M Leaves

Kingsacre Care 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?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Kingsacre Care Home is a nursing and residential care home which provides nursing and personal care to adults. The home is registered to accommodate a maximum of 34 people. On the day of this inspection 29 people were living at the home.

We carried out this unannounced inspection of Kingsacre Care Home on 9 and 13 February 2017. The home was previously inspected in November 2014 when it was rated as good in all five key questions.

At the time of this inspection the home did not have a registered manager. A new manager had started working at the home in December 2016 and confirmed they had made an application to register with us. A registered manager is a person who has registered with the CQC 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.

Since the previous inspection in November 2014 there had been changes to the management structure at the home and the home had been without a registered manager for some time. The systems previously in place to monitor the quality of the service and to ensure people received safe care were no longer being used effectively. While we found people's personal care needs were being met and people were happy living at the home, we identified a number of areas that required improvement to ensure people received safe care and support The new manager had identified some of the concerns we found during this inspection.

Risks to people's health and safety were not being managed and people were not being protected from the risk of avoidable harm. When we arrived at the home on the first day of the inspection we found many of the doors to people's bedrooms and the communal areas, including the kitchen, were held open. Staff had used furniture and wooden wedges to hold these doors open. This meant that, should a fire break out, these doors would not close and therefore people would be placed at risk of smoke inhalation and the spread of fire would not be slowed by the doors. Also, when the furniture and wedges were removed, many of the doors would not have been effective in reducing the spread of smoke and fire as they did not fully close.

Records of the servicing of some equipment was either out of date or was not available. For example, the gas safety certificate was due to be renewed in May 2015 but this had not been undertaken. A number of other maintenance issues also required attention or review. The carpet in the lounge room required repair as the join had come apart and it posed a trip hazard. Some bedroom furniture was unstable and could be pulled over. The laundry room had peeling paintwork and debris on the floor which made this room difficult to keep clean. On the second day of the inspection we saw repair work being carried out to the doors and the provider gave assurances other action would be taken to ensure people's safety. We also asked the manager to review the risks to people's safety of uncovered radiators and the use of a portable ramp to assist one person from their room. Following the inspection the manager confirmed action had been taken to address the identified safety issues.

Staff recruitment practices were not safe. It was not possible from the information held in the staff files to ascertain whether checks had been completed properly and staff had been recruited safely. For example, where staff had gaps in their employment history, this had not been explored and one member of staff's references were unsigned and undated. However, disclosure and barring (police) checks (DBS) had been undertaken.

Care plans were insufficiently detailed to describe people's care needs. Staff were not guided about how to manage risks to people's health and well-being and how to support people to meet their needs in their preferred manner. Where people had been identified as at risk of not eating or drinking enough to maintain their health, the records used to monitor their well-being had not been consistently completed. It was therefore not possible to ascertain if people's nutritional and hydration needs were being met. The manager recognised the care plans required improvement and this was an area where they were receiving advice and guidance from the local authority's quality assurance and improvement team (QAIT).

People told us they felt safe at the home. One person said "Yes I do. People here know what they're doing." Relatives told us they had no concerns for people's safety and were confident people were being cared for well. Prior to the inspection it had been identified by the local authority that the home had been slow in reporting a potential safeguarding matter to them. As a result the home had agreed to work with QAIT to reviews its management practices. Staff told us they had received training in safeguarding adults and were aware of their responsibilities should they feel people were at risk of abuse.

Staff said they respected people's rights to make decisions about their care and care plans guided staff to seek consent before assisting people. The home had undertaken some assessments of people's capacity to consent to care and support where specific decisions needed to be made, such as the use of bedrails to keep people safe. However, this was not seen in all of the care plans we looked at where decisions were required to be made. A number of people were unsafe to leave the home unsupervised due to living with dementia. The home used a coded lock on the front door to ensure their safety. However, authorisation to restrict people's liberty in this way had not been sought.

During our inspection we observed people receiving their medicines. We saw more than one person's medicines being dispensed at the same time and the medicine administration records were signed prior to people receiving their medicines. This placed people at risk of receiving the wrong medicine and also medicines were signed for as given when they may not have been taken. The manager told us this practice would cease immediately.

