

Kingsway (Clayton House)

# Kingsway Clayton House Residential Care Home

## Inspection report

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Date of inspection visit: 27 April 2015  
Date of publication: 15/07/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 27 April 2015 and was unannounced.

Kingsway Clayton specialises in the care of people who have a learning disability. It provides accommodation for up to 16 people who require personal and nursing care. On the day of our inspection there were 13 people living at the home on a permanent basis and one person who was there for a period of assessment.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

We found that staff interacted well with people and people were cared for safely. The provider had systems and processes in place to safeguard people and staff knew how to keep people safe.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). If the location is a care home Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed, and care planned and delivered

to meet those needs. People had access to other healthcare professionals such as a chiropodist and GP.

Staff were kind and sensitive to people when they were providing support. Staff had a good understanding of people's needs. People had access to leisure activities and excursions to local facilities.

People had their privacy and dignity considered. Staff were aware of people's need for privacy and dignity however they did not always respect this.

People were supported to eat enough to keep them healthy. People had access to drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs.

We saw that people were involved in making decisions about their care and how their day was managed.

Staff felt able to raise concerns and issues with management. We found relatives were clear about the process for raising concerns and were confident that they would be listened to. People were encouraged to raise issues both formally and informally.

Audits were carried out on a regular basis and action put in place to address any concerns and issues.

# 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 had received training and were aware of how to keep people safe from harm.

Staff were aware of risks to people and knew how to manage those risks.

Medicines were stored and handled safely.

Good



### Is the service effective?

The service was effective.

Staff had received training to support them in their role.

People were involved in planning meals and were supported to eat a balanced diet. People were supported to access other health professionals and services.

The provider was meeting the requirements of the Mental Capacity Act 2005.

Good



### Is the service caring?

The service was caring.

Staff were aware of people's need for privacy however it was not always respected.

There was a pleasant atmosphere in the home and staff were kind and caring to people.

People were involved in making decisions about their care.

Good



### Is the service responsive?

The service was responsive.

People had access to leisure pursuits and participated in the local community.

People had their needs regularly assessed and reviewed. People were involved in these reviews.

People were supported to raise issues and concerns. Relatives told us they knew how to complain and would feel able to.

Good



### Is the service well-led?

The service was well led.

Processes were in place to communicate with people and their relatives and to encourage an open dialogue.

Processes were in place for checking the quality of the service.

The service maintained strong links with the local community.

Good



# Kingsway Clayton House 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.

This inspection took place on 27 April 2015 and was unannounced.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has experience of using this type of service, for example, a service for people who have a learning disability.

Before our inspection we reviewed the information we held about this home including notifications. Notifications are events which providers are required to inform us about.

During our inspection we observed care and spoke with the registered manager, two members of care staff and five people who used the service. We also spoke with three relatives by telephone. We looked at three care plans and records of training, complaints, audits and medicines.

# Is the service safe?

## Our findings

People who used the service told us they felt safe living at the home and were happy. Relatives we spoke with told us that they felt their family member was safe. People said, “They meet my needs.”

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They told us that they had received training to support them in keeping people safe. We saw from the training record that all members of staff had received this training. The provider had safeguarding policies and procedures in place to guide practice. We saw that regular reports were submitted to the local authority regarding any risks to people.

Individual risk assessments were completed for people who used the service on areas such as mobility and accessing community facilities. Staff were familiar with the risks and were provided with information as to how to manage these risks and ensure people were protected. However one person had a specific medical condition which presented concerns and a risk assessment had not been completed to ensure that arrangements were in place to support them safely. We discussed this with the manager who said they would review the records.

Accidents and incidents were recorded and investigated to prevent reoccurrence. We saw that individual plans were in place to support people in the event of an unforeseen emergency, for example a flood or heatwave.

Staff told us they thought there were sufficient staff to meet people’s needs. The registered manager said that they varied the staffing on a daily basis in order to meet people’s needs and facilitate people to do activities. We saw that staff were available to support people with activities and personal care throughout the day on both an individual and group basis. The home did not have any staff vacancies and the owner told us that they did not usually have any problem recruiting to them when they did. The provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. This was in place to ensure that staff were suitable to work with vulnerable people.

