

Mr D & Mrs J Barnacle

Kingswood Lodge Residential Care Home

Inspection report

Kingswood Court, Long Street
Wigston, Leicestershire LE18 2BQ
Tel: 0116 281 2582

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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 

Overall summary

We carried out our inspection on 14 and 15 January 2016. The inspection was unannounced.

Kingswood Lodge provides accommodation for up to 21 older people. The provider had applied to the Care Quality Commission to increase their capacity to accommodate up to 33 older people. This application was under consideration at the time of our inspection.

The service had a registered manager. 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.

People told us that they felt safe at Kingswood Lodge. They felt safe because of their confidence in staff's ability to meet their needs. Staff were deployed based on people's level of need. Staff told us that the staffing levels were mostly sufficient to allow them meet the needs of people using the service.

Summary of findings

We reviewed people's records and carried out observations which showed that people received their medicines as prescribed by their doctor.

Staff had effective induction and training that equipped them with the skills they required to look after people.

Staff understood the Mental Capacity Act (MCA) 2005 and how they would practice it in their role. We observed that they sought people's consent before they provided care and treatment. However, we reviewed records that showed that people's mental capacity assessments were not completed to reflect which decisions that they could make independently or those that they required further support to make.

People told us they liked their meals. They had access to a choice of nutritious meals. Staff provided additional support to meet people's nutritional needs where this was required.

People had prompt access to health care services when required. We reviewed records which showed that staff did not always correctly follow guidelines as advised by health care professionals.

People were complimentary of the caring attitudes of the staff. They said staff made them feel like they mattered. Staff respected their dignity and human rights. They also promoted people's right to privacy.

The relatives and friends of people using the service had no restrictions to visiting Kingswood Lodge.

People's care plans reflected their individual needs. Their care was provided in a person centred manner. The provider listened to feedback from people using the service and their relatives. People told us that staff acted promptly on their feedback.

Staff felt supported by the registered manager. People using the service had easy access to the manager. The provider had effective procedures for monitoring and assessing the quality of service that people received.

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?

The service was safe.

Staff knew what constituted abuse. They knew how to report any concerns they had about people's safety.

Staff deployment was effective to meet the needs of people using the service.

People received their medicines when they needed them.

Good



Is the service effective?

The service was not consistently effective.

Staff had effective induction and training that equipped them with the skills they required to look after people.

People's liberty was not deprived. However, people's mental capacity assessments were not decision specific.

People had prompt access to health care professionals. However, staff did not always follow health monitoring instructions as directed by health professionals.

Requires improvement



Is the service caring?

The service was caring.

Staff treated people with kindness and compassion.

People told us that staff made them feel like they mattered.

Staff respected and promoted people's dignity and human rights

Good



Is the service responsive?

The service was responsive.

Care was provided in a person centred manner.

People's care plans were individualised to their needs.

The provider listened to people and acted promptly on their feedback.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

People using the service, their relatives and staff told us that the manager was approachable and easily accessible.

Staff had a clear understanding of the standards expected of them. They were supported by the manager to meet those standards.

The provider had quality assurance systems in place to monitor the quality of care that people received at Kingswood Lodge.

Kingswood Lodge Residential 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 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.

We inspected the service on 14 and 15 January 2016. The inspection was unannounced. The inspection team consisted of one inspector.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We also reviewed the

Provider Information Return (PIR). This is a form completed by the provider, where the provider gives key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who used the service, relatives of two people who used the service, three members of staff including the registered manager. We looked at the care records of three people who used the service, people's medication records, staff training records, two staff recruitment files and the provider's quality assurance documentation.

We also spent time observing the care and support that people received. Our observations supported us to determine how staff interacted with people who used the service, and how people responded to the interactions. This was so that we could understand the experiences of people using the service.

Is the service safe?

Our findings

People felt safe at Kingswood Lodge. People using the service told us that felt safe because they were confident in staff's ability to meet their needs. A person using the service told us, "Oh, I feel safe here!" They went on to say this was because staff looked after them well. Staff understood their responsibilities to keep people safe from avoidable harm and abuse. Staff we spoke with had good knowledge of what constituted of abuse, and how to recognise and report signs of abuse. They told us that they would report any concerns to the registered manager. They were confident that the registered manager took any concerns raised seriously and acted promptly to remove or minimize any risk to people. Staff had received up to date training on safeguarding people. They were also aware of other external agencies to report any concerns to. These included the local authority safeguarding team and the Care Quality Commission.

