Four Seasons (No 10) Limited

Kingston Care Home

Inspection report

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Ratings

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

Overall summary

This comprehensive inspection took place on 14 October 2015 and was unannounced. The Care Quality Commission (CQC) has carried out three other inspections of Kingston Care Home in 2015 on 6 January, 23 June and 14 September.

Kingston Care Home provides accommodation, nursing and personal care for up to 67 older people. The service specialises in the care and support of older people who may be living with dementia. The home is purpose built and accommodation is arranged over three floors. There were 50 people using the service when we visited, of whom approximately two-thirds were living with dementia.

At the time of our inspection, the service was undergoing some organisational and management changes. The parent organisation was being re-structured into

Summary of findings

sub-organisations with separate identities, purposes, objectives and management structures. Kingston Care Centre was moving into one of those groups- Brighterkind.

The service is required to have a registered manager, but had not had one in post since November 2014. In the preceding 12 months four different temporary acting managers have been in day-to-day charge of the home for varying lengths of time. Constant changes to the management team and a lack of continuity have inevitably had an adverse effect on the quality of the care and support people living at the home receive. The provider told us a new permanent manager had just been appointed and was in the process of applying to the Care Quality Commission (CQC) to register with us.

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

At this inspection we found the provider had taken appropriate action to address the two outstanding breaches identified in a previous inspection of the home. These breaches related to poor medicines management and lack of staff training and support. During this inspection we saw staff correctly followed the provider's safe medicines policies and procedures. This meant people received their medicines as prescribed. Staff were also appropriately trained and supported to carry out the duties they were employed to perform. This helped ensure staff were knowledgeable about the individual needs and preferences of people they cared for.

However, although we found some improvements had been made at Kingston Care Home, we identified a number of new issues where the provider had failed to meet their legal obligations. This included ensuring the care people received was provided with the consent of the relevant person, ensuring people were involved in the planning and reviewing of their care plans, and the care they received was personalised and reflected their personal preferences. The provider had also not ensured that people were supported to be involved in social activities as much or as little as they wished and not left unnecessarily isolated.

In addition, although most areas of the home were clean and free from odours; we found there was one area where an odour lingered. This was traced to a mattress that had not been cleaned after clean sheets had been used to make the bed. Staff promptly attended to the issue when we pointed this out, but we were not clear why staff themselves had not identified the issue and rectified it themselves.

The above comments made above notwithstanding, people told us they felt the standard of care provided at the home had significantly improved in recent months. We saw staff looked after people in a way which was kind and caring. Our discussions with people using the service and their relatives supported this. People's rights to privacy and dignity were also respected. When people were nearing the end of their life they received compassionate and supportive care.

People were safe living at the home. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage these risks in order to keep people safe.

The provider ensured regular maintenance and service checks were carried out at the home to ensure the building was safe.

People were supported to maintain relationships with people who were important to them. There were no restrictions on visiting times and we saw staff made people's guests feel welcome.

We saw staff actively encouraged and supported people to be as independent as they could and wanted to be.

People were supported to keep healthy and well. Staff ensured people were able to access community based health and social care services quickly when they needed them. Staff also worked closely with other health and social care professionals to ensure people received the care and support they needed. There was a choice of meals, snacks and drinks and staff supported people to stay hydrated and to eat well.

Summary of findings

There were enough suitably competent staff to care for and support people. The management team continuously reviewed and planned staffing levels to ensure there were enough staff to meet the needs of people using the service.

The views and ideas of people using the service, their relatives, professional representatives and staff were routinely sought by the provider and used to improve the service they provided. The service had arrangements in place to deal with people's concerns and complaints appropriately.

People and their relatives felt comfortable raising any issues they might have about the home with staff.

There were effective systems in place to monitor the safety and quality of the service provided at the home. The management team took action if any shortfalls or issues with this were identified through routine checks and audits to make the necessary improvements.

We identified two new breaches of the Health and Social Care (Regulated Activities) Regulations 2014 during our inspection. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

However, whilst most areas of the home were clean and free from odours, we found there was one area where an odour lingered. This was traced to a mattress that had not been cleaned after clean sheets had been used to make the bed. Staff promptly attended to the issue when we pointed this out, but we were not clear why staff themselves had not identified the issue and rectified it themselves.

