

Deborah Oluranti Fatile

Kingsway

Inspection report

69 Bilston Lane
Willenhall
WV13 2LJ
Tel:01902411890

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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?

Requires improvement 

Overall summary

This unannounced inspection took place on 14 January 2016. At our last inspection visit on 11 November 2013, the provider was meeting the regulations we looked at. Kingsway is a residential home providing accommodation for up to eleven younger adults with learning disabilities or autistic spectrum disorder. At the time of our inspection there were seven people living at the home.

The home did not have 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.

People told us they felt safe living at the home. Staff knew how to keep people safe from the risk of harm or abuse and knew how to report concerns. Risks to people were identified and were managed in a way that supported people to remain independent. People received their medicines on time and as prescribed. Medicines were stored safely and securely.

Summary of findings

There were sufficient numbers of staff on duty to meet people's individual needs. The provider ensured staff recruited to posts were trained to meet the care needs of people living at the home. People were supported to access healthcare professionals when required to ensure their health needs were met.

Staff gained people's consent before carrying out care and support and the provider had taken appropriate action to ensure people's rights were protected. People enjoyed the food and had choices regarding their meals. Staff were kind and caring. Staff understood people's choices and preferences and respected their dignity when

providing care. People had access to a wide range of different leisure activities and were supported to maintain relationships that were important to them. People knew how to make a complaint and felt their concerns would be listened to. Relatives told us they felt comfortable raising any concern or complaint with the provider or staff members.

There were audit systems in place to monitor the care people received this included gathering feedback from people and relatives. However we found information was not used to identify issues or trends that would improve the quality of care 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.

People felt safe and looked after by the staff. Staff understood their responsibilities to protect people from the risk of harm or abuse. People were supported by sufficient numbers of staff to meet their needs. People received their medicines safely.

Good



Is the service effective?

The service was effective.

Staff were knowledgeable and trained to meet the needs of people living at the home. People were asked for their consent before care was carried out and staff understood their responsibilities to protect people's rights and freedom. People enjoyed the food and drink they received and had access to healthcare professional when needed.

Good



Is the service caring?

The service was caring.

People were treated with kindness and respect and their privacy and dignity was upheld. Staff knew people well and what was important in their lives. People were involved in decisions about their care and support needs.

Good



Is the service responsive?

The service was responsive.

People received care and support that was personalised and reflected their needs. People were supported to follow their own interests and hobbies. People knew how to raise any concerns or complaints and felt these would be listened and responded to.

Good



Is the service well-led?

The service was not consistently well-led.

The provider had systems and processes in place to assess and monitor the quality of services. Improvements were needed to identify trends or patterns which would improve the quality of care people received. The home did not have a registered manager in post however people and relatives were complimentary about the provider. Staff understood their roles and responsibilities.

Requires improvement



Kingsway

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.

The inspection took place on 14 January 2016 and was unannounced. The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the home and looked at the notifications they

had sent to us. A notification is information about important events which the provider is required to send us by law. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We also contacted the local authority for information they held about the home. We used this information to help us plan our inspection.

During the inspection we spoke with four people who lived at the home and four family members. We spoke with four members of staff, and the manager. We looked at three records about people's care, three medicine records, three staff files and records relating to the management of the home. We carried out observations across the home regarding the quality of care people received.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe living at the home. One person told us, “Yes I feel safe here the staff help me and make sure I am ok; I like living here.” Another person said, “I do feel safe. They [staff] help you...I’m concerned about nothing.” A relative told us, “It’s safe. It’s like every time I go I sign in and sign out so they check who comes in and the alarms are always working. They’ve got camera’s to look at the outside – there is no danger as far as I’m aware.” People happily approached staff to talk to them or ask questions. We saw staff reassure people who became anxious and offer guidance and support to help support people with their expectations.

All the staff we spoke with told us what action they would take to keep people safe from the risk of harm or abuse. One member of staff said, “I would always make sure the person is safe I would remove them from the situation and speak straight away with the manager.” Another member of staff said, “I would speak with the manager straight away if I suspected anything...I would approach outside agencies if I needed to.” Staff we spoke with were knowledgeable about how they would identify signs of possible abuse. They knew how to escalate concerns to the provider or other external agencies for example, the local authority or CQC if they had any concerns about people’s safety.

