Chiltern Residential Limited

Kingsley Rest Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We inspected this service on 3 August 2015. This was an unannounced inspection. This was the service's first inspection under their registration as a new provider.

The service was registered to provide accommodation for up to 12 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 12 people were using the service, but three of these people were being cared for in hospital.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. A care manager was also working at the service. They also planned to register with us.

Summary of findings

We found that since the provider registered with us in October 2014, improvements had been made to the quality of care, but further improvements were required to ensure that the service was well-led and responded to people's needs. Some improvements were also needed to ensure people were consistently safe.

Risks to people's health and wellbeing were assessed and planned for. However, staff did not always organise themselves to ensure people were consistently protected from harm. Safety incidents were not always recorded and reported, so action could not always be taken to reduce the risk of further incidents occurring.

People were involved in planning their care and care records contained detailed information about people's care preferences. However, people did not always receive their care in accordance with their care preferences.

Checks were in place to assess and monitor the quality of care, but improvements were needed to ensure these checks were effective and captured people's views of their care.

People's medicines were managed safely and people were protected from abuse because staff knew how to report suspected abuse. Checks were also completed to ensure staff were suitable to work with the people who used the service.

Staff had completed training that enabled them to meet people's needs effectively and the development needs of the staff were monitored by the registered manager and care manager.

Staff sought people's consent before they provided care and support. Some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed.

People were supported to eat and drink and people's health and wellbeing was monitored to ensure people stayed as well as they could be. Advice from health care professionals was sought promptly.

People were encouraged to make choices about their care and the staff respected the choices people made. Staff treated people with kindness and compassion and people's dignity and privacy was promoted.

There was a positive and homely atmosphere at the service. People knew how to complain about their care if needed and the managers responded appropriately and openly to complaints.

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 not consistently safe. Risks to people were assessed and reviewed, but staff did not always ensure people were consistently safe. Safety incidents were not always recorded or reported so the managers could not always make changes to people's care to prevent further incidents from occurring.

People's medicines were managed safely and staff understood how to protect people from abuse.

Requires Improvement

Is the service effective?
The service was effective. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing. People were supported to eat, drink and maintain a healthy weight.

Staff supported people to make decisions about their care in accordance with current legislation.

Good

Is the service caring?
The service was caring. People were treated with kindness, compassion and respect and staff supported people to make choices about their care.

People's right to privacy was promoted.

Good

Is the service responsive?
The service was not consistently responsive. People were involved in the planning of their care. However, people did not always receive care that reflected their individual care preferences.

People knew how to complain and the managers responded to complaints to improve people's care experiences.

Requires Improvement

Is the service well-led?
The service was not consistently well-led. Some systems were in place to regularly assess and monitor and improve the quality of care. However, improvements were needed to ensure these were effective.

The home had a positive and open culture and the managers were taking action to improve the quality of care.

Requires Improvement

Kingsley Rest 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 was 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 3 August 2015 and was unannounced. Our inspection team consisted of two inspectors.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to formulate our inspection plan.

We spoke with five people who used the service and two visiting relatives. We also spoke with four members of care staff, the cook, the care manager (who is planning on registering with us), the registered manager and the provider. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time in communal areas observing the care people received and we looked at three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and staff files.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe and people's relatives told us they believed their loved ones were safe and well cared for. One relative told us how the staff used special equipment to alert them that their loved one was out of their bed at night time. They said their relative was at risk of falling and the equipment helped the staff to keep this person safe. We saw that risks to people's safety and wellbeing had been assessed and planned for, and staff demonstrated they were aware of how to manage people's risks. However, we saw that the staff didn't always communicate effectively with each other to ensure people's safety was consistently promoted. For example, we saw that one person didn't get the support they needed to reduce their risk of falling. This was because a staff member had not ensured the person was being supervised before they left the person to go and complete another task. The registered manager told us the staff team were new to the service and they were aware that communication needed to improve. They had plans in place to do this.

We found that safety incidents were not always recorded or reported to the registered manager and care manager. This meant that action could not always be taken to prevent further incidents from occurring. The registered manager and care manager told us they were going to introduce new incident forms and train staff in their use.

People told us that there were enough staff available to keep them safe. One person said, "I press this button and the staff come straight to me". Another person said, "The staff are here to help me all the time and whenever I need it". The registered manager assessed people's dependency levels to ensure there were enough staff to meet people's needs. They told us, "If dependency levels change, I would ask the provider for more staff".

