

St. Matthews Limited

Kingsthorpe Grange

Inspection report

296 Harborough Road
Kingsthorpe
Northampton
Northamptonshire
NN2 8LT

Tel: 01604821000
Website: www.stmatthewshealthcare.com

Date of inspection visit:
10 July 2019
12 July 2019

Date of publication:
07 August 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Kingsthorpe Grange is a care home that provides personal care and nursing care. It can accommodate 51 people across four separate units, each of which has separate adapted facilities. At the time of the inspection 49 people were using the service.

People's experience of using this service:

Staff and the management understood the importance of safeguarding people from the risks of abuse. The manager followed the safeguarding reporting procedures, through reporting concerns about people's safety or welfare to the local safeguarding authority and to the Care Quality Commission (CQC).

Risk assessments were completed and updated as and when people's needs changed. We found the risk assessment for one person at risk of self-harm did not contain full details about the items the person could use to self-harm. In addition, their observation records did not evidence the engagement staff had with the person. The manager immediately arranged for the risk assessment, observation record and care plan to be fully updated with the specific details on how staff supported the person from the risks of self-harm.

Staff safely administered and managed people's medicines. However, closer monitoring was needed regarding the administration of medicines prescribed to be taken 'as required' (PRN). The manager immediately put in place a recording tool for staff to specifically record the reason, and time when PRN medicines were administered. This meant closer monitoring of the use of PRN medicines could take place. The manager also confirmed they were in discussion with the company that provide the electronic medicines administration system, to have such a feature incorporated onto the system.

Staff recruitment procedures protected people from the risks of receiving care from unsuitable staff. Staff received appropriate induction and ongoing refresher training and support to carry out their roles. Staffing arrangements ensured people received timely support from a consistent team of staff that knew their care and support needs. Staff followed good practice infection control guidelines to help prevent the spread of infection.

People received a varied diet to ensure good nutrition and hydration. They had access to timely healthcare to maintain their health and wellbeing. People and their representatives were involved in making decisions about their care and support needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their representatives were involved in the planning and development of their care and support. Staff were skilled at enabling people to communicate their choices and decisions. They knew people well and used this knowledge to provide personalised care. They respected and promoted people's privacy, dignity and independence. People were supported to access the local community and maintain relationships with friends and family. Systems were in place to receive and respond to complaints.

People, visitors and staff were encouraged to share their views about the service. Feedback received was used to continually drive improvement. The provider and manager were open and transparent in sharing information about actions taken and lessons learnt within the service. The manager and staff ensured people were provided with good care and support to achieve the best possible outcomes. They worked in partnership with a range of health and social professionals to achieve this.

Systems were in place to continually quality monitor all aspects of the service. The provider and manager were open to advice and took immediate action on areas identified for further improvement.

Rating at last inspection

At the last inspection the service was rated Good (report published 3 December 2016).

Why we inspected

This was a planned inspection based on the rating of the service at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Kingsthorpe Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one inspector and an assistant inspector.

Service and service type

Kingsthorpe Grange is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The previous registered manager had de-registered with CQC on 4 July 2019. A new manager had been in post for six weeks and had started the registered manager application process. Once registered they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of Inspection

This inspection was unannounced.

What we did

We reviewed the information we had about the service. This included reviewing statutory notifications the provider is required to send us by law, which inform CQC about important events. We reviewed information in the provider sent to us in the provider information return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from commissioners who monitor the care and support people received and Healthwatch Northamptonshire, which is the local consumer champion for people using adult social care services. We used all this information to plan our inspection.

During the inspection, we spoke with six people using the service, one relative and a visiting healthcare professional. 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.

We spoke with three qualified nurses, five care staff, the activity coordinator, the cook, deputy manager, the manager and the previous registered manager.

