities care plans. This made the home more responsive to people's needs. The registered manager was committed to increasing the role of feedback from people in their quality assurance systems. They had recruited a volunteer to speak with people about their experiences of Kingsley Court. This was planned to afford people the opportunity to share views they might feel uncomfortable sharing with staff. The volunteer had been identified and was waiting for checks and training before they could start this role.

The registered manager worked to ensure ongoing improvement to the quality of care people received, the support available to staff and the physical environment. They had an ongoing programme of home maintenance and also had identified where the building could be improved to meet the needs of people living there. Work was planned to make the outside more accessible to people as more people now used wheelchairs and walking aids. They told us this would be achieved before the summer. People had been asked their views on plans at a residents meeting. The plan to add wet rooms had allowed one person the opportunity to reinforce how much they enjoyed a bath. This was noted.

Staff had a shared understanding of the ethos of the home and understood their individual responsibilities. One member of staff told us: "We work to make sure it is what they want. It is their home." They were comfortable sharing what they felt they were doing well and asking each other what they could do better. This reflected a supportive and learning culture that was striving to provide outstanding care.