The provider had arrangements to respond to, and manage emergencies. For example, staff had received training in first aid and fire safety which meant that they had the skills to support people in the event of an emergency. A person using the service told us, "Fire checks are done monthly." We confirmed this when we reviewed the provider's audits. People using the service had an emergency evacuation plan. The provider also displayed their fire instructions in communal areas to guide staff and other professionals on how to support people using the service if an emergency situation arose. People were safe from risks of trips and falls because the home was tidy and free from clutter. The premises were well maintained.

People were supported by suitable staff. The provider completed relevant pre-employment checks before staff commenced their employment. We reviewed information in the provider's training records and the staff rotas. We found that the staff had a good mix of skills to meet people's needs. Staff we spoke with told us that the staffing

levels were mostly sufficient to allow them meet the needs of people using the service. People using the service mainly used one of three lounges depending of their level of independence. The provider used this arrangement to deploy staff based of people's level of needs. Therefore more staff were allocated in areas where people required more support. A person using the service told us, "When I ring the buzzer, they [staff] come promptly." They meant that there was staff available when they needed them. The registered manager completed a weekly audit of staff response to call bells and the audits showed that staff responded within reasonable time.

People received their medicines as prescribed by their doctors. People told us that they got their medicines on time. One person told us, "We get our medicines on time. No problems at all." Another person said, "I get my medicines on time. I have pain and carers often pop in to ask if I would like paracetamol."

Medicines were stored securely and safely. This meant that medicines were safe to take when administered, and that people were protected from the unsafe access and potential misuse of medicines. We reviewed people's medication administration records (MAR) charts. We saw that each person's MAR chart had their photograph and a picture of the medicines they required. This reduced the risk of unsafe medication being given to a person or medication being given to the wrong person. Where medicines were prescribed on an 'as required' [PRN] basis there was a clear protocol to guide staff for administering the medicine. People's MAR charts were completed correctly following the provider's guidelines. We observed that when staff administered medicines to a person, they ensured that the medicine had been taken before they proceeded to the next task. Only staff that had been trained to administer medication did so. We reviewed records that showed that a senior member of staff completed frequent medication competency checks which ensured that staff managed and administered people's medicines correctly.

Is the service effective?

Our findings

Staff had the relevant skills and experience that they required to carry out their role effectively. People using the service said that the staff had sufficient skills and experience to meet their needs. They said that staff understood their needs and met their needs well. A relative of a person using the service told us, “[person using the service] says that the staff are brilliant. Yes, staff have the skills to look after her.” Another relative said, “staff have the skills within limit to do the job.” A person using the service told us, “The staff work hard. They do everything they can. I don’t think if you’ve got one million pounds weekly to spend that you can get better staff.”

Staff who were new to the service underwent a period of induction that aimed to familiarise them with their roles and responsibilities and increase their confidence in carrying out their duties. A member of staff on their induction told us, “I have been supported by all the staff right from day one. The registered manager has drawn an induction programme up for me. I have shadowed various people and spending time doing various tasks to understand how things run.” Another member of staff told us that the training available to staff was sufficient to enable staff do their duties.

People’s care and support were provided in line with legislation and guidance. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We reviewed records that showed that staff had received training in MCA. Staff we spoke with had a good awareness of MCA and Deprivation of Liberty Safeguards (DoLS) and how they would apply it to their work. However, people’s care plans we reviewed showed that where staff had assessed people’s mental capacity to make their own decisions, their records did not show which decision(s) they may be able to make

independently or with support or not at all. We brought this to the attention of the registered manager who told us that they would make improvements in this area by reviewing the assessments.

The provider had made applications to the local authority for DoLS authorisation for people that required this. We also observed staff seek people’s consent before they provided care or treatment. This was done in accordance to relevant legislation and guidelines.