We reviewed a range of records which included five people's care records and other associated records. We looked at four staff recruitment files, training information, medicines storage and administration records, and other records relating to the management of the service. These included, safeguarding records, complaints, feedback and quality audits. Following the inspection, we requested further information about medicines management. This information was received and used to inform our judgement of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. During the inspection a person told us they had witnessed a member of staff force a person to sit down in their chair. We brought this to the attention of the manager who immediately raised a safeguarding alert and began a full investigation into the concern.
- Staff knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. Staff received training to support them to identify signs of abuse and they understood how they could report their concerns. A staff member said, "There's different types of abuse I've never had to report abuse, but I would if I saw something that wasn't right."
- The staff and manager understood their responsibilities for keeping people safe from harm. Safeguarding concerns had been reported to the local safeguarding authority and the Care Quality Commission (CQC), and full investigations had been completed, as required.

Assessing risk, safety monitoring and management

- Risks assessments were completed and updated as and when people's needs changed. These covered all aspects of people's care, and included the risks of falling, mobility, behaviours which challenge and environmental risks amongst others.
- An assessment for one person at risk of self-harm did not contain full details about the items the person had used to self-harm. In addition, their observation record did not recognise a situation when the person had voiced an intention to self-harm, or what engagement staff had with the person, to therapeutically manage and prevent the behaviour. The manager immediately arranged for this person's risk assessment and care plan to be fully updated with the specific details on how staff supported the person from the risks of self-harm.
- Accidents and incidents were recorded and reviewed by the provider and manager. Any trends or repeated incidents were analysed to identify any control measures to reduce the risks of reoccurrence.
- Emergency evacuation plans were in place to ensure people and staff knew how to leave the premises safely in the event of a fire.
- Fixed and portable equipment was routinely serviced and maintained.

Staff recruitment

- Pre-employment checks included enhanced checks through the disclosure and barring service (DBS) and appropriate references obtained. Qualified nursing staff had checks carried out through the Nursing and Midwifery Council (NMC), to ensure they were registered to practice and no restrictions to their practice were in place.

Staffing

- There were enough staff to meet people's needs. A relative said, "There always seems to be enough staff, I visit at different times a day and there is always plenty of staff about." All staff spoken with said they felt the staffing arrangements were suitable to meet the needs of people using the service.
- Our observations showed that staff responded to people's needs in a timely way.

Using medicines safely:

- Staff were trained to administer medicines and their competency to administer medicines was observed and assessed.
- The provider followed best practice guidelines for administering essential medicines, as a last resort covertly. (This meant disguising medicines in food and drink). People that lacked the capacity to agree to taking prescribed essential medicines, had covert administration protocols in place. Best interests' decisions had taken place involving people's representatives and other healthcare professionals. The covert medicines plans were regularly reviewed to ensure they were still required and valid.
- We observed people were asked if they wanted to take their medicines, the staff explained what they were for, and gave people time and reassurance to take their medicines.
- Protocols were in place for people to receive medicines prescribed to be taken 'as required' (PRN), such as pain relief, and benzodiazepines, (that have a tranquilizing or quieting effect on the central nervous system). People had individual PRN protocols in place, which gave clear instructions for staff to identify when the medicine should be given.
- The medicines administration records were stored on hand held electronic devices. However, the electronic records system did not have a facility for staff to enter the reasons for administering PRN medicines. As such, the information was recorded in people's daily notes, which was intermixed with other information, and not easily identifiable. This increased the risk of PRN protocols not being appropriately followed, due to information not being clear, and heightened the risk of medicine errors.
- The manager immediately introduced a PRN administration recording system to clearly identify when PRN medicines were administered to people, giving the reason, time of administration and the effectiveness of the medication in relieving the symptoms. The manager confirmed after the inspection they were in discussion with the company that provided the electronic medicines records system, to look at how the PRN recording function could be incorporated into the programme.

Preventing and controlling infection

- Staff were trained on maintaining infection control. They were aware of the need to wash their hands thoroughly and used protective equipment such as disposable gloves and aprons when providing personal care.
- Information was displayed about good hand washing and hygiene practices. In addition, hand sanitizer wall dispensers were available for people entering and leaving the service to use. This protected people from the risks of cross infection.