Appropriate action had been taken by the provider to improve safety in relation to medicines management. We saw staff correctly followed the provider's policies and procedures regarding the safe handling on medicines. This meant people received their medicines as prescribed.

People told us they felt safe living at the home. There were robust safeguarding and staff whistleblowing procedures which they were aware of. Staff understood what abuse was and knew how to report it. There were enough staff to meet the needs of people using the service.

Is the service effective?

Requires improvement

The service was not always effective.

The provider did not always act in accordance with the Mental Capacity Act (2005) to help protect people's rights. For example, not all relevant healthcare professionals were always involved in making decisions to covertly administer people's prescribed medicines and nor were records regarding the covert administration of medicines always appropriately maintained.

However, appropriate action had been taken by the provider to improve safety in relation to staff training and support.

People received the care and support they needed to maintain good health. People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

Is the service caring?

Good

The service was caring.

People told us that staff were caring and supportive and always respected their privacy and dignity.

Staff were aware of what mattered to the people using the service and ensured their needs were always met.

People also received compassionate and supportive care from staff when they were nearing the end of their life. Staff were warm and welcoming to visitors and there were no restrictions on when they could visit their family members.

Summary of findings

Is the service responsive?

Requires improvement 

The service was not always responsive.

Although care plans were in place for everyone who lived at the home; we found the information they contained was not always personalised and nor were people always involved in developing and reviewing their care plan. The lack of a person centred approach to care planning meant staff were not provided with all the guidance they needed to fully meet the individual's needs and personal preferences of people using the service.

In addition, people did not have enough opportunities to participate in meaningful leisure and recreational activities that reflected their social interests.

The service had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Requires improvement 

The service was not always well-led.

The service has not had a registered manager in post for 12 months and has experienced unusually high levels of management turnover during this period. This lack of continuity might have adversely affected the quality of the care and support people living at the home receive.

However, the new acting manager demonstrated good leadership and has been proactive in making changes and improvements that were needed in the home. People using the service, their relatives and staff spoke positively about the new provider and management team.

The provider asked people for their views about what the service could do better. They regularly monitored the quality of the care, facilities and support people using the service received. These on-going audits and feedback from people were used to drive improvement.

Kingston Care 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 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 14 October 2015 and was unannounced. The inspection team consisted of two inspectors, a specialist CQC pharmacy inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed all the feedback we had received from various health and social care professionals who had visited the home recently and notifications the provider is required to submit to the CQC. We read the written report we required the provider to send to us regarding the action they told us they were going to take to meet the regulations they breached at their last inspection.

During our inspection we spoke with six people who lived at the home, eight people's visiting relatives and a community based health care professional, the new temporary acting manager, the new deputy manager, the homes clinical governance lead, six nurses and 12 care workers. Records we looked at included fourteen people's care plans, six staff files and other records relating to the management of the service.

We also spent time observing care and support being delivered in various communal areas. During lunch we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires improvement

Is the service safe?

Our findings

When we inspected the service on 23 June 2015, we found the provider was in breach of the regulations that related to the management of medicines. This was because staff did not always correctly follow the provider's safe management of medicines policies and procedures. They sent us an action plan and told us they would purchase more tablet crushers and ensure they were cleaned each time they were used, medicines were reviewed at regular intervals and minimum and maximum temperature of fridges where medicines were kept were routinely recorded.

We carried out this inspection on 14 October 2015 to check whether the provider had made all the improvements they said they would in their action plan. We found that improvements had been made to the way medicines were managed in the home ensuring the provider now met the requirements of the relevant regulation. For example, we observed tablet crushers were now cleaned after each use to crush a person's medicines which minimised the risk of cross-contamination. We also saw staffs' medicines record keeping had improved to show whether people had received their medicines as prescribed.

People were supported by staff to take their prescribed medicines when they needed them. We saw medicines were safely stored in medicines cabinets, trollies and fridges, which remained securely stored away in locked clinical rooms when they were not in use. Each person had their own medicines administration record (MAR) sheet which included a photograph of them, a list of their known allergies and information about how the person preferred to take their medicines. MAR sheets were completed correctly. Our checks of medicines in stock confirmed people were receiving their medicines as prescribed. We checked the controlled drugs administration and saw it reflected current guidelines and practice. Staff had been trained to manage medicines safely. Training records showed staff had received training in safe handling and administration of medicines and their competency to continue doing this safely was assessed annually.