People and relatives spoke positively about the staff and praised them for their kindness. People's comments included, "They listen to me and they're always polite. I can't fault them, I'm happy" and "I couldn't be happier. Everyone is so kind." A relative told us the home had come highly recommended to them and that was why they had chosen the home for their relation. They said they would recommend the home to others as well. Staff treated people with respect and kindness. People told us there was sufficient staff on duty to meet their needs. One person said, "If I need anything I ring my bell and they come. Staff are always on hand."

People said they enjoyed the food. One person said "I'm pleased with the food, there's plenty of it, and there's a good choice." Throughout the inspection we saw people being offered drinks and snacks and staff responded to people's requests for a drink promptly.

Staff told us they received the training they needed to understand and meet people's needs. The manager told us they had commenced a programme of training updates for staff. Staff told us they felt well supported

by the manager and the nursing staff. They said the manager spoke to them every day about what was happening in the home and their future plans for improvement. One said, "We're a great team" and another said, "I love my job."

People's general health was monitored and they were referred to doctors and other healthcare professionals when required. People told us they could ask to see their GP at any time and the nurses would arrange this upon their request. A visiting healthcare professional told us they were confident the staff supported people well. They said staff were prompt to seek advice and kept them fully informed of people's needs.

People told us they felt comfortable raising concerns and they said the manager was approachable and available to talk to. They said they would speak to the manager or the staff if they were unhappy about anything. One person said, "I don't know why I would complain. Everything's fine."

The manager had recently sent written surveys to people and their families to gain their views about the quality of the care and support provided in the home. Once these surveys had been returned, the manager confirmed any suggestions for improvements would be acted upon. They had also commenced a regular meeting once a month for people and their relatives to enjoy 'high tea' with them and to share their views. They held regular staff meetings and clinical governance meetings with the nurses to share information and discuss improvements within the home. The manager demonstrated a commitment to make the necessary improvements to the home and for the home to be considered a good place to live and to receive care. Staff told us the aims and values of the home were discussed with them and they described them as ensuring people received "high quality care". They said they worked well together as a team to ensure this happened.

We made three recommendations to the home to improve the monitoring of people's food and fluid intake for those at risk of not eating and drinking enough to maintain their health, to document people's involvement in their care planning and to assess people's capacity to make decisions about their care where necessary. We identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to care planning, staff recruitment practices and the management of the home, including managing risks to people's safety.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The home was not always safe.

People were not protected from risks associated with the environment and unsafe practice.

Risk management plans were insufficiently detailed to ensure staff were guided about how to mitigate risks to people's health and well-being.

Recruitment practices did not ensure that staff were safely recruited and were suitable to work at the home.

Medicines were not being managed safely.

People we supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Requires Improvement

The home was not always effective.

Restrictions to people's liberty in place to keep them safe had not been lawfully authorised.

People's consent to receive care was sought. However equipment to monitor people's movements was being used without a record of their consent being sought.

People enjoyed the variety and quality of the food. Documentation to monitor people's food and fluid intake was not being effectively used to ensure their needs were being met.

People were supported by staff who were knowledgeable and skilled to meet their needs.

Is the service caring?

Good

The home was caring.

People benefited from their close and respectful relationships with staff. Staff were kind and caring.

People contributed to decisions about their care, although these weren't recorded.

People privacy and dignity was respected.

People were supported to maintain friendships and important relationships.

Is the service responsive?

Requires Improvement

The home was not always responsive.

Care plans contained insufficient detailed to identify people's care and support needs. Staff were not provided with clear information to enable them to meet people's needs in a consistent and safe way.

The routines within the home were flexible and respected people's preferences.

The home encouraged people's feedback and used this to promote improvements. The home took complaints seriously and acted promptly to resolve these.

People benefitted from some activities of interest and social events planned by the home.

Is the service well-led?

Requires Improvement

The home was not always well-led.

The home did not have a registered manager in post.

