

Friary Care Limited

Kingsley Court

Inspection report

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Date of inspection visit:
08 May 2018
09 May 2018

Date of publication:
08 June 2018

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

Kingsley Court is a residential care home for 19 older people with dementia. There are two floors with the first floor having access via stairs or a wheelchair lift. There is a communal living room, dining room and conservatory on the ground floor.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. When people were at risk of falling or skin damage, staff understood the actions needed to minimise avoidable harm. The service was responsive when things went wrong and reviewed practices in a timely manner. Medicines were administered and managed safely by trained staff.

People had been involved in assessments of their care needs and had their choices and wishes respected including access to healthcare when required. Their care was provided by staff who had received an induction and on-going training that enabled them to carry out their role effectively. People had their eating and drinking needs understood and met. Opportunities to work in partnership with other organisations took place to ensure positive outcomes for people using the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their families described the staff as caring, kind and friendly and the atmosphere of the home as homely. People were able to express their views about their care and felt in control of their day to day lives. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs, their life histories and the people important to them. A complaints process was in place and people felt they would be listened to and actions taken if they raised concerns. People's end of life wishes were known including their individual spiritual and cultural wishes. The home was in the process of reviewing the activities they offered people and were planning on creating an activity programme.

The service had an open and positive culture that encouraged involvement of people, their families, staff and other professional organisations. Leadership was visible and promoted teamwork. Staff spoke positively about the management and had a clear understanding of their roles and responsibilities. Audits and quality assurance processes were effective. The service understood their legal responsibilities for

reporting and sharing information with other services.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Kingsley Court

Detailed findings

Background to this inspection

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

This inspection site visit took place on 8 May and was unannounced. The inspection continued on the 9 May 2018 and was announced. The inspection was carried out by two inspectors and expert by experience on day one and a single inspector on day two. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their experience related to older people and people with dementia.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 11 people who used the service and two relatives. We met with one health professional, four staff and the head chef.

We spoke with the senior carer, registered manager and office coordinator. We reviewed five people's care files, four medicine administration records, policies, risk assessments, health and safety records, consent to care and treatment, quality audits and the 2018 resident and relative's survey results. We looked at four staff files, the recruitment process, complaints, training and supervision records. We observed care practice and interactions between care staff and people who live there.

We asked the registered manager to send us information after the visit. This included policies and the

services emergency plan.

Is the service safe?

Our findings

People, relatives and staff told us that Kingsley Court was a safe place to live. A person told us, "I am content here but it's a big change. As homes go I don't think I could do better. They make sure I use my walker, they are very considerate and I do feel safe". Another person said, "I feel safe here, there are no risks! I use sticks and I feel safe and never been hurt. They don't stop me from doing anything". A relative told us, "Yes my loved one is safe here. I have been very impressed with the way they (staff) support them". Another relative said, "My loved one is safe, well looked after, no worries". Staff described the service as safe and told us that safe systems in place included; clear guidelines, risk assessments, policies, care plans, checks and support.

We found that the home had implemented safe systems and processes which meant people received their medicines both prescribed and non-prescribed on time and in line with the providers medicine policy. People and relatives confirmed that medicines were administered on time. A person said, "They give me my meds on time". Another person told us, "I have my medicines at the same time every day and they write it up somewhere." We observed a person being given a painkiller.

The service had safe arrangements for the ordering, storage and disposal of medicines. The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed. The temperature of the cabinets where medicines were stored was also monitored and was within the acceptable range. Medicines that required stricter controls by law were stored correctly in a separate cupboard and records kept in line with relevant legislation. Medicine Administration Records (MAR) were completed and audited appropriately.