People received their medicines on time. We saw that medicines were handled safely. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control and administration. Checks were made on a regular basis to ensure that medicines had been administered appropriately and documentation completed.

# Is the service effective?

## Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. One relative commented, "Staff understand [my relative's] needs."

Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. They said that they had received training in areas such as moving and handling, food hygiene and infection control. We saw a training plan was in place and had been updated to reflect what training had taken place and what training was required. We spoke with two members of staff and they told us that they had received an induction. They told us that the induction included both training and shadowing shifts in order to prepare them to care for people appropriately.

Where people had specific nutritional needs we saw that plans and assessments were in place to ensure that their needs were met, for example one person required an iron enriched diet and this had been developed with them. We observed people had access to drinks and snacks during the day. Staff provided support and assistance to people in a sensitive manner in order to ensure that people received sufficient nutrition.

People told us about their appointments with specialist healthcare professionals and how they were supported to attend these. We found that people who used the service had access to local healthcare services and received on-going healthcare support from staff. We saw that people had accessed health screening and the provider made

appropriate referrals when required for advice and support. We saw records of appointments and intervention from other professionals in the care records such as chiropody and dentist. Health Action Plans had been completed to ensure that people's health needs were assessed. In addition information was available for people if they required medical attention elsewhere information would be available to ensure they received appropriate treatment.

Staff asked people if they required support before providing it. Arrangements were in place to ensure that people were asked for their consent and had agreed to elements of their care for example medication administration and photography. Where people were unable to understand written documents staff had explained the content and meaning and documented their decision. Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity a person making a decision on their behalf must do this in their best interests. Best interest decision had not always been documented where staff had to make a decision on people's behalf.

The service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of people using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The provider had taken the appropriate action to have two people assessed with regard to DoLS.

# Is the service caring?

## Our findings

People who used the service and their families told us they were happy with the care and support they received. One person told us “I do like it here sometimes, sometimes I like to get out on my own.” They told us that they were able to walk into town if they needed some time on their own.

Another person said that the staff were caring and they felt well looked after. They said that it’s always, “Nice to be back home.”

A relative told us they were, “Absolutely delighted in their relative’s care.” Another person said, “Don’t know where they [my relative] would be better looked after.”

There was a calm atmosphere in the home and people were keen to tell us about their care and share their experiences. We saw people being involved in the running of their home laying tables and cleaning their bedrooms. This provided an opportunity for people to feel of value and have a meaningful life.

We saw that staff interacted in a positive manner with people and that they were sensitive to people’s needs. People were treated as individuals and allowed to express their views as to how their care was provided. For example when we arrived at 10 am some people were still having breakfast. One person’s care plan explained what they preferred to wear and said, “I don’t like staff to hang my clothes up, I like to do it myself.” We saw that caring relationships had developed between people who used the service and staff. We observed a member of staff reassuring a person who was upset and offering support. People told us that they would ask staff for help if they required it.

We observed that people asked staff for support with daily tasks and advice and that staff responded in a positive

manner. People were encouraged to maintain their independence by being responsible for managing aspects of their daily life for example, assisting with preparing meals, shopping and visiting the local community.

We observed lunchtime and found this to be a pleasant and enjoyable experience for people. People appeared relaxed and chatted with each other. They told us that the menu was a guide as they liked to be flexible to people’s needs and what people wanted to do on a daily basis.

We found that the care planning process centred on individuals and their views and preferences. Care plans include information about how people liked to receive their care. Information such as Health Action Plans was provided in words and pictures to enable people to access this. Monthly reviews of care plans were carried out with the person and their keyworker to ensure that care plans were reflecting the care people wanted.

Bedrooms had been personalised with people’s belongings, to assist people to feel at home. The registered manager told us that the bedrooms were regarded as people’s personal space and staff would only go in when invited to do so. The home was spacious and there were areas for people to spend time with their families if they wanted to. Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. Staff spoke discreetly to people and asked them if they required assistance. We saw that staff addressed people by their preferred name and that this was recorded in the person’s care record. However we observed that there were occasions when a staff member spoke about people and referred to their diagnoses in communal areas where other people and visitors were able to hear.