Learning lessons when things go wrong

- Staff reported incidents and accidents and the provider and manager closely monitored them to identify trends and take necessary action aimed at reducing the risk of repeat.
- The manager was open to advice and took immediate action to address shortfalls, to ensure the safety of people using the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People continued to be supported by staff that received appropriate training to meet their needs. All new staff completed induction training and worked alongside experienced staff during their induction period.
- The training program ensured all care and qualified nursing staff regularly refreshed their training and knowledge to keep up to date with current best practice guidelines.
- Staff received individual support through one to one supervision and appraisal meetings. In addition, staff meetings took place to provide a forum for staff to discuss the needs of the service and receive updates from the provider.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and the information formulated the basis of their care plans.
- People and relatives were involved in the care planning process. Their medical history and support needs were clearly documented to ensure staff supported them in the correct way.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed. The service used an outside catering company that provided a variety of nutritionally balanced frozen meals. These met people's cultural needs, religious needs, food intolerances and allergies.. The cook was very knowledgeable of people's dietary requirements.
- People at risk of not eating and drinking enough were referred to dietitians or speech and language therapists for additional support. A suitably modified diet was provided if required.
- We observed that people were not rushed to eat their meals. People that required support from staff to eat their meals, were enabled to eat at their own pace.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care services as required.
- People's care records showed people's health care needs were met by health professionals. The staff team worked closely with other health care professionals and specialist teams to ensure people received coordinated care.
- People were supported to make healthy lifestyle choices. Staff knew when people had chosen to give up smoking and understood the support they required to help manage their cravings whilst respecting people's ability to make their own choices.

Adapting service, design, decoration to meet people's needs

- Ongoing improvements were being made to the environment.
- There was a sheltered smoking area within the garden. Plans were in hand to create a green space within an enclosed courtyard area to provide a secure, pleasant outdoor seating area.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff had received training in MCA and DoLS and had a good understanding of the principles, they told us if people refused care they would respect their choice.
- Where people lacked capacity best interests' decisions were made by the person's close relative and relevant professionals. Any restrictions on people's liberty had been authorised and DoLS conditions were met.
- Advocates, independent mental capacity assessors (IMCA), and paid person's representative services were available to support people to make informed decisions about their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection the rating remains the same. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- All staff received equality and diversity training. The home supported people and staff, from a diverse range of backgrounds and ethnicity.
- People's care records included information about their, history and personal interests. Staff said if people were unable to tell them about their past, they worked with family members to find out important information and events in their lives. This information helped staff to get to know people better and build positive relationships with them.
- We observed positive interactions between people and staff. For example, staff providing reassurance and warmth when people were showing signs of distress, sitting beside them, providing reassurance and holding hands. People responded well to this approach.
- Relatives had sent written compliments to the service. For example, 'We would like to officially pass on our profound thanks to every member of staff at Kingsthorpe Grange, as every single team member there has had a little part to play in the time of looking after my wonderful dad. For this we are eternally grateful.' And, 'We always found [Name] clean, shaven, in his own clothes. This made us so happy and reassured mum of dad's safety and care.' And, 'I would like to thank Kingsthorpe Grange and all of the staff for the excellent care and kindness shown to our father.'

Supporting people to express their views and be involved in making decisions about their care

- Staff understood the communication needs of people using the service. They communicated with people that were nonverbal, reading body language, eye contact and gestures to interpret what people needed. One member of staff said, "[Name] doesn't speak much, but when I sit with them and give them a nice hand massage, they will always take hold of my hand and give it a kiss."

Respecting and promoting people's privacy, dignity and independence

- People, their relatives and other health professionals said the staff were caring and treated people with kindness and respect.
- Staff respected people's privacy, they ensured people's personal care was supported discreetly, in private behind closed doors. We observed staff sensitively adjusting clothing to ensure people remained covered.
- Staff recognised situations or circumstances when people needed time out. They gently supported people to move to a quieter area of the home, which helped resolve stress and anxiety.
- People's choices and control over their daily lives was promoted by staff. One person used their laptop and had Wi-Fi connection. They said they liked using the laptop to look at places they had visited around the world.
- People's personal information was kept confidential in line with the provider's confidentiality policy.