The provider did not have effective quality assurance or audit processes in place to identify where improvements were required or when action was necessary to ensure people's safety.

People, relatives and staff benefitted from the manager's accessibility and commitment to improving the home.

The manager sought people's views and worked co-operatively with other agencies to promote change.

Kingsacre Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 9 and 13 February 2017 and the first day was unannounced. One adult social care inspector and an Expert by Experience undertook the inspection on the first day. One adult social care inspector completed the inspection on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We received information from the local authority's quality assurance and improvement team (QAIT) about the work they were carrying out at the home and we spoke with them about their recent involvement.

We spoke with 13 people living at the home and eight relatives. We spoke with the provider and the manager, as well as two nurses, ten care staff and the cook. We also spoke with a visiting health professional. We looked at three care plans and records relating to staff recruitment and training, accidents, as well as those relating to the management of the home. We spent time observing the care and support people received, including staff supporting people with their moving and transferring and giving people their medicines.

Requires Improvement

Is the service safe?

Our findings

People living at Kingsacre Care Home were not fully protected from risks associated with the environment, the administration of prescribed medicines or by the home's recruitment practices. Sufficient action had not been taken by the provider to ensure people were cared for in a safe way.

When we arrived at the home on the first day of the inspection we found many of the doors to people's bedrooms and the communal areas, including the kitchen, were held open with furniture and wooden wedges. This meant that should a fire break out, these doors would not close and people were placed at risk of smoke inhalation and the spread of fire would not be slowed by the doors. Also, when the furniture and wedges were removed, many of the doors did not fully close and would not have been effective in slowing the spread of smoke or fire.

Records showed weekly checks of the fire alarm system were conducted, but there was no record the system had received its annual service when it was due in January 2017. Tests had not identified that some fire doors did not fully close and there was no record of tests for the emergency lighting to ensure they were working. There were no records of regular fire drills since February 2016, although when questioned staff were aware of the procedure to follow should the fire alarm sound. Following the inspection, we notified the fire service of our concerns about fire safety within the home.

In addition, the gas safety certificate was due to be renewed in May 2016 but this had not been undertaken. Gas instillations and equipment have to be serviced and assessed each year to ensure they are safe to use. The provider accepted this had been overlooked as there had been a change in their gas safety engineer and gave assurances that this and the servicing of the fire alarm system would be undertaken as soon as possible.

During our tour of the building we saw some furniture was unstable. For example, one wardrobe had been moved by staff to prop open a bedroom door. This wardrobe was lightweight and unstable and could have been pulled over posing a potential risk of injury to the person whose room this was.

On the first day of our inspection we observed people being given their medicines. However this was not always done safely. We saw more than one person's medicines being dispensed into medicine pots at the same time and these pots were then taken to people on a small tray. The medicine administration records (MAR) were signed prior to giving people their medicines. This placed people at risk of received the wrong medicines and meant that if a person refused their medicines, records would show they had been given them. Dispensing more than one person's medicine at a time and signing records prior to administration is not considered safe practice. When we spoke to the nurse and the manager about this they agreed they had slipped into doing this as they knew these people well. They agreed this practice would stop immediately.

When the nurse gave people their medicines we heard them explaining what the medicines were for and they did not hurry people. People told us they received their medicines as prescribed, including pain medicines when they needed them. The home was maintaining a stock balance for some medicines

received into the home. We checked a sample of these records against the stocks held in the home and found them to be accurate. However, at the time of the inspection, as not all of the medicines received and held as stock in the home had been counted, it was not possible to ascertain if people had received their medicines as prescribed by their doctor. The manager said in future a balance would be recorded of all medicines received into the home make it easier to check people had received their medicines as prescribed and to identify if any medicines were missing. They also said they would be conducting a full audit of the home's medicines practices with the support of QAIT.