There were enough staff on duty to meet people's needs. The registered manager said that they used a dependency tool regularly and were confident that staffing levels met people's needs and told us that additional staff were put on rotas as and when people's needs changed. A person told us, "There are plenty of staff". A relative said, "There are definitely enough staff, that was one of my worries initially with other homes". Another relative told us, "There seems to be enough staff, they seem to always have time to sit and chat with people". Staff comments included; "I think there are enough staff. Ratios of staff is about assessing people's needs. It works here. If needs change more staff come in" and "There are enough staff. There are some vacant rooms at the moment". A relative said, "My loved one gets anxious and tried to leave the home in the evenings. They put on extra staff to sit with my relative. This helped and now they are more settled". The service also employed domestic and kitchen staff to help ensure the service ran effectively. The registered manager explained that staff who worked in the kitchen had appropriate food hygiene training.

The service had a robust recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection control and keeping people safe. All areas of the home were kept clean to minimise the risks of the spread of infection. There were hand washing

facilities throughout the building and staff had access to Personal Protective Equipment (PPE) such as disposable aprons and gloves. Throughout the inspection we observed staff wearing these. Staff were able to discuss their responsibilities in relation to infection control and hygiene. Signage around the home reminded people, staff and visitors to the home of the importance of maintaining good hygiene practices. The domestic staff completed an infection control record each day and had a schedule for daily, weekly and monthly cleaning.

There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts. We found that there were no safeguarding alerts open at the time of the inspection. A health professional told us, "We have no safeguarding concerns. Neither have I ever observed any concerning practice here". A relative said, "There are no safeguarding issues but if there was I would speak to the people here first and then if no help I would go to my Social worker".

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the senior carer or registered manager would listen and take suitable action. Accident and incident records were all recorded, analysed by the senior carer and registered manager and actions taken as necessary. These had included seeking medical assistance and specialist advice.

Lessons were learned, shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence. A person told us, "one day my walker closed up and I hit the table, it was my own fault! The Supervisor came in and sat me on the bed and I was alright just a bit shaken. I think she wrote about it in a book". Another person said, "I had an accident once and they [staff] dealt with it so well, it's not an easy job!". A staff member told us, "If an incident occurred I would assess the situation, make area safe, seek staff support, get my senior or the registered manager, call 111 or 999 for advice and support and then record it on an incident report and in the person's daily notes".

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. Staff described confidently individual risks and the measures that were in place to mitigate them. Risk assessments were in place for each person. Where people had been assessed as being at high risk of falls, assessments showed measures taken to discreetly monitor the person. A person said, "I don't walk though as my knees are so bad, they take me in the wheelchair. I feel safe and they transfer me in a wheelchair".

Equipment owned or used by the registered provider, such as adapted wheelchairs, hoists, wheelchair and stair lifts and stand aids were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All electrical equipment had been tested to ensure its effective operation. People had personal emergency evacuation plans in place. These plans told staff how to support people in the event of a fire.

Is the service effective?

Our findings

Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "I receive regular training. I did moving and assisting training recently. This was practical and we used the hoists. I have also recently done dementia training. Some training is on line like; medicines and food hygiene". Training records confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. We noted that staff were also offered training specific to the people they supported for example; dementia. The office coordinator said, "Staff receive regular supervisions three monthly. We do additional ones too if there is a reason to like performance or concerns. Appraisals are also completed. We are a little late with this this year however; I have set dates for each staff member this month (May 2018)". Another staff member told us, "I receive regular supervisions. I find them useful and regular enough. If I have any questions, issues or concerns in-between these I can always see the senior carer or registered manager".

There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A staff member said, "My induction was really good. Completed training, went through a check list, completed shadow shifts. I then had a one and three month review. These were good so that any areas of learning could be discussed and issues raised. Moving and assisting is part of the induction and we are not expected to do anything until we are confident to".

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.

Consent to care was sought by staff from those that had capacity, this included consent for photos. A person told us, "They [staff] always ask my permission before they wash me or take me anywhere". Another person said, "They [staff] know what they are doing and always ask my permission". A relative told us, "The senior explained the Deprivation of Liberty Safeguards to me which I appreciated. They keep me involved in best interest decisions. They are forward thinking". We found that MCA and best interest paperwork completed by the senior carer was in place, complete and up to date. Capacity had been assessed and best interest meetings involved relatives and other relevant parties. A staff member told us, "Difficult decisions would include professionals. It's all about collectively making decisions that are in people's best interest. This eliminates the risk of abuse". Best interest decisions included; the delivery of personal care, medicines including covert, bed rails and the use of equipment, for example; hoists, stand aids and sensor mats. However, we found that one person had been moved from the first floor to the ground floor. The registered manager told us that they had had a conversation with the person's relative but had not completed the appropriate paperwork. The registered manager told us this was missed on this occasion and that it was learning for them.