The provider took appropriate steps to protect people from abuse and neglect. People told us they felt safe living at Kingston Care Home. One person's relative told us, "I think my [family member] is safe here because of the excellent work of the staff". Minutes of the last staff meeting showed us safeguarding incidents had been discussed to ensure staff were aware of what had happened and the improvements that were needed. Staff told us they felt able to speak with the new acting manager if they had any concerns and were confident they would be listened to and taken seriously. Feedback we received from staff demonstrated they understood the different types of abuse, what constituted abuse and what action to take if there were suspicions or allegations of abuse. Staff told us and records confirmed they were up to date with training on safeguarding adults.

The provider had policies and procedures in place which set out the action staff should take to report any concerns they might have. For example, where people sustained injuries that were unexplained or where there were suspicions or allegations of abuse, staff made the necessary referrals to the local safeguarding adults' team so these could be investigated. We found that the provider and the staff cooperated with any investigations led by the local authorities safeguarding adult's team including for those cases where other healthcare professionals had made referrals. Action that had been identified as part of safeguarding adults investigations were incorporated in the homes improvement plan, which made it clear what staff needed to do to minimise the risk of a similar incidents reoccurring.

The provider identified and managed risks appropriately. There were plans in place which identified the potential risks people might face. For example we saw risks assessments for manual handling, falls, developing pressure ulcers and choking risk assessments when people are eating or drinking. Staff demonstrated a good understanding of the specific risks each person might face and the support they needed to be safe. Records showed where people sustained bruises or injuries, these were appropriately recorded in daily records, body maps and accidents and incidents records were completed on a data base accessible to the management team and staff. These were explored to find the causes or possible causes to prevent similar incidents happening again. For example people were referred to the falls clinic where there had been a history of falls and management plans were put in place for people at risk of developing bruises.

There were arrangements in place to deal with foreseeable emergencies. For example, we saw each person had a personal emergency evacuation plan (PEEP) which made it clear how that individual should be supported to evacuate

Requires improvement

Is the service safe?

the home in the event of a fire. Other fire safety records indicated staff regularly participated in fire evacuation drills. Training records showed staff had attended basic fire safety so they knew what to do in the event of a fire. Staff demonstrated a good understanding of their fire safety roles and responsibilities.

The premises were well maintained which contributed to people's safety. Maintenance records showed systems and equipment, such as fire alarms, extinguishers, emergency lighting, and mobile hoists had been regularly checked and/or serviced in accordance with the manufacturer's guidelines. We saw chemicals and substances hazardous to health were safely stored away in cupboards fitted with keypad devices which remained locked when they were not in use.

During the inspection we found that there were enough staff on duty to meet people's needs. People told us they felt the number of staff who were on duty in the home at any one time had improved in recent months. Typical feedback we received included, "Staffing levels have definitely got better. There was time when you wouldn't see staff for hours, but now there's always at least one person about"; "I've seen a marked improvement in staffing numbers here over the last few months. As you can see there is lots of staff about today" and "They do use a lot of agency staff to cover the shifts when they're short staffed, but I'd rather have that than no staff at all".

Throughout our inspection we observed staff were always present on all three floors of the home and were prompt to support people when needed. For example, we saw staff on numerous occasions respond immediately to people's requests for a drink or assistance to stand. We also saw that where people had one to one support this was being provided. The management team told us they often used agency staff to cover staff shortages and were actively recruiting new staff to fill all the nursing and care worker vacancies they had.

There were systems in place to keep the home clean and to help with the prevention and control of infection. However, while most areas of the home were clean and free from odours, we found there was one area on the second floor where there was an odour. This was traced to a mattress that had not been cleaned after clean sheets had been used to make the bed. Staff promptly attended to the issue when we pointed this out, but we were not clear why staff themselves had not identified the issue and rectified it themselves. A number of support staff were employed who were responsible for cleaning the home. They completed cleaning schedules as required and they told us they had enough equipment to keep the home clean. We saw there were paper towels in bathrooms and toilets and antibacterial hand sanitizers at various points within the home. Staff wore protective clothing as required and they told us they had always had a good supply of these. It was clear from records we looked at and discussions we had with the management team at that regular infection control audits were carried out at the home.

Requires improvement

Is the service effective?