We saw that risks to people had been assessed, for example one person was at risk of seizures. We saw that measures were put in place to reduce the person’s risk of injury. We saw safety checks of the building and equipment had been completed. This ensured that any risks in people’s environment were managed and reduced. One person, said, “I did fire safety training, if there’s a fire we run out and there are signs up on walls for the fire exits.” Staff were able to explain the actions they might take to keep people safe in the event of an emergency which was in line with the provider’s procedures.

Everyone we spoke with felt there were sufficient staff on duty to meet the needs of people living at the home. One person told us, “There are enough staff...I’ve got a pull cord and they come to you if you pull it.” Another person

said, “I’ve got enough people looking after me.” All the relatives we spoke with confirmed there were enough staff available to support their relatives. One relative said, “There are enough staff or there seem to be enough when I go there, and [person name] doesn’t really mention that there aren’t enough, and they would say.” The provider told us in an emergency they covered absences with existing staff. During our inspection we saw there were sufficient numbers of staff on duty to support people.

We looked at pre-employment checks carried out by the provider and saw that these had been carried out before people started working at the home. Staff told us they had reference and Disclosure and Barring Checks (DBS) completed before they commenced their role. DBS checks help employers reduce the risk of employing unsuitable staff.

People told us they received their medicines when they needed it and they had no concerns. One person said, “They [staff] get the tablets. I don’t run out they phone the chemist to bring them. If I’m unhappy if I’m in pain I go to staff and they give me paracetamol.” We observed people were supported to take their medicines safely. For example, we saw a member of staff stay with a person whilst they took their medicine and check with the person afterward that it had been swallowed. There were people who required medicines ‘as and when’ required. We saw there were procedures in place to help staff identify when to give these medicines to people. We looked at the medicines records for three people and discussed them with the provider who demonstrated a good understanding of people’s medicines and when they needed to be given to people. We saw that staff updated people’s records when medicines were given. However, we found the amount of medicines in stock did not reflect what was recorded on the MAR sheets. We discussed this with the provider who said that they would rectify the issue of recording and discuss with staff. The provider was able to confirm to us what their processes were in the event of a medicine error. This included contacting the GP or pharmacist. The provider told us that medicines training had been arranged for the day following our inspection.

Is the service effective?

Our findings

People told us staff were skilled and able to meet their needs. One person said, “Staff always seem to know what they are doing I am well supported.” Another person said, “They help me. Yes they are very skilled.” A relative said, “They [staff] are skilled ...and they have books [records] they read up on people.” Staff told us they had access to training and had recently completed training on ‘administering insulin’. They told us that training sessions had been organised for each Friday and they were completing medicines training next. Staff said that the training they received was good and enabled them to feel more confident in their role. One member of staff said, “I feel happy doing the extra training it makes me feel confident doing the job, there is always support available from [provider’s name].” Staff we spoke with told us they had completed an induction when they started in their job which included shadowing experienced staff to get to know the people they cared for. One member of staff said, “I shadowed staff and got to know what goes on in the home on a day to day basis. I also had time to go through the paperwork. I felt well prepared for the role.” Staff also told us they had one-to-one meetings and team meetings with the provider. They said they found these meetings productive and had opportunity to discuss any concerns they had, they also were provided with feedback on their performance by the provider.

We saw that staff sought people’s consent before providing them with care or support. We saw how staff supported people to make their own decisions and choices as far as possible. One member of staff said, “I always check people are happy for me to continue before providing care and support. If for example [person name] refuses support I would explain why it was important and if they still did not consent I would leave it and write it down and tell the manager. I would probably try again later it depended what it was.”

The Mental Capacity Act (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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that it was.

Care records we looked at showed where necessary mental capacity assessments had been completed. Where people lacked capacity to make decisions the MCA DoLS requires providers to submit applications to a ‘Supervisory Body’ for authority to do so. We found the provider had an understanding of the correct procedures to follow to ensure people’s rights were protected. We saw that where authorisations were in place to deprive people of their liberty; the person’s representative had been involved, and decisions were agreed in the person’s best interest. Staff complied with the conditions applied to the authorisations to ensure people remained safe.

