Kingston Farmhouse Care Home Limited

Kingston Farmhouse Care Home

Inspection report

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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?	Good

Overall summary

Kingston Farmhouse is a residential home which provides accommodation for up to nine people with learning disabilities. At the time of our inspection there were nine people living at the home.

There was 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.

There was a very positive atmosphere at the home. People were at the heart of the service and involved in decisions about how the service was run.

Summary of findings

People lived in a homely environment and were treated with kindness and compassion. We observed positive interactions between people, staff and the registered manager. There was an open, trusting relationship and it was clear they knew each other well and staff understood people's needs. People were involved in planning the care and support they received and the way the home was run. For example, they were involved in the recruitment of new staff and decisions about new people moving to live at the home.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. Staff met people's needs effectively and followed legislation designed to protect people's rights and liberty. They supported people to make their own decisions.

People felt safe at Kingston Farmhouse. The registered manager and staff had received appropriate training in a range of subjects, including how to protect people from the risk of abuse.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided information to allow staff to protect people whilst promoting their independence.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training. Healthcare professionals such as GPs, chiropodists, opticians and dentists were involved in people's care where necessary.

People were supported by staff who had received the appropriate training, professional development and supervision to enable them to meet their individual needs. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

People enjoyed their meals and received a choice of suitably nutritious meals based on their needs and preferences. A variety of activities was provided offering mental and physical stimulation for skills development and enjoyment.

People were satisfied with the way the service was run. None wished to move from the home and none could suggest any ways that the service could be improved.

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?

Good

The service was safe.

The registered manager had assessed individual risks to people. They had taken action to minimise the likelihood of harm in the least restrictive way.

People received their medicines at the right time and in the right way to meet their needs.

People felt they were safe and staff were aware of their responsibilities to safeguard people.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Is the service effective?

Good

The service was effective.

People's rights and freedom were protected. The registered manager and care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS).

People were supported to have enough to eat and drink. Their health and well-being were monitored effectively and they were supported to have medical needs met.

Staff received appropriate induction and on going training and support to enable them to meet the needs of people using the service.

Is the service caring?

Good

The service was caring.

Staff developed excellent, caring, and positive relationships with people and treated them individually and with dignity and respect.

Staff understood the importance of respecting people's choices and their privacy. People were involved in important decisions about the service.

People were encouraged to maintain friendships and important relationships.

Is the service responsive?

Good

The service was responsive.

People received highly personalised care and support that met their individual needs. People were supported to make choices about how they lived their lives.

Care plans and activities were personalised and focussed on individual needs and preferences. People were allocated a keyworker who provided a focal point for their care and support.

The provider sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The provider's values were clear and understood by staff. The registered manager adopted an open and inclusive style of leadership.

People's families, health professionals, visitors and staff had the opportunity to become involved in developing the service.

There were systems in place to monitor the quality and safety of the service provided and manage the maintenance of the buildings and equipment.

The management team understood the responsibilities of their role and notified the Care Quality Commission of significant events regarding people using the service.

Kingston Farmhouse 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 October 2015 and was unannounced. It was conducted by one inspector.

Before the inspection we also reviewed information we held about the home including notifications. A notification is information about important events which the service is required to send us by law.

We spoke with eight people living at the home. We also spoke with the registered manager and four care staff. We looked at care plans and associated records for two people and records relating to the management of the service. We observed care and support being delivered in communal areas of the home.

This was the first inspection since the provider re-registered as a limited company from an individual provider in February 2015.

Good

Is the service safe?

Our findings

People told us they felt safe at Kingston Farmhouse. One person said, "I feel very safe." Another person told us "Definitely safe, yes". We saw people were at ease in the company of, and communicating with, the registered manager, staff and each other.

Staff had the knowledge necessary to enable them to respond appropriately to concerns about safeguarding people. All staff had received safeguarding training and knew what they would do if concerns were raised or observed. One member of staff told us, "We had safeguarding training during induction, if I had any concerns I would tell [the registered manager] and know how to contact safeguarding as well". The registered manager knew how to identify, prevent and report abuse. They had received safeguarding training for managers and were aware of action they should take if they had any concerns. The registered manager described the action they had taken when they had safeguarding concerns about a person living at the home. The action taken was appropriate and ensured the safety of the person and other people. This had included working with external professionals and reporting the concerns to the local safeguarding team. Where there were specific safeguarding risks relating to individual people care plans contained information about these and how the risks could be mitigated.

The registered manager understood the risks to people's health and well-being. These were assessed, monitored and reviewed regularly and people were supported in accordance with their risk management plans which identified action to mitigate those risks. Risk assessments and management plans were highly personalised and written in sufficient detail to protect people from harm whilst promoting their independence. For example, there were risk assessments relating to people helping in the kitchen and being involved in social and sporting activities. Where an incident or accident had occurred, there was a clear record of this and an analysis of how the event had occurred and what action could be taken to prevent a recurrence. For example, one person had a risk assessment in relation to choking. This had been developed following an incident and showed external health professionals had been involved in assessing the risk and how this should be managed.

People received their medicines safely. Medicines were administered by staff who had received appropriate training and had their competency assessed to ensure their practice was safe. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given. There was also a body map available to assist staff in understanding where topical creams should be applied. There was a medicine stock management system in place to ensure medicines were stored according to the manufacturer's instructions and a process for the ordering of repeat prescriptions and disposal of unwanted medicines. Systems were in place for auditing and monitoring the management of medicines.

There were enough staff available to meet people's needs. People told us staff were available when they needed them. The registered manager told us that staffing levels were based on the needs of people living at Kingston Farmhouse. The staffing level in the home provided an opportunity for staff to interact with people they were supporting in a relaxed and unhurried manner. Staff responded to people promptly and were able to support people with in-house and external activities on a daily basis. There was a duty roster which detailed the planned cover for the home. This provided the opportunity for short term staff absences to be managed through the use of overtime or bank staff. No agency staff were used. Staff said they felt they had time to support people and were able to get on-call support from the registered manager whenever this was required. Staff told us the registered manager would provide hands on support if needed.

The provider had a safe and effective recruitment process in place to help ensure that staff who were recruited were suitable to work with the people they supported. All of the appropriate checks, including Disclosure and Barring Service (DBS) checks were completed for all of the staff. DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Newer staff confirmed these processes had been completed. People had been involved in the recruitment of new staff. The registered manager had invited applicants to visit the home and join people in an

Good

Is the service safe