Our findings

When we inspected the service on 23 June 2015 and found the provider was in breach of the regulation that related staff training and support. This was because not enough staff had been appropriately trained in some key aspects of their role, or routinely supported by their line managers to effectively carry out the duties they were employed to perform. The provider sent us an action plan and told us they would ensure staff received all the training and support they needed to effectively carry out all the key duties they were employed to perform.

We carried out this inspection on 14 October 2015 to check whether the provider had made all the improvements they said they would in their action plan. We found that improvements had been made to the way staff were trained and supported ensuring the provider now met the requirements of the relevant regulation.

People were cared for by staff who were appropriately trained and supported. People told us staff were suitably trained and experienced to meet their needs. One person said, "I think most staff who work here are good at their job", while another person's relative said, "Staff are trained and capable of looking after my [family member]". Records showed staff had attended training courses in topics and areas that were relevant to their work, which had recently included moving and handling, infection control and pressure sore prevention and management. The acting manager told us that arrangements had been made for all staff to attend dementia awareness, end of life care and equality and diversity training.

Staff spoke positively about the training they had received, which most felt had improved in recent months. Typical staff feedback included, "Since the new managers have been here I've been on a moving and handling and dementia courses", "Before when we had training it rarely got refreshed, but now we're going on training courses all the time" and "We learn about the different types of dementia, and we have to know how to care for people and the medicines they are on".

Staff were supported by the management team and had sufficient opportunities to review and develop their working practices. Records indicated staff regularly attended individual supervision meetings with their line manager and group meetings with their co-workers. Staff told us through these meetings they felt they had regular opportunities to discuss their learning and development needs or any issues or concerns they might have. One member of staff said, "I feel we get all the support we need from the managers and senior staff."

Staff working in the home had received training in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is legislation that aims to empower and protect people who may not be able to make some decisions for themselves and to help ensure their rights were protected. People care records contained information about people's capacity to make decisions about their care and treatment. Staff were aware that they needed to get people's consent in relation to the provision of care and treatment and how to go about checking that where people could give consent, they had done so. Where people were not able to make decisions and give consent to their care, staff knew that decisions had to be made in people's best interests. We saw that people's relatives have been involved in making best interests decisions where complex decisions had to be made. For example we saw that people's relatives have been involved in Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions.

The management team told us some people were administered their prescribed medicines covertly. However, although appropriate records had been completed to document the reason why some people needed to be given their prescribed medicines covertly; no records were available to show mental capacity assessments had been carried out. This was confirmed by the management team who explained that a new care plan system was in the middle of being implemented across the home, with the expectation that this issue will be resolved. This meant that although the decision to administer covert medicines was being made in people's best interests, not all relevant healthcare professionals were involved in making this decision. For example, we saw that a pharmacist had not been consulted to check if it was safe to administer the medicines in a covert manner. We also found that not everyone had access to their call bell. We were unable to find any mental capacity assessment or risk assessments on these individuals file to show why they had not been given a call bell.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires improvement

Is the service effective?

During our inspection we observed that some people could not leave the unit they lived on because the door and lift were secured with code pads. We discussed these restrictions with staff and they explained that applications have been made to the Supervising Authority (the local authority) to deprive the liberty of some of the people living at the home, as part of the Deprivations of Liberty Safeguards (DoLS) process. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The outcome of the applications had not been received but we saw evidence that the applications had been made. The restrictions on people were also addressed in their care records so that all staff were clear on these.

Staff supported people to eat and drink sufficient amounts. People told us the meals they were offered at the home were nutritious and hot. Typical feedback we received from people included, "I'm satisfied with the quality and choice of the meals", "The meals are always well presented and my [family member] enjoys the meals here" and "If you're not feeling well you can choose an omelette or sandwich at the last minute if you can't face the meal you ordered from the menu". We observed meals being served on all three floors of the home and saw the dining experience for people were relaxed and congenial. Staff demonstrated a good awareness of people's food and drink preferences and served people accordingly particularly for those who could not make informed decisions about what they ate and drank.

People's nutritional needs were assessed and recorded in their care plan. These were monitored and reviewed as required. We saw people were weighed at least monthly to monitor their nutritional state and that staff would develop care plans where people were at risk of malnutrition. The care records of one person who was at high risk of malnutrition showed that they were being monitored weekly to check if the action taken to manage the person's nutrition was successful. We saw that the person weight had stabilised, which showed that the action staff were taking to support the person with eating and drinking was successful. During the morning and afternoon people were offered tea, coffee and biscuits. In between meals and tea rounds, we saw staff supporting people with water and juice, which were available in the lounge and in people's rooms.