Staff were aware of the Mental Capacity Act and told us they had received MCA training. The training records confirmed this. A staff member told us, "MCA is to determine whether people have capacity and protect those who don't. Assessments and best interest's decisions are completed".

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been made for four people who required Deprivation of Liberty Safeguards (DoLS) and were pending assessment by the local authority. Three DoLS had been authorised and had no conditions attached to them.

People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes. Care records held completed pre admission assessments which formed the foundation of basic information sheets and care plans details. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes. As people's health and care needs changed ways of supporting them were reviewed. Changes were recorded in people's care files which each staff member had access to. A relative said, "My loved one had a pre-assessment before coming to Kingsley Court which was good and key information was collected".

We observed two staff handovers and found that an effective system was used. Each person was discussed and a summary of their morning given. This included any changes, concerns or observations. These meetings also gave all staff an opportunity to seek further advice and ask any questions before starting their shift.

People were supported to maintain a healthy diet and food and fluid charts were in place where appropriate. A person said, "The food is excellent and we get a choice. It's well cooked to my standards". Another person told us, "We get choices with the food and its good quality but the cooking is not really to my taste, I have to avoid onions so if they give me a casserole I take the onions out. The vegetables are good and there is always an alternative choice". Another person said, "The food is excellent here". A relative told us, "The food is good, I have had lunch and it's very varied and good". Another relative commented, "We can meet in a private room if we want to. They will also provide a free lunch for friends and family at a separate table. They [the service] also provide a free Christmas meal and transport and they also cater for vegetarians".

The kitchen had been awarded a five star food standards rating and all staff had received food hygiene training. We met with the head chef who told us that there was a four weekly menu. The chef was able to tell us people's dietary requirements including their likes and dislikes. They told us they went around each morning and afternoon informing people what the meal options were and offering alternative options if people didn't like the options. We observed this happening on both days of the inspection.

We observed people eating and found that there was a relaxed atmosphere. Food looked appetising, was plentiful and overall it appeared to be a pleasurable experience. Tables were nicely laid and a variety of drinks were available to people from water and squash to wine and sherry. People requiring assistance were helped in a manner which respected dignity and appeared to demonstrate knowledge of individual dietary and food consistency needs. People chose whether to have their meals in their own rooms, the lounge or the communal dining room. A person said, "They [the chef] liquidise my meals and that has helped me". Another person told us, "The food is very good and I get choices, they [staff] cut it up for me and I choose to eat in my room".

People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. A person said, "They would call a Dr if needed". Another person told us, "The chiropodist calls regularly". A health professional said, "I find the home helpful, they are always quick to seek support. I always feel welcome". A relative said, "Staff always update me on health visits and outcomes. Any questions I want staff to ask professionals are asked and answers communicated to me". Recent health visits included; District Nurse, GP, out of hours GP, and a Chiropodist.

People told us they liked the physical environment. The home was split across two levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible. There was a working stair and wheelchair lift in place providing access to each floor. There was access to secure, outdoor spaces with seating and raised planting beds that provided a pleasant environment. A person said, "They will take me in the garden when I want. My room is a very homely room which even has a three piece suite in it!". Another person told us, "its homely here I can go outside in my wheelchair if I want to". A relative said, "Our loved ones room is fabulous. We were able to bring things in to personalise it. There is always a friendly atmosphere. Welcoming and happy. A homely feel".

Is the service caring?