Failure to ensure to do all that is reasonably practicable to mitigate risks to people's health, safety and well-being and to ensure people receive their medicines safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A number of other maintenance and safety issues also required attention. For example, the carpet in the lounge required repair as the join was coming apart and posed a trip hazard to people and staff. The laundry room had peeling paintwork and debris on the floor which made this room difficult to keep clean. The provider confirmed they would attend to these issues without delay. During the inspection we saw staff were using a portable ramp to assist one person to enter and leave their bedroom. Staff told us they had been using this ramp for several years without incident. They demonstrated to us how they used the ramp and said three staff were needed to ensure the person's safety. However, the person's care plan stated two staff were required to use the ramp. There were no records available to show the ramp had been assessed as safe to use or consideration given to the load placed on staff as they had to hold on to the wheelchair as it came down the ramp or when they pushed it up the ramp. We asked the provider to ascertain whether this ramp was safe to use and to give consideration to whether the bedroom was appropriate for a person who used a wheelchair.

On the second day of the inspection, the provider confirmed they had placed an order for approved hold-open devices which would close in the event of a fire for people who preferred their doors to be open. The manager gave assurances that doors would not be held open until the devices had been fitted. There were also maintenance staff making repairs to the doors to ensure they fully closed. Following the inspection the manager confirmed a gas safety inspection had been undertaken, a date had been arranged for the fire alarm system to be serviced, the health and safety executive and an occupational therapist had been contacted to review the use of the ramp, repairs had been undertaken to the carpet and the laundry room had been cleaned and where necessary painted.

People were not being protected by a robust recruitment process. We looked at the recruitment files for three staff recently employed by the home. It was not possible, from the information held in these files, to ascertain whether the necessary pre-employment checks had been carried out. For example, where staff had gaps in their employment history, this had not been explored and one member of staff's references were unsigned and undated. However, in all three files there was evidence disclosure and barring (police) checks (DBS) had been undertaken. The manager confirmed that now they were in post they would be involved in staff recruitment and were in a position to ensure all the required pre-employment documentation and checks were completed.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to one member of staff who had started to work at the home the week of the inspection. They confirmed they had been interviewed by both the manager and the provider. They said they were working alongside experienced staff and would not be able to work unsupervised until their DBS check was

completed.

People were protected from the risk of scalds from hot water as the temperature of the hot water to wash basins and baths was controlled. However, people were not protected from the risk of burns as the central heating radiators were not covered. Risk assessments identified if this placed people at risk, however, people would be better protected if these were covered or of a low surface temperature type.

We recommend the home reviews how it protects people from avoidable harm associated with environmental risks in line with the guidance provided for care homes from the health and safety executive.

People told us they felt safe at the home. One person said "Yes I do. People here know what they're doing." Relatives told us they had no concerns for people's safety and were confident people were being cared for well. Prior to the inspection it had been identified by the local authority that staff had been slow in reporting a potential safeguarding matter to them. As a result the provider and manager had agreed to work with the local authority's quality assurance and improvement team (QAIT) to reviews its management practices. Staff told us they had received training in safeguarding adults and were aware of their responsibilities should they feel people were at risk of abuse. Staff said the provider and manager would not tolerate poor practice and they felt confident they would take action if they raised any concerns. The contact details for reporting safeguarding concerns to the local authority were available to all staff on the notice board in the office.

Risks associated with people's care needs or health conditions were assessed. We saw assessments were completed for the risk of falls, developing pressure ulcers and nutritional risks including the risk of choking. However, care plans did not guide staff about the actions required to protect people, such as providing pressure relieving equipment and changing people's position in bed or providing nutritionally enhanced food. We spoke to staff about people's care needs and how they managed these risks. Staff were knowledgeable about how people needed to be supported and we saw equipment such as pressure relieving mattresses were in place for those people who required them. The manager recognised the care plans required improvement and this was an area where they were receiving advice and guidance from QAIT.

Where accidents had occurred, such as a person falling, the manager reviewed how this came about to reduce the risk of a reoccurrence. For example, one person had recently fallen and the manager had guided staff to always encourage this person to wear shoes rather than slippers.