People were supported by staff to maintain their health. Records showed us staff monitored people's general health and wellbeing daily. Care plans contained important information about the support they needed to access health care services such as the GP, district nurse, dentist and chiropodist. Where people had or were at risk of developing pressure ulcers, care plans were in place to address these needs. Equipment was also provided and monitored to make sure they operated as required and were set up appropriately to provide the right pressure relief for individuals. Staff told us they checked the equipment daily and recorded this but they could not explain why two compressors for the air mattresses had a red 'attention' light on. When we pointed this out, they immediately recorded this in the maintenance book so these could be checked.

People's health care and medical appointments were noted in their records and the outcomes from these were documented. Where there was a concern about an individual we noted prompt action was taken by staff to ensure appropriate advice and support was sought from the relevant health care professionals. Care plans also contained important information about people's individual health and support needs which could be quickly shared with medical staff in the event of a person being admitted to hospital in an emergency.

People told us Kingston Care Home was a comfortable and homely place to live. One person said, "The place looks a lot better now the refurbishment work has finished. I like the way the communal areas have been decorated." We saw signage was used to identify the function of some rooms in the home, but not all. For example, while we saw some toilet, bathroom, communal lounge and dining rooms were clearly sign posted with an easy to understand picture, others were not. This meant people using the service might not be able to easily identify where important rooms or facilities were in the home, such as their bedroom, toilets and communal areas. The management team told us the providers own quality assurance team had recently assessed the homes environment and identified the need to improve signage throughout the building and to install memory boxes near people's bedroom doors for those who wanted them. Memory boxes often contain the name; portrait photograph and a variety of other visual clues to help people living with dementia orientate themselves and identify their bedroom door more easily.

Good

Is the service caring?

Our findings

Overall people gave us positive feedback about the home. Most people felt the service had significantly improved in recent months. Typical comments we received included, "I think the home has definitely turned a corner recently, but there's still a long way to go", "Things are getting better here. Definitely moving in the right direction" and "Still room for a lot more improvement, but I'm pleased they've got the staffing levels sorted and the refurbishment work has been done". People also told us staff were kind and attentive and typically described them as "caring" and "compassionate". One person's relative said, "They [staff] always look after my [family member] well", while another person told us, "I've always found the care provided here to be considerate and timely. It now meets my [family member's] needs, which is all I ask".

Throughout our inspection we heard conversations between staff and people living at the home were characterised by respect, warmth and compassion. We also saw people were appropriately dressed, wore clean clothes and had trimmed nails. Staff we spoke with were familiar with people's preferences and knew how to engage and interact with them.

Staff ensured people's right to privacy and dignity were upheld. People told us staff were respectful and always mindful of their privacy. During the inspection we observed that staff ensured that people always received personal care in private and were supported in a manner that promoted their dignity. For example, we saw staff always ask for people's permission before entering their room. Staff reported that they received training to ensure people were treated with respect and dignity.

People were supported to maintain relationships with people who matter to them. Several people's relatives told us they were free to visit their family member whenever they wanted and were not aware of any restrictions on visiting times. Care plans identified all the people involved in a person's life and who mattered to them.

People were supported to express their views regarding how their needs should be met. People told us they felt able to make decisions about what happened to them and could choose what they wore, what they ate and what activities they participated each day. We saw staff explained to people what was happening and enabled them to make choices in their day to day life. For example, people were asked if they wanted drinks and were given a choice of drinks. One person was asked if they wanted to go for a walk outside in the garden and staff took them out when they said they wanted to. People could choose where they sat and whether they wanted to come to the communal areas or stay in their rooms. People could eat at times convenient to them. For example, staff were aware that a person might not eat at lunch time but would eat at other times.

In cases where people could not make important decisions and they did not have relatives to support them, staff told us they would discuss the matter with the manager to decide if the person would benefit from the input of an independent advocate. They told us the home had contact details for independent advocates if they were needed to support people.

People were encouraged and supported to be as independent as they wanted to be. People told us they could move freely around the home. One person gave us a good example of how staff encouraged them to travel independently in the local community, which we observed them do during our inspection. They told us, "I quite often go out on my own to visit the local shops." We saw staff did not rush people to eat and people were given the opportunity to eat on their own.