People nutritional needs were met. They were provided with a choice of healthy balanced meals. The cook told us that they bought fresh ingredients for the meals daily. People told us that they enjoyed the meals. One person said, “[Cook] does the meal very nice. He feeds us well.” Another person told us, “The meals are excellent. If I went out for a meal, I can’t get better than what the cook produces.” People’s care plans included information about their nutritional needs. The cook and other staff we spoke with were aware of people’s needs, and provided meals based on their nutritional needs and preferences. We observed that where people required additional support to have their meals, that staff supported them in a reassuring manner and ensured that they were not rushed when they provided this support. For example, people who required a soft diet were provided this. The cook ensured that the different components of their meal were blended separately so that they still enjoyed the different tastes of the foods in their meal. We observed that people appeared to enjoy this.

Staff promptly referred people to health care services when required. People told us that staff supported them to see their doctor when they needed to. A person using the service said, “Staff support me to access the GP.” Another person told us how staff support them with monitoring their health needs, they said, “I have had problems with my tummy. Staff monitor what I eat and how it effects me.” A relative told us, “They [staff] get the doctors when needed. Staff keep us informed with changes.” We reviewed records such as staff communication records which staff used to pass information about any changes in people’s need. We saw that staff contacted health professionals promptly when this was required. However, we also saw records in people’s care plans to show that staff did not always follow instructions as advised by the health professionals. For example, a person who was advised by their health professional not to exceed a daily intake of 800ml of fluid

Is the service effective?

had records in their fluid monitoring chart that they had exceeded this limit twice on the week of our inspection. This meant there was a risk of adverse health outcome for this person due to the medication that they required to manage their health. On the day of our inspection, staff told us about how they supported a person following advice from their mental health professional, we also saw that the

person's care plan was not updated to reflect this information. Therefore, staff did not have all this information that they needed when they provided support to the person. We brought this to the attention of the registered manager who advised us that she would follow this up with staff to ensure more stringent monitoring, follow up and recording of people's health needs.

Is the service caring?

Our findings

People using the service were complimentary about the care that staff provided for them. A person using the service said, "It is called a care home, and it is a care home." Other people told us, "They care; the girls [staff] are very good" and "The girls are very good, they look after you. They look after us very well." A relative told us, "I can't fault the care. It's perfect."

The provider told us in their PIR, 'The staff do understand that they have a duty of care, and that every day is different because the residents are individual in their own right.' At our visit, we observed that staff treated people with kindness and compassion. A person using the service told us that the caring attitudes of staff helped him overcome the initial difficulty he had adjusting from living in his own home to living at Kingswood Lodge. They went on to share an experience of the support they got from the deputy manager following a hospital discharge. They said, "[Deputy manager] helped me pull through when I came out of hospital."

People were involved in decisions about their care and support. People using the service told us, "We feel in control of our care. Staff involve us with our care plans." Another person said, "I feel involved." They told us that staff took on board their views which in turn encouraged them to speak up if they were not happy with any aspect of their care. A person using the service told us, "If I am not happy about anything, I can approach staff about it." People's relatives told us that staff kept them updated about the care of their relative, and that they had good experiences of communication with staff.

People were treated with dignity and respect. We observed that staff supported people to maintain their independence where possible. They encouraged people to maintain any skills they had and provided any additional support when this was required. We also saw that when staff supported people with their personal care needs, they did this in a discreet manner. A person using the service told us, "Staff respect my privacy. I choose how I spend my time. If I was at home, I wouldn't be doing any different." Another person told us, "They [staff] respect our privacy. They knock on the door before they come in." They went on to say, "We chose how we spend our time."

Staff we spoke with had a good understanding of how to maintain the dignity of people using the service. They told us that one of the ways they did this was ensuring that they spoke to people using the service respectfully. A relative told us, "When I've been here, I feel carers respect [person using service]'s dignity and privacy. They have to hoist for personal care. It is done with dignity." During our visit, we saw that the provider stored people's records securely, and ensured that only authorised people had access to these records.

People's family and friends visited them without undue restrictions. We observed that relatives visited freely on the day of our inspection. The staff also appeared to have positive relationships with relatives. A staff member told us that they found the service "a homely, lovely little home." They said one of the reasons they described the service this way was because people's relatives could visit them without any appointments or limits.

Is the service responsive?