People told us there were enough staff on duty to meet their needs. One person said, "If I need anything I ring my bell and they come. Staff are always on hand." Another person said, "There's plenty, they see to everything." Throughout our inspection we saw call bells were answered promptly. In addition to the manager, there were five care staff and a nurse on duty. The home also employed administrative, catering, laundry and housekeeping staff. Overnight there were two care staff and a nurse on duty. The manager told us the current staffing levels were sufficient to meet people's needs. They told us they were about to undertake a formal assessment of people's staffing needs using a dependency tool which would provide them with accurate information about the staffing requirements of the home. They said this assessment would be kept up to date as people's needs changed or new people were admitted to the home.

Throughout the inspection we saw staff were attentive to people's needs and requests for assistance. Some people required the use of equipment such as stand-aids and hoists to help with their mobility. We saw staff assisting people safely and they were confident and competent with the use of this equipment. Each time staff explained to the person what they were doing, sought their consent to continue and talked to them throughout the procedure.

Certificates were available to show the hoists used by staff to assist people with their mobility had been serviced in December 2016 to ensure they were safe to use. However, there was no certificate to show the lift had been serviced when it was due in November 2016. The provider gave said that annual servicing was part of the insurance contract and they gave assurances it had been serviced.

Staff had access to aprons and gloves to help control the risks of cross infection, and we saw staff use these throughout the inspection. Staff changed aprons after providing care to people and when serving meals. Washing machines were capable of achieving a sluicing cycle to disinfect linens, and potentially contaminated items could be moved to the laundry in sealed dispersible bags to reduce the risk of cross infection.

The home was not involved in supporting people to manage their money and held no money for safekeeping. Should people wish to purchase items or use the hairdresser, and they did not have sufficient funds available, the home paid for these and provided an invoice for the person or their family.

Requires Improvement

Is the service effective?

Our findings

People and their relatives told us the staff were confident and competent in their role. People felt staff understood their care needs well and knew how to provide support that met their needs. One person told us, "They do everything I need, it's all done."

People told us they enjoyed the food. One person said "I'm pleased with the food, there's plenty of it, and there's a good choice" and another said, "I eat well, the food is very good, always enough. I eat it all and I could ask for more if I wanted it. I never send anything back." Relatives also told us they thought the food was to people's liking. One relative said, "The food is great." We saw people being offered or requesting drinks throughout both days of the inspection and these were provided promptly. Staff made a person a sandwich to take with them to a hospital appointment so they would have something to eat if they felt hungry or were delayed. They also ensured upon their return that they had a drink and were again offered something to eat. Staff, including kitchen staff, were aware of the specific dietary needs of individual people. For example, kitchen staff were aware of which people required soft or pureed food and those who had dietary restrictions due to a medical condition. People's food preferences were recorded in their care plans and this information was also provided to the kitchen staff.

However, for those people at risk of not eating or drinking enough to maintain their health, the records used to monitor their well-being had not been consistently completed. It was therefore not possible to ascertain if people's needs were being met. For example, one person had been losing weight over several months during 2016 and their weight had not been recorded in October or November 2016. They had been weighed in December 2016 which showed they had gained weight, however no weight was recorded for January 2017. Another person was at risk of not drinking enough. Their records showed that on some days they drank very little. However, there was no guidance for staff about how much this person should be drinking. There was no record the person's intake had been reviewed by the nursing staff or action taken when they did not drink well. We spoke to this person and they told us they always had enough to drink and we saw they had a jug of water next to them in their bedroom.

We recommend the home reviews and monitors more closely people's nutritional and hydration needs when specific care needs have been identified.

People's general health was monitored and they were referred to doctors and other healthcare professionals when required. People told us they could ask to see their GP at any time and the nurses would arrange this upon their request. Records showed people had also been seen by dentists, podiatrists and opticians and had been supported to attend hospital appointments when necessary. A visiting healthcare professional told us they were confident the staff supported people well. They said staff were prompt to seek advice and kept them fully informed of people's needs.

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 interest and as least restrictive as possible.