Everyone we spoke with was complimentary about the food and drink. One person said, “The food it’s beautiful. We have a menu I had a jacket potato beans and salad and was offered ice cream but I didn’t want it. They make you something else if you didn’t want to eat what was offered. We have supper which is a yogurt, cakes or snacks and we can help ourselves to drinks. I go in the kitchen and make my own drinks.” Another person told us, “I am always asked what I want to eat. I enjoy my food. I had Weetabix in the morning yesterday and I had eggs on toast today.” One relative said, “I think they look after [person name] well. [Person’s name] loves the food.” Staff we spoke with were aware of people’s individual likes and dislikes in relation to food and demonstrated a good understanding of people’s dietary needs and how to meet them. For example, people who were living with diabetes.

People were supported to access healthcare professionals when required. One person said, “I went to the doctors the other night he saw me as an emergency and the doctor gave me painkillers.” A relative told us, “Appointments, they always tell you they will take [person name] to the doctors... and opticians, epilepsy appointments with the neurologist. [Person name] is going next week.” Staff told us they reported any concerns about people’s health to the

Is the service effective?

provider and that appropriate action was always taken, such as contacting a doctor. Staff updated care records following any appointments and these were used by staff to access any information or guidance.

Is the service caring?

Our findings

People enjoyed the company of staff and knew them well. Staff were kind and caring and we saw people chatted happily with staff enjoying a laugh and joke with them. One person said, "Everyday they [staff] talk to me all of them, they listen." Another person said, "They're kind. They help me..they take their time they're careful. They are always caring and they ask you if you are alright." A relative said, "Staff are kind and caring." Staff we spoke with recognised what was important to people and took an interest in what people were doing with their time. For example, we observed staff supporting a person with their hand-writing. On several occasions we saw people who became anxious; we observed staff spent time with people offering re-assurance and re-affirming concerns were being dealt with. For example, one person wanted to move bedroom's and became quite anxious. Staff confirmed they could move rooms and when this was going to happen. The person was happy with the answer.

People at the home were allocated a key worker. Key workers were allocated to people to ensure consistency of care and be a point of contact for people and their families. We saw that people were given choices in all aspects of their care and staff ensured people had a range of options to choose from. People told us staff spent time talking to them to understand what was important to them and to support them in making any decisions. Staff we spoke with were able to tell us in detail about people's individual needs, likes and dislikes. One person said, "They [staff] always make sure I am happy with my choice. I choose what to wear and what I want to do."

We saw that staff listened to people and supported them to remain as independent as possible. One person said, "I go out shopping we go to have a look; I can buy things like DVD's." Another person told us, "I use the kitchen, you can make drinks if you want." We saw that where people required support staff responded to people quickly and in a caring manner.

People told us their dignity and privacy was always respected by staff. One person said, "Staff respect me I feel comfortable with staff." One relative told us, "Staff are very respectful to [person name] they are very good they support where required." Some people told us they had keys to their bedroom doors. One person said, "I can lock my bedroom door if I want and no one will go in." All the staff we spoke with were able to explain how they promoted people's dignity and privacy in everyday practices such as personal grooming. We saw staff knocking on people's doors and calling out before entering people's bedrooms. We observed staff speak respectfully to people and with other staff members when discussing a person's care or support needs.

People were supported to maintain relationships with family members and friends. One person told us, "I've got my mum I see her every Saturdays." A relative told us, "I am always made to feel very welcome and I can visit [person name] any time." We saw that relatives and friends were made to feel welcome and there no restrictions when visiting people living at the home.

Is the service responsive?

Our findings

People were involved in the planning and reviewing of their care. Care plans reflected the care and support people received. One person said, “They [staff] involve me in my care I say what I think and how I want things done, we chat about it and it’s written down in the books.” One relative told us, “We are kept informed of all [person name] care and are kept updated by [provider’s name].” Staff we spoke with were able to describe people’s individual needs. They were able to tell us about people’s likes and dislikes and their personal histories. Staff told us that they spent time talking with people and their family in order to identify their needs which was then used to develop their care plan. We saw that where possible people had signed records to agree to the care provided.