The staff supported people to maintain relations with their relatives and friends. We saw a number of relatives and visitors in the home and observed that they were warmly welcomed by staff on duty at the time. One relative told us they could visit at any time and staff were approachable if they had any questions. We saw one person having a meal with their relative and they told us they were always encouraged to have a meal with their family member.

Requires improvement

Is the service responsive?

Our findings

The provider had arrangements in place to ensure people needs were assessed and care was planned to meet those identified needs. However, care plans we looked at did not always accurately reflect people's individual needs, abilities, preferences and the level of support they required to stay safe and have their needs met. Several members of staff told us they felt the current care plan format they used gave them all the information they needed about a persons' medical condition, but lacked more personalised details about people's life histories and personal preferences. One member of staff told us, "The care plans we use are quite medical and not particularly person centred." The management team told us the provider was aware of this issue and had started the process of introducing a more person centred approach to care planning which would include more personalised information about people's backgrounds, past social interests, preferences and daily routines.

The management team told us the service was in a transition period and staff were in the process of transferring information to the new more person centred care plan format recently introduced by the new provider, Brighterkind. However, staff told us they have not received any training on the new care plan format, which most felt they would benefit from. For example some staff had combined care plans for the risk of falls with the manual handling when the new format had separate forms for each need. This meant that staff might not find the information they require promptly from the care plans if the information had not been recorded in the right place.

People's needs were regularly reviewed to identify any changes that may be needed to the care and support they received. We saw care plans were regularly updated by staff to reflect any changes in that individuals needs or circumstances. People's relatives told us staff kept them informed about any changes in their family member's health. This included occasions when people sustained bruises and injuries or when they had falls. One person's relative said, "The staff informed me when something serious happens to my [family member]."

However, the feedback we received from relatives about whether they had been involved in developing and reviewing their family member's care was more mixed. Most people's relatives told us they had not been involved in developing their family member's care plan or were regularly invited to attend their family member's care plan review. Staff told us they always involved people, and where appropriate their relatives in developing care plans, although we could not confirm this from records we looked at.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information about people was shared effectively between staff. We saw senior staff shared information with all the staff who were coming on duty during shift handover meetings. Information passed on included how people had spent their day, appointments they had attended and any changes in people's care needs. Staff told us that in addition to shift handovers daily 'flash' meetings were held between members of the management team and the senior staff in charge of each unit, which we observed happen during our inspection. Senior staff told us they found the flash meetings useful as it helped them prioritise their work and delegate tasks that needed to be competed that day to the appropriate members of staff.

People did not have enough opportunities to participate in meaningful activities that reflected their social interests. Most people using the service and their relatives told us they felt there was not enough fulfilling social activities people could join in if they wished. Typical feedback we received from people included, "The activities lady is very nice, but I wish there was more to do here", "Yes – I do get bored here sometimes" and "It would be great if there was more for my [family member] to do rather than just sitting in their room all day doing nothing". Although we saw an activity coordinator was on duty when we visited; we did not see much in the way of structured social activities being initiated by them or other staff working in the home at the time. For example, we observed most people sitting in communal areas spent a large proportion of their time just sleeping in their chairs. Several members of staff told us they did not have enough time to organise social activities for the people to engage in as well as to meet people's personal care needs. This lack of a structured activities programme meant people using the service were at risk of being socially isolated.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires improvement

Is the service responsive?

We discussed this issue of social isolation with the management team who all agreed that meeting the social needs and wishes of people using the service was something the home should be doing much better. The acting manager told us they had arranged for an external social activities agency to help develop and coordinate a more meaningful activities programme that would reflect the social interests of the people using the service. The acting manager also told us they were actively recruiting new activities coordinators.

The provider responded to complaints appropriately. People were aware of how to make complaints and we saw that copies of the provider's complaints procedures were clearly displayed on an information board in the entrance hall. The procedure detailed how people's complaints or concerns would be dealt with by the provider. People told us if they had any concerns or issues they felt comfortable raising them with the homes managers or staff. One person's relative told us, "I have felt the need to raise a number of concerns about the home in the past, but overall and I was generally happy with the way the manager dealt with it." We saw a process was in place for the management team to log and investigate any complaints received, which included recording all actions taken to resolve them.