The manager and the staff had a good knowledge of the MCA. Staff said they respected people's rights to make decisions about their care. They recognised that some people's ability to consent and agree to support varied throughout the day. One person's care plan stated, "If (name) not happy to be cared for, wait a while and try again, a new face sometimes helps. Encourage but don't insist. Try to make (name) feel she is in control. Promote care with consent and give care with dignity." Some care plans held assessments relating to people's capacity to make decisions. These related to specific decisions such as the use of bedrails to keep people safe. However, other files did not have these assessment and decisions had been made without people's consent to use equipment to monitor people's movements within their rooms. The manager confirmed they and the nursing team were reviewing each person's care file and they would ensure capacity assessments and best interest decisions were undertaken where necessary.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA. At the time of the inspection, the manager said no applications had been made to the local authority's supervisory body. However, a number of people were having their liberty restricted to protect their safety as the home used a coded locked on the front door which they were unable to use. The manager said they were currently seeking advice from the local authority and would be making applications for those people who were unable to consent to these restrictions.

We recommend the home reviews its practices in relation to the requirements of the MCA and associated codes of practice.

Staff told us they received training in a variety of topics relating to people's care needs including dementia care, first aid and health and safety. The manager said that training records had not been well maintained and it was not possible for them to easily identify when staff had received training. They had therefore commenced a training programme to ensure staff had up to date training. On the first day of our inspection staff were receiving training in safe moving and transferring and infection control. Other planned training events included caring for people's skin and continence management. The nursing staff told us they received training and support to maintain their professional registration with the Nursing and Midwifery Council. Records showed annual checks were made of the nurses' registration status with the Nursing and Midwifery Council.

Staff new to the home undertook induction training. This included time to undertake essential learning either through workbooks and eLearning or classroom based training. They also worked alongside experienced staff. Staff new to care were supported to undertake the Care Certificate. The certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. However records showed one member of staff new to the home had not commenced the Care Certificate until three months after they started to work at the home. The certificate should be started at the time staff start to work at the home as several standards within the certificate should be completed prior to staff working unsupervised. The manager gave assurances that in future staff would start the certificate when they started to work at the home.

Staff told us they felt well supported by the manager and the nursing staff. They said the manager spoke to them every day about what was happening in the home and their future plans for improvement. One said, "We're a great team." At the time of the inspection, there was no process to formally monitor staffs'

performance and to provide staff with supervision. The manager said they had planned to start a programme of regular supervisions for staff to discuss how they felt about working in the home as well as their training and development needs.

Good

Is the service caring?

Our findings

People and relatives spoke positively about the staff and praised them for their kindness. People's comments included, "They listen to me and they're always polite. I can't fault them, I'm happy" and "I couldn't be happier. Everyone is so kind." One relative told us, "We're very happy with her care, she is always well cared for." Another relative told us the home had come highly recommended to them and that was why they had chosen the home for their relation. They said they would recommend the home to others as well.

Staff treated people with respect and kindness. Staff were seen supporting people in an unrushed and pleasant manner. We heard staff communicating well with people, listening to them and giving them their full attention. When addressing people staff used people's preferred names and people appeared to enjoy the staffs' company. We saw one member of staff talking to a person about the birthday cards they had received the previous day. They took great interest in the cards and asked after the well-being of the person's family. Staff spoke with respect about people and there was much laughter between staff and people. Staff said they enjoyed working at the home. One said, "I love my job" and another said, "It's very good here. I wouldn't have worked here for so long otherwise."

People's privacy and dignity was respected. One person said, "I feel respected. My room is my own and I feel things are safe there" and another person said, "They (the staff) knock at the door, they don't just come in."

Although care plans did not record how people had been involved in discussions about their care, people told us staff talked to them about their care needs and how they wished to be supported. One person's care plan documented their family's involvement and relatives told us they were kept fully up to date about their relation's care. Staff demonstrated they knew people well and they were able to tell us about people's preferences and personal histories.

We recommend the home documents people's involvement with planning and agreeing their care.

People were supported to maintain friendships and important relationships. There were no set visiting times and relatives could come and go as they pleased. During our inspection, we saw a number of friends and family members visit and spend time with their relatives. We saw the staff welcomed them warmly. One person told us, "My visitors come when they want and they get offered a cup of tea."