# Is the service responsive?

## Our findings

The people we spoke with told us that they had their choices respected. We observed occasions when people were given choices by staff about their care for example at lunchtime we observed that everyone had different meals and where they wanted to eat according to their choice. One person said, "They always make what I like." During lunch time, the registered manager was celebrating individual's weight loss success with people. People had been involved with targets and understanding their dietary requirements and were proud of their achievements.

A relative told us they felt that their family member's needs were being met and was aware of their care plan. They gave an example of when they had concerns over their relative's medicines. They said that they raised the concerns with the registered manager who arranged a review of medicines. Staff that we spoke with were knowledgeable about people's likes, dislikes and the type of activities they enjoyed.

A staff member said, "We take account of people's views in everything we do." They said that there were no set times for care and support as it was led by people who lived at the home and what they wanted.

The home had access to transport and used this to maintain links with the local community. We saw that people accessed a range of activities in the community according to their preferences for example attendance at a drama group, bowling and a walking group. On the day of our inspection people were involved in shopping, going to the gym, a local walk and tidying their rooms. A member of staff told us that they had started to have weekly planning meetings with people about access to leisure pursuits and people were supported budget and consider options for activities and leisure pursuits. Two people volunteered at local community facilities on a weekly basis and 9 people were involved in befriending a local residential home for older people.

People were excited about their forthcoming holiday to the Isle of Wight, they told us they had chosen this location because they had visited previously for a day when they were on holiday and wanted to explore further. The registered manager told us that the location for the holiday had been discussed at the residents meeting and that they brought in brochures for people to look at so that they could make an informed choice.

Relatives we spoke with told us that they felt welcomed at the home when they visited their family member and that people were supported to keep in regular contact if they wished to by telephoning or visiting their relative.

The registered manager told us that people were involved in compiling and reviewing their care plans. People we spoke with were aware of their care plans and gave permission for us to look at theirs. We looked at care records for three people who used the service. Care records included risk assessments and personal care support plans. Records detailed what choices people had made as part of their care and who had been involved in discussions about their care. We saw that care records had been reviewed and updated on a regular basis which ensured that they reflected the care and support people required. For example medicines had been changed and the reason recorded. However we saw in some records sections had not yet been completed. The registered manager told us that they were in the process of reviewing the documentation and we saw evidence of this in discussions with staff.

Relatives and people told us that they would know how to complain if they needed to but that they hadn't had cause to do so. Staff we spoke with were familiar with the complaints process. The manager kept a log of complaints and reviewed this on a regular basis in order to identify and trends. At the time of our inspection there had been one recent complaint and we saw this was being resolved.



# Is the service well-led?

## Our findings

Staff understood their role within the home and were aware of the lines of accountability. The staffing rota was organised so that there were appropriate staff available according to the plans for the day and what was required to be done. For example the registered manager told us that they usually rostered two member of staff on for one night a week so that domestic tasks could be completed.

Staff received supervision to support them in their role. We saw that the provider had an arrangement in place with an external organisation to provide policies and processes to support staff. Staff told us that there were systems in place for raising issues and would do so if they needed to. One member of staff told us they had received significant support following a personal issue.

Meetings were held for people who used the service to enable them to be involved in the running of the home. We saw that at previous meetings issues such as privacy and dignity and holidays had been discussed. Meetings were also held with staff to ensure that they were kept up to date and had a forum for sharing their views.

The home maintained close links with the local community and people were encouraged to participate in community activities. One relative said that they were often enthusiastically greeted by some of the people who lived at the home when they were in town.

Regular checks of the home had been carried out on areas such as health and safety and infection control. Processes were in place to ensure that issues such as management of resident's monies and accidents were audited on a regular basis. The registered manager told us that they used an external company who assisted them with the development of their policies and procedures to ensure they were up to date. We saw the records of the checks identified when action was required and when actions were complete.

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed.

The relatives we spoke with told us that they would be happy to raise any concerns or issues they had. They said that they would go to the registered manager and were confident that they would sort it out quickly. We observed that the registered manager took an active role in the running of the home and had a good knowledge of the people who used the service and the staff. We saw that people appeared very comfortable and relaxed with the management team.