People told us they felt safe with the staff. One person said, "I feel safe. I'm not afraid of anything here". Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

People were protected from the risk of abuse. Staff confidently told us how they would recognise and report abuse. We saw that reporting procedures were readily accessible for people, visitors and staff to follow. A copy of this procedure was located in the reception area of the home for people to refer to if needed.

We saw that medicines were managed safely. Systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them. Protocols were in place to guide staff on when to administer 'as required' medicines to people who could not always tell staff they needed them. This enabled the staff to provide people with consistent care.

Good

Is the service effective?

Our findings

People told us they could eat and drink enough foods to maintain their health and wellbeing. One person said, "I like the meals and have put on weight since coming here, the staff encourage me to eat". A visiting relative told us, "[A person who used the service] tells me they enjoy the food and they always get a biscuit with their coffee". We saw that people who needed support to eat and drink received this and alternative foods were offered to encourage people to eat. For example, one person showed little interest in their meal. The staff offered them an alternative meal. We saw the person eat the alternative meal provided to them with the encouragement of the staff.

People and their relatives told us their health and wellbeing needs were met and monitored. One relative said, "The staff got the doctor and nurse in very quickly and following their advice they then referred them to another health care professional". During our inspection we observed the staff contact a person's doctor to request advice for a person who was unwell. We saw that the advice given was then relayed to the other staff during the staff handover which enabled the staff to provide consistent care. Care records showed that people's weights were monitored and action was taken to manage people's risk of weight loss.

People who had the ability to make decisions about their care told us that staff involved them in these decisions and respected their choices. For example, one person confirmed they had consented to the use of equipment to alert the staff that they were out of bed at night. This showed that under these circumstances staff only provided care and support once people's consent had been gained.

Some people who used the service were unable to make certain decisions about their care. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out requirements to ensure that decisions are made in people's best interests, when they lack sufficient capacity to be able to do this for themselves. Staff told us about the basic principles of the Act and we saw that mental capacity assessments were completed when required. The registered manager was aware of the current DoLS guidance and had identified a number of people who could potentially have restrictions placed on them to promote their safety and wellbeing. For example, some people were being advised by staff not to leave the home alone or walk without assistance as they were at risk of falling. This advice was given in people's best interests. The registered manager had completed DoLS referrals for these people. This showed that staff were acting in accordance with legislation when people were unable to make certain decisions about their care.

Staff told us they had received training to provide them with the skills they needed to meet people's needs. This included; an induction to the service, safeguarding adults, fire safety, moving and handling people and medicines management. We saw that training had been effective and staff had the skills they needed to provide care and support. For example, we saw that when staff gave people their medicines they had the knowledge to tell people what their medicines were for. Staff confirmed they also had regular meetings with the care manager to discuss their development needs.

Good

Is the service caring?

Our findings

People told us that they were treated with kindness and compassion. One person said, "The staff are nice and pleasant and they take very good care of me". We observed caring interactions between people and staff. For example, we saw a staff member kneel down next to one person who was showing some signs of distress. This staff member chatted with the person which appeared to comfort and reassure them.

Staff knew people's likes, dislikes and life histories which enables them to have meaningful conversations with people. We saw that this had positive effects on people. For example, when one person became agitated, staff were able to engage this person in a conversation about a book as the person enjoyed reading.

People told their religious needs were met. One person told us their religion was very important to them and they confirmed that a priest visited the home on a regular basis and staff read to them from their bible every day. Staff told us that a priest from a different denomination also visited a person who used the service whose beliefs were from a different faith.

People told us and we saw that independence was promoted. One person said, "I sometimes wash up and me and two other ladies fold the napkins. I like it when the staff ask me to do these little things, it keeps me going". We saw staff give one person some adapted equipment that enabled them to eat their meal independently.

We saw that privacy was promoted. People were able to access quiet areas of the home to meet with their relatives and visitors as required. We saw staff supported a person to move to a quiet area to meet with their visitors. A staff member said, "[The person who used the service] likes to meet with their relatives in this room as its private for them".

We saw that people were treated with dignity and staff had a good understanding of what dignity meant for people. One staff member said, "Dignity isn't just about closing doors when we provide personal care, it's about giving people choices and respecting those choices too". We saw that staff offered people choices about some parts of their care. For example, we saw one person being offered the choice of white or brown bread. Another person was offered a choice of where they wanted to sit to drink their mid-morning coffee.