Kingsacre Care Home was able to provide care to people at the end of their lives. Nurses and staff had contact with the local hospice for guidance and support. The nurses were aware of how to obtain and administer symptom management medicines should these be required. Where necessary these medicines were held within the home so they would be immediately available should the need arise. A relative visiting the home wanted to share with us their gratitude about how their relation was cared for. They told us, "They did everything possible for our relative. They couldn't have done more. Every request was met and she couldn't have been better looked after." A card of thanks recently received by the home described the staff as "wonderful".

Requires Improvement

Is the service responsive?

Our findings

Each person had a care plan that briefly described their care needs. Although staff knew people well and how they wished to be supported, the care plans did not describe this level of detail. For example, what people were able do for themselves and how staff should promote their independence was not recorded. For one person who was living with dementia, the care plan did not identify how living with dementia affected their abilities and well-being. It stated, "speech limited due to dysphagia" but gave no indication how the person was able to communicate their needs. It also said "(name) needs full assistance with all care" but it did not say how this should be provided. The care plan identified they liked to have a handbag and to look inside it. However, staff were not guided to ensure the person had a handbag with them. During both days of our inspection we saw this person did not have their handbag with them.

Some of the documentation in the care plans was dated from several years prior to the inspection. Reviews had occurred but some of the information was out of date and had not been updated once changes had been identified. For example, one person's review in January 2016 stated, "Gets confused more frequently now and has episodes of anger and frustration." The person's care plan did not refer to their confusion or how to support them at times when they were frustrated or upset. This meant that important information about people's care needs was not easily accessible for staff. Staff became familiar with people's needs through verbal communication between the people they were supporting and each other. For those people unable to communicate their needs and for staff new to the home there was no accurate information about people's care needs.

Some of the care files held information about people's life and work histories. This helped staff to build relationships and have meaningful conversations with the people they supported. It also helped them have an understanding of people in order to better support people living with dementia. However, in other care plans this information was not recorded.

Failure to provide care plans that describe people's care needs and the support they need in a way that promotes their independence and meets their preferences is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us care planning documentation was an area they recognised needed improvement. They said they were working with the nursing staff to review all the care plans to ensure they contained more detailed information about people's care needs and the support required from staff. They had written an example care plan for the nurses to refer to. They were also working with QAIT to address this issue.

Nursing and care staff were aware of and responsive to people's needs and were able to describe the care and support they required. For example, they were able to describe the support people required to meet their nutritional needs or how they should be supported with moving and repositioning. People told us staff assisted them as and when they wished and in the manner they preferred. All said they felt their care needs were being fully met. Their comments included, "They will do anything for you", "I choose when I bath or shower" and, "They run my bath for me and wait outside till I'm ready." Staff and people told us the home's

routines were flexible and people could choose how and where they wished to spend their time. One person said, "I'm awake at 5am and I can get up then if I wish" and another person said, "I choose when I want to go [to bed] and when I get up."

People told us their choices about where they wished to spend their time were respected. For example, some people told us they preferred to spend their time in their rooms. They said staff didn't 'forget' them and they popped in regularly to see if there were comfortable. Staff informed them of events within the home, such as musical entertainment and they could choose to attend if they wished. People said they spent their time watching TV, listening to music and knitting. The manager told us that providing people with activities of interest and social events was another area they wished to see improved. The home had recently employed an activity co-ordinator who had met with people and had started to plan a programme of group and individual activities that people could become involved with. People said they knew of the new member of staff and had been spoken with about this. One person said, "They're going to have activities soon."

People told us they felt comfortable raising concerns and would speak to the manager or the staff if they were unhappy about anything. One person said, "I don't know why I would complain. Everything's fine." Some people had made a complaint in the past and they told us the matter had been dealt with to their satisfaction. The home had not received any recent complaints.

Requires Improvement

Is the service well-led?

Our findings

The home had been previously inspected in November 2014 when it was rated as good in all five key questions. Since then there had been changes to the management structure at the home and the home had been without a registered manager for some time. It is a requirement of the home's registration with us that it has a registered manager in post. The current manager had been appointed in December 2016 and they confirmed they had made an application to register with us.