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection, the service was undergoing some organisational and management changes. The parent organisation was being re-structured into sub-organisations with separate identities, purposes, objectives and management structures. Kingston Care Centre was moving into one of those groups- Brighterkind.

The service did not have a stable and permanent management team in post to promote stability, continuity of management and to ensure it met its aims and objectives in a consistent manner.

The home had not had a registered manager in post since November 2014 and continued to experience a high turnover of temporary acting managers (four in the last 12 months). Most people using the service, their relatives and staff told us the high turnover of managers had adversely affected the standard and consistency of care people received at the home. One relative told us they were not always sure who the manager was, because there were always changes in the management of the home.

These comments made above notwithstanding, people and their relatives spoke positively about the home's two most recent temporary acting managers and their approaches to running Kingston Care Home. One person's relative said, "I liked this new manager and the one we had before that. They certainly listen and take on board what we tell them", while another person's relative told us, "I haven't met the new manager, but I had a lot of time for the previous one. It's just a shame they don't seem to stay long". Another relative gave us a good example about how they had raised concerns about the lack of social activities at the home, which they had been assured the new management team were in the process of addressing.

In addition, staff were equally complimentary about the new provider and the leadership style of the current management team. Typical feedback we received included, "Training and supervision has got better since Brighterkind [new provider] took over", "The new managers are far more approachable than some of the previous lot [managers] we had here" and "I think the new provider is definitely taking the home in the right direction".

The service had a management team with clear responsibilities and lines of accountability.

Records indicated the service's managers and senior staff regularly met as a group to discuss what they did well and what they could do better. Staff told us they also had regular opportunities to share their views about the home through daily contact with the managers and monthly team meetings with their co-workers. We also talked with staff about the ethos and values of the provider. One member of staff told us that there had been discussions around these matters and were aware of the culture within the organisation. They had some understanding about the philosophy of care and the aims and purpose of Brighterkind. They all knew there were changes happening, but felt they needed permanent leadership within the home to support them through this period of change.

The management team ensured there was an open and transparent culture within the service, which encouraged people to share their views about what the home did well and suggestions about how it could be improved. Relatives told us they could express their views about the home at meetings chaired by the acting manager, which were now regularly held at Kingston Care Home. Records showed these meetings were well attended by people's relatives where topics such as staffing levels, social activities, meals and management changes at the home were frequently discussed. The acting manager told us they planned to distribute a regular Newsletter to ensure people were kept informed about any events and changes at the home.

It was also confirmed by discussions we had with the new acting manager that the service had begun to regularly quality assure people's care plans, incidents of falls, risk assessments, medicines management, infection control, fire safety and staff record keeping. The acting manager told us if any issues were found they would put an action plan in place which stated clearly what the service and staff needed to do to improve and progress against these actions. The acting manager also told us the home's management structure had been changed recently with the creation of a new post for a clinical nurse lead who had been appointed and was responsible for assessing and monitoring the quality of nursing practices at Kingston Care Home.

The provider had established and operated effective governance systems to routinely monitor and improve the quality and safety of the service people received at the home. Records indicated the provider had a comprehensive programme of checks and audits which

Requires improvement

Is the service well-led?

helped the provider monitor the quality of care and support people received. This included, the accuracy of people's care plans, prevention and management of falls, safe management of medicines, cleanliness and safety of the environment, staffing levels and staff training and support. Other records showed the service's area manager visited the home on a monthly basis to carry out audits, the outcomes of which were feedback to the management team. We saw the management team had developed action plans and made the necessary improvements where the area manager had made recommendations.

The acting manager demonstrated a good understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to notify us about important events that affect the people using the service, including incidents and accidents, allegations of abuse, authorisations to deprive a person of their liberty and events that affect the running of the home. It was evident from CQC records we looked at that the service had notified us in a timely manner about safeguarding incidents. A notification form provides details about important events which the service is required to send us by law.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The provider did not have suitable arrangements in place to ensure the care and treatment people using the service received was always provided with the consent of the relevant person. Where a person lacked mental capacity to make an informed decision, or give consent, staff did not always act in accordance with the requirements of the Mental Capacity Act 2005. Regulation 11(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The provider did not do everything practicable to ensure people using the service always received person-centred care and treatment that meet their needs and reflected their personal preferences. The provider also did not ensure that people using the service or a person lawfully acting on their behalf were always involved in the planning and reviewing their care and treatment. Regulation 9(1)(3)(b)(d)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.