Our findings

People, professionals and their relatives told us staff at Kingsley Court were kind and caring. One person told us, "The staff are kind. I have been here three years and need four hourly turning at the moment and they are very caring. They [staff] do tell you when to get up but I can stay in bed all day if I want to". Another person said, "They are kind but I just take that for granted". A professional told us, "Staff are helpful, friendly and go out of their way to help people". Relatives comments included; "Staff love my loved one, they are so kind. I cannot fault them. They [staff] kneel down and chat to them one to one" and "Staff are kind and caring. They are patient and compassionate which is lovely".

People were treated with respect. We observed a person being supported to walk with their frame the staff member spoke softly to the person reassuring them and kept at the persons pace. A person said, "I have said that I don't like the carers coming in my room when I am out. They have respected that". Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people and their relatives included. "I feel safe and well cared for", "Very happy here! I need a lot of attention and they provide that!", "They [staff] provide everything my loved one needs. I can't fault them".

People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. We found that people's cultural beliefs were recorded in their files and that they were supported to attend services and meetings of their choice. The senior carer said, "We meet people's cultural and spiritual needs. This starts at the pre-assessment stage. We offer Christian services at the moment as there are no other practicing faiths within the home. However, if there were then we are very open to supporting them".

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends and regular telephone calls. There was a conservatory and separate dining room so people were able to meet privately with visitors in areas other than their bedrooms. A relative told us, "I am always made to feel welcome and can visit at any time. They [staff] always ask if I want a drink or food". Staff were aware of who was important to the people living there including family, friends and other people at the service.

On both days of the inspection there was a calm and welcoming atmosphere in the home, punctuated with moments of singing and laughter. We observed staff interacting with people in a caring and compassionate manner. For example, during lunch staff were patient and attentive as they supported people. They demonstrated a concern for people's well-being and were gentle and encouraging.

People were encouraged to be independent and individuality respected. We observed a staff member encouraging a person to walk independently to another room. The staff member was reassuring, patient

and did not rush the person. People's comments included; "I can dress myself and they leave you alone to do it", "They [staff] always ask me if I want to do things, I do my best and dress myself. I am not afraid to ask for help" and "If I need help to put on a pullover they are generally good. My eyes are bad and I need guidance, I will ask and someone escorts me to the toilet, I ring the bell". A staff member said, "We promote independence by encouraging people to do their own tasks where possible like dressing and washing. It may be quicker for me to do it but this would take their independence away". Another staff member told us, "We treat everyone equally but recognise that everyone is different and that needs are not the same".

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. A person said, "I tell them what I like and I can have a say in my care if I want to. I decide when I get up; sometimes I feel that I could lay there all day! We can have drinks when we want". Another person told us, "I get up when I want to and even if it's early I still get up". A staff member told us, "I give people choices of things like clothes, where to go and what to eat. Just because people are old doesn't mean they can't choose what they want to do or have". People appeared well cared for and staff supported them with their personal appearance.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Staff were able to tell us how they put people in the centre of their care and involved them and their relatives in the planning of their care and treatment. A person said, "I have been asked about care things". A relative said, "Communication is very good here. Any changes are acted on quickly and I'm involved in the plan". Another relative told us, "We are involved in planning and reviewing our loved ones care. The home keeps me up to date with appointments and general health". The management team told us that annual review meetings took place with the local authorities, families and people where possible.

Care plans were available to staff, up to date, regularly reviewed and audited by the management to ensure they reflected people's individual needs, preferences and outcomes. The senior carer and registered manager alerted staff to changes and promoted open communication. We found that care plans contained photos of people and information about the person, their family and history. A relative said, "The service keep me up to date with any changes which I appreciate".

There was an activities coordinator at Kingsley Court. The activities coordinator arranged a variety of activities which included; tailor made outing to suit people and their interests, for example; to a local garden centre for a coffee shop or a trip to a local shop. On day one of the inspection a hairdresser was visiting. The home also had regular church services, exercise classes and quizzes. A Royal wedding party had been arranged for May 19th and a Mad Hatters tea party had taken place the day before our visit. People had been supported to make their own hats which were displayed on a table in the conservatory which some of the people were very enthusiastic about. Staff and people told us that the party had been successful and enjoyed by all. A relative said, "My loved one enjoyed making their hat for the tea party and enjoyed the day". Another relative told us, "They keep my loved one occupied; painting, playing cards, dancing and singing".