Although the provider was present in the home each day they did not take an active role in auditing the quality and safety of the services provided or of monitoring staff practices. At the time of the previous inspection in November 2014 a registered manager was in post and they oversaw the day-to-day management of the home. Since the registered manager left the home a number of senior nurses, or matrons, have been managing the home. The quality assurance and audit processes previously used had not been continued and there were no formal reviews taking place of how people were being supported and whether the home provided a safe environment within which to live.

While we found people's personal care needs were being met and people were happy living at the home, we identified a number of areas that required improvement. Risks to people's health and safety had not been managed: the environment was not safe and people were not being supported to receive their medicines in a safe way. It was as a result of our inspection that action was taken. Staff recruitment practices were not safe and although police checks had been undertaken it was not possible to ascertain whether the staff employed at the home were suitable to work with people who required care and support. Documentation relating to people's care and to the running of the home was poorly managed: some was not accurate, some was out of date and some was not available.

Failure to ensure the home is working in compliance with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is a breach of regulation 17 of that act.

Following the inspection, the provider had agreed with the local authority to place a temporary suspension on admissions to the home until improvements had been made.

The manager had sought advice from QAIT to implement a series of regular audits to monitor people's care needs, the quality of the documentation as well as health and safety issues and staff training and support. However these had not yet been established. They had started to develop a service improvement plan through which they and QAIT had identified areas that required action to ensure the legal requirements placed upon care homes were met. This included some of the issues we identified through the inspection, such as fire safety, care planning and medicines management, however action to address these improvements had not been taken by the provider.

People, relatives and staff told us the manager was approachable and available to talk to. They said the provider was in the home each morning for a few hours and was available should they have a need to consult with them. The manager was supported by a team of nurses and had recently appointed additional

staff to support with administrative duties. The manager recognised the quality of the documentation and of the guidance and support provided to staff required improvement and they had started to involve staff in the processes necessary for this to happen. They held regular staff meetings and clinical governance meetings with the nurses to share information and discuss improvements within the home. Staff told us the manager encouraged them to make suggestions and they felt their views were listened to. They said the manager had made changes in response to their suggestions, and gave an example of some changes to the home's documentation. Staff said the communication between the nurses and themselves was very good and they received a daily handover report at each change of shift.

The manager said they had an "open door" for people, relatives or staff to talk to them and they were keen to hear their views. Throughout the two days of the inspection, we saw the manager in conversation with people. The manager had recently sent written surveys to people and their families to gain their views about the quality of the care and support provided in the home. Once these surveys had been returned, the manager confirmed any suggestions for improvements would be acted upon. They had also implemented a regular meeting once a month for people and their relatives to enjoy 'high tea' with them and to share their views.

The manager demonstrated a commitment to make the necessary improvements to the home and for the home to be considered a good place to live and to receive care. Staff told us the aims and values of the home were discussed with them and they described them as ensuring people received "high quality care". They said they worked well together as a team to ensure this happened. The manager said they kept up to date with current good practice by accessing care related websites and including Skills for Care and the Care Quality Commissions sites.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans must be developed that describe people's care needs and the support they need in a way that promotes their independence and meets their preferences. Regulation 9(1)(3)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected from environmental risks and those of unsafe practice. System must be in place to ensure risks to the environment are identified and action must be taken to mitigate these. This includes ensuring the premises and equipment are safe. Fire doors must not be help open with anything other than an approved device. Medicines must be managed safely. Regulation 12(1)(2)(a)(b)(d)(e)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes did not ensure the home met the legal requirements place on care homes in the Health and Social Care Act 2008.

	The provider had failed to assess, monitor and mitigate risks relating to people's health, safety and welfare. The provider had failed to assess, monitor and improve the quality of the service provided. The provider had not maintained accurate, complete and contemporaneous records in respect of each person living in the home. Regulation 17 (1)(2)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Providers must have effective recruitment and selection processes to ensure the appropriate checks are carried out for prospective employees. 19(2)