- Visitors were encouraged and made to feel welcome. One relative said, "The staff always seem very friendly, I am always offered a cup of tea and made to feel welcome."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were assessed and documented. People and/or their representatives were involved in the development of their care plans.
- People's individual choices and preferences, including those related to protected characteristics were documented.
- Links with family, friends and the local community were promoted. People's religious and spiritual needs were met.
- People were invited to attend regular meetings with other people living at the home. People's views were listened to and action was taken to make improvements to the service.
- A variety of social and individual activities were provided for people to engage in. For example, craft sessions, musical entertainers, karaoke, armchair exercises, reading newspapers, outings, shopping and pub lunches.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider and manager understood the Accessible Information Standard. We saw documents in care plans and on notice boards, that were in large print and picture formats.
- Staff described how they supported people who used nonverbal communication, to make choices using visual objects of reference; interpreting the gestures and movements people made in response.

Improving care quality in response to complaints or concerns

- The provider's complaint policy, information leaflets and a suggestions box were displayed prominently.
- People and relatives were aware of how to make a complaint.
- Staff were responsive and aware of their responsibility to identify if people were unhappy with anything within the home and understood how they could support people to make a complaint.
- No complaints had been made to the service over the last 12 months, however systems were in place to respond and record any complaints brought to the provider's attention.

End of life care and support

- Staff understood people's needs; religious beliefs and preferences. Staff were aware of good practice guidance for end of life care. We saw records were available in people's care files about their end of life care

wishes, but they had not always been fully completed. For example, where they wanted to die or which funeral directors to contact.

- Some people had 'do not attempt cardiopulmonary resuscitation' (DNAR/CPR) documentation, that had been issued and signed by a doctor. This is designed to be easily recognised and verifiable, allowing medical professionals to make decisions quickly.
- Staff worked with GP practices to provide palliative care, so people could remain at the care home and avoid hospital admission.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Systems were followed to ensure people using the service, relatives and staff were engaged and had opportunities to influence the development of the service.
- People achieved good outcomes as a result of the care and support they received. A relative said, "[Name] has challenging dementia, but since being in the care of Kingsthorpe Grange [name] is much happier now, [names] mental state has improved they are much calmer now."
- Staff understood their roles and responsibilities. Staff training, and performance was monitored through regular supervision meetings and competency reviews.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and manager were open and transparent in communications with people using the service, relatives and commissioners.
- The provider and manager submitted notifications to the Care Quality Commission (CQC) as required.
- The rating from the last inspection, was on display at the service and on the provider's website, which is a legal requirement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's policies and procedures were regularly reviewed and updated in line with current good practice guidance and legislation.
- The manager carried out unannounced night visits, and a daily 'walk around' to monitor and identify any issues and speak with people, staff and visitors.
- The provider used a range of internal audits to monitor the quality of the service, which covered all aspects of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Annual surveys were given to people, relatives and staff. The results were used to identify improvements to the service. We saw the results of the most recent surveys were positive, showing a strong majority of people were very happy with the care they received.
- Staff felt valued and involved in decisions about the service. They said they could speak with the provider

and the management team at any time if they had suggestions for improvement or any concerns.

- The staff team came from diverse backgrounds. The provider and manager promoted positive team working.

Continuous learning and improving care

- Quality audits took place on all aspects of the service and were used to drive continuous improvement of the service.
- People, relatives, staff and other healthcare professionals were positive about the management and leadership of the service.
- There was a reliable staff team who took pride in providing care and support for people using the service.

Working in partnership with others

- The service worked with a range of specialists and health and social care professionals. We received positive feedback from healthcare professionals.
- People were supported to use local services and be a part of their local community.