The service met the requirements of the Accessible information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. We found that information was available to people in their preferred format and that communication needs were assessed as part of people's care plan. A person told us, "They do anything to help. They know my eyes are bad. They tell me verbally what's going on. I don't have any hobbies but like the tv".

The senior carer and registered manager told us that they welcomed complaints and saw these as a positive way of improving the service. The service had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome. The last recorded complaint was in March 2017 and this was resolved in line with the local policy. We found that there were no live complaints at the time of our inspection. A person said, "I have not had to complain". A relative told us, "I have never had to make a formal complaint but my loved one did run out of an item before and the service quickly resolved this". A professional said, "We have no concerns here. I'd like to think they would manage any concerns well".

No one was being supported with end of life care at the time of our inspection. A professional told us, "End

of life care in the past has been positive. The service always make sure people are comfortable and they use out of hours doctors when necessary. They know all the services they may need to access and people's wishes are respected". We found that people's end of life preferences and wishes were reflected in their care plans.

Is the service well-led?

Our findings

The service had 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.

Quality monitoring systems and processes were in place and up to date. These systems were mainly robust, effective, regularly monitored and ensured improvement actions were taken promptly. Audits covered areas such as; care plans, kitchen, medicines, infection control and equipment. However, there was not a live up to date improvement plan in place. This meant that any improvement actions identified by different members of the management team may not be communicated and may get forgotten. We discussed this with the registered manager who told us they would put one in place and share it with us following the inspection. The senior carer told us that they regularly worked care shifts with staff which enabled them to observe practice, make sure staff were completing records and take action to improve as and when necessary.

The manager told us that they promoted an open door policy. The manager's office was located on a main corridor on the first floor. The registered manager told us they recognised good work which was positive and promoted an open culture.

People, relatives and staff told us that they felt engaged and involved in the service. A person said, "They ask my opinion about things but I have never had to suggest any changes". A staff member told us, "I feel listened to as a staff member. Ideas can be raised as can issues. People and relatives are listened to too". The home had a comments box located in the entrance hall. One relative had written; it would be great to have a clock in the entrance hall. We found that the service had acted on this and put one up. Another read; could families be informed of events / activities. We found that the activities coordinator had started to create an events list each month. This demonstrated that the service actively listened and involved people and families in improvements within the home.

A resident satisfaction survey had been completed in March 2018 and the results were with the office coordinator who shared these with us. The home had assigned a member of staff to sit with each person in private and assist them in completing the survey if they wished to do so. We read that there were a number of positive responses. For example; staff do a great job, staff are always cheerful and happy to help, staff are very well trained for my care needs. We found that one survey had come back with negative feedback. We asked the registered manager if they had investigated this. We were told that they had not but would do so as a matter of priority.

People's, relatives, professionals and staff feedback on the management at the home was positive. A person told us, "The manager is lovely". Another person said, "I do know the manager and he is friendly. I can talk to them". A relative told us, "The management are very informative, approachable and hands on". Staff comments included; "The registered manager is ok. If we ask for things they get it", "The registered manager

is open. I can speak to them about anything and staff appreciate this" and "The senior carer is great. They are always on top of everything. They make sure care plans are up to date and that records are completed accurately. They really do genuinely care".

The service worked in partnership with other agencies to provide good care and treatment to people. Professionals fed back that they felt information was listened to and shared with staff. A health professional said, "The management are on the ball and share information with us well". A relative said, "Kingsley Court has a good local reputation". Another relative said, "I have been here all times of day and night and never found a fault. I would give this place 10 out of 10".

The manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They fulfilled these obligations where necessary through contact with families and people. The registered manager said, "The service learns from mistakes. Learning is shared with staff, people and relatives through meetings. A positive open environment is always promoted".