Our findings

People received support that was centred on their individual needs. People's care plans included information such as their personal history, their interests, and their likes and dislikes. Staff applied this information to support people in a person centred way to help them feel they mattered. A person using the service told us, "They [staff] know people." Another person said, "Staff know my likes and dislikes and me as an individual. Staff add the finer line to my collar, just the way I want it."

The provider operated a keyworker system. This meant each person had a key member of staff who ensured that their needs were met and would report any change in person's need to a senior member of staff for follow up and further action. People care plans were regularly reviewed and changes were mainly updated at reviews.

We saw that people's bedrooms were personalised to their individual taste and preference. People brought their personal items from their previous home. A person using the service told us how their family have been supporting them to personalise their bedroom as they wished. A couple using the service told us how the provider has knocked a door through their rooms so that they didn't feel separated from their spouse. They went on to say, "It's made such a difference!"

People were supported to engage in social activities and maintain relationships with people that mattered to them. A person using the service told us, "Family come and take me out for a walk in the morning around Wigston." The cook told us that people's relatives and friends could

choose to have a meal with them for a small charge made to the provider." People told us that they enjoyed the activities at Kingswood. We saw from the activity board, that people had access to a variety of activities weekly.

Staff supported people to follow their faith. A person using the service told us, "I asked if we can have a vicar and it was arranged. The local vicar comes monthly for communion."

People knew how to raise any concerns they had about the service. The registered manager told us in their PIR that they had an 'open door' policy. People using the service told us that they could make any views they had about the service known to the registered manager or other staff.

They were confident that they would be listened to, and their feedback would be acted on. A person using the service told us, "If I am not happy with something, I say. When I do, they [staff] take it on board. They listen."

Another person said, "We have residents meetings. I speak, and I have seen changes two weeks after." They went on to give an example of how they requested a change in the meals to include hot meals in the evening. The provider then made changes in the working arrangements of the cook to meet this need. Another person told us, "I have complained to the manager about [an incident at the home] and something was done." A relative told us, "If I had any concern, I speak to [registered manager] and she acts on it."

We saw that relatives had access to a 'complaints/compliments' book which they could use to book an appointment with the registered manager. This included meetings with the manager or to arrange a telephone conversation.

Is the service well-led?

Our findings

The provider ensured that open communication was encouraged in service. The registered manager had an 'open door' policy which they told us in their PIR was appreciated and used by staff, relatives and people using the service. Staff told us that the manager was approachable. They told us that they could give their views about the service at staff meetings. A person using the service told us, "[Registered manager] always ask what our thoughts are about the service. She comes often to ask if everything is alright." Another person said, "[The manager] is approachable. I see her every day. If I want to see her, I can ask to see her." A relative told us, "[The manager] is very good. We can approach her. It's all been good."

The service had a registered manager. It is condition of registration that the service has a registered manager in order to provide regulated activities to people. The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission.

The provider was in the process of increasing the capacity of the home. They had made the relevant applications to the Care Quality Commission in order to effect this change.

Staff told us that they felt supported by the registered manager and the deputy manager. They said the registered manager supported them to meet the standards they expected of them. They did this through supervision, appraisals and training. Staff had access to workbook style

training and classroom style training for courses like First Aid and Moving and Handling. A member of staff told us, "I get the support. [Registered manager] is a good manager. [Deputy manager] is supportive. You can get supervision when you want. Training is always offered. Workbook is good." Another member of staff told us they had supervision meeting with the manager every 3 months. At supervision meetings staff and their manager could discuss the staff member's on-going performance, development and support needs, and any concerns. We observed that staff appeared aware of what was expected of them. At our visit, we saw that the manager was available to staff was required her support.

The provider had quality assurance procedures for assessing and monitoring the quality of the service. The provider's quality assurance procedures consisted of a range of audits. These included monthly audits of how people's medicines were managed and competency checks of staff who administered medication. Other audits include premises checks, monthly weight monitoring, and audits of DoLS requirements and applications. The also assessed the quality of service through residents meetings and questionnaire surveys for people and their relative's

feedback and comments. Their views were acted upon. A relative told us, "We get opportunity to feedback on the service. We had a questionnaire." The provider's recent survey results showed that people using the service and their relatives were overall satisfied with the service and care at Kingswood Lodge.