Where people’s needs had changed we saw that these had been identified by staff and appropriate action taken. For example, any concerns regarding people’s blood glucose was recorded and monitored by staff. People’s care records were reviewed and updated to reflect any changes that had occurred. We saw that staff worked well together and communicated any changes to people’s needs or well-being during daily shift handover. Diaries and communication books were used by staff to record and share information and to ensure important tasks were completed by members of staff. For example, arranging medical appointments. Staff told us handover meetings were important as it provided staff with the most up to date information about a person’s care needs.

People were supported and encouraged to take part in a variety of different activities. One person said, “I go to the

community college and luncheon club. I really enjoy all the different things I do.” Another person told us, “We do lots of different things here, we have a spa and gym in the garden which I like to spend time in during the summer, and I also like to do lots of craft activities in the activity room.” Staff told us people decided what activities they wanted to do and staff tried to accommodate these. One person said, “I like spending time in my room listening to my music or talking to people.” We saw that photographs were displayed on the noticeboard and in people’s rooms of the various activities people had taken part in. People enjoyed talking to us about the different activities they had attended or had planned over the coming weeks such as visiting the hairdresser and going out with family members.

People told us they felt confident to raise any concerns or complaints they might have with staff or the provider. One person said, “I have no worries, if I had a complaint I would speak with staff and they would sort it out for me.” Another person said, “I’ve had no complaints ever, but I would tell the staff if I had.” Relatives we spoke with had not had any reason to complain but said they would feel confident to complain if they needed to. A relative said, “I would ring [provider’s name] I would feel comfortable to raise any concern I had and I think any issues would be dealt with. I don’t have any concerns.” All the staff we spoke with told us they would raise any concerns with the provider or manager. They said they felt confident any issues would be addressed appropriately by the provider. We looked at the provider’s complaints log and saw one complaint had been received since our last inspection and this had been dealt with appropriately by the provider.

Is the service well-led?

Our findings

The home did not have a registered manager in post. However, people and staff confirmed the provider was in the home on a daily basis and was covering all the duties of the registered manager's role. We saw that everyone was comfortable to approach the provider who understood their needs and concerns. We spoke with the provider about not having a registered manager in post for a long period of time. The provider was open about the issue and the problems they had recruiting a suitable person to the post. They said they were considering registering themselves as the manager. The provider demonstrated an understanding of the role of registered manager and the responsibilities of the role. We reviewed the information we held about the provider and saw that they had notified us of things they were required to do by law. However, the lack of a manager meant this was not always completed in a timely manner.

The provider had systems in place to monitor the quality of service provided. For example, we saw processes in place to monitor and record incidents, accidents and falls. However, information was not analysed to identify any patterns or trends. This could be used to reduce the risk of re-occurrence or improve the quality of care people received. We found that audits did not identify some of the areas we found during the inspection such as stock counts on medicines. The provider recognised where improvements were needed and said they would start to address the concerns identified from our inspection.

Everyone spoke highly of the provider. One relative said, "[Providers name] is always there, she's really good. I can't fault her at all. Staff told us they had regular meetings both one to one and team meetings and felt listened to. Staff said they felt supported in their role and felt confident to raise any concerns with the provider. Staff were aware of the whistle-blowing policy including raising concerns with external agencies if required. Whistle-blowing means raising a concern about a wrong doing within an organisation. Staff said they felt confident in their role and were aware of their responsibilities. They said they had the skills to do their job and the provider had recently arranged for staff to complete different training sessions to support them in their role.

People told us they felt involved in the home and "their views mattered." One person said, "We have meetings, I like them. It's about what we like doing in the home. "Another person told us, "[Provider's name] makes time for us and we do have meetings about different things. " We saw the provider had regular meetings with people and staff to ask for views and opinions. One person told us, "We get together and talk. We talk about everything." People and their relatives gave positive feedback about the provider and the home. They said the provider was always available to discuss any issues and dealt with matters straight away. People and relatives said they had completed questionnaires to provide feedback on the service. We looked at these and found that people and relatives were happy with the service provided. For example, comments recorded were, "Always has a smile and looks forward to get back to staff and friends" and "Never had any complaints."