There was a flexible approach for visitors which meant people's visiting preferences could be met. Relatives told us they could visit at any time. One relative said, "My family call at different times to spread the visits out. We visit during mornings and evenings and we are always welcome". Another relative told us how staff contacted them to inform them a doctor was due to visit their loved one, so they could be present during the consultation to offer support.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives told us they were involved in the planning of care. This was also shown through the detailed information about people's likes, dislikes and past histories that was located in the care records. For example, care records contained information about what clothes people preferred to wear and what toiletries they preferred to use. We saw that people were dressed in accordance with their preferences.

However, some people told us and we saw that their care preferences were not consistently met. For example, one person told us they could not go to bed at their preferred time because this clashed with the medication administration round, which meant staff were not available to support them during this time. Another person told us their preferred cultural food choices were not consistently met. The registered manager told us they would make changes to ensure the person could go to bed at their preferred time and the cook told us they were planning on cooking more meals to meet the person's food preferences.

People told us they were encouraged to participate in leisure and social based activities. One person said, "They do lots of little groups like dominoes, quizzes and making things". Another person said, "I enjoy the word games, dominoes and the person who plays the organ for a sing along". We found that improvements could be made to activity provision to ensure activities met people's individual preferences and needs. For example, one person told us they would like to participate in activities outside the home on a regular basis. They said, "It would be nice to go on a trip somewhere". Another person said, "I can't see well enough to join in most of the games". The registered manager told us they had plans to introduce day trips for people who used the service.

Care records showed that people's needs were reviewed regularly. However, we saw that changes to people's care plans were not always made to reflect changes in people's needs. For example, one person required extra support as they were unwell. The extra support they required had not been recorded in their care plan. The staff we spoke with were aware of the person's additional needs. However, there was a risk that this person would not receive consistent care because the person's additional needs had not been formally planned and recorded.

People and their relatives knew how to complain and they told us they would inform the staff if they were unhappy with their care. One relative said, "I know how to complain, however as yet I've never needed too". Another relative said, "I am aware how to complain and who to go to". Staff told us how they managed and escalated a complaint and we saw that complaints were managed in accordance with the provider's complaints policy. A suggestions and complaints book was located in the reception area of the home. The actions taken in response to complaints were available for people and their relatives to view. The registered manager said, "We have nothing to hide here".

Requires Improvement

Is the service well-led?

Our findings

The provider registered this location with us in October 2014. This registration occurred shortly after the previous provider had been inspected and the location was rated as 'inadequate'. This was because people were not receiving safe, effective, responsive and well-led care under the previous provider.

People told us that improvements had been made to the care they received since the new provider registered with us. One person told us the new provider had installed a new bath which meant people now had the choice of bathing or showering. They said, "There's a bath and a shower now. I can have as many baths or showers as I like". A relative told us that the new provider and registered manager were also making improvements to the home environment. They said, "I was told there would be new beds, chairs and side tables shortly after my relative moved in and this has happened".

The provider and managers met regularly to discuss the quality of care and we saw that some systems were in place to formally assess and monitor the quality of care. These included checks of the environment, health and safety, medicines management and care records. However, improvements were needed to ensure these systems were effective. For example, care record audits were not effective because they did not always identify that the information contained in people's care records was not accurate or up to date. This could lead to people receiving inconsistent or unsafe care.

Improvements were required to ensure people's feedback was sought and used to assess and monitor the quality of care. We saw that a satisfaction questionnaire had been completed with some people who used the service. However the registered manager and care manager acknowledged that people needed more opportunities to feedback about their care. The care manager told us they planned to introduce meetings to discuss the quality of care, food and activities with people who used the service.

People and their relatives told us there was a positive atmosphere at the home. One relative said, "This home has a real friendly homely atmosphere". Staff told us they enjoyed working at the service. One staff member said, "It really feels like a home, I feel relaxed working here".

Staff told us that the managers introduced changes to improve the way care was delivered. One staff member said, "The manager drew up a plan of each shift saying what should be done and when. It's really helpful as makes sure we all get things done". Staff also told us that the managers held team meetings where they discussed changes in care and sought staff feedback. A staff member said, "The staff meetings are good as they make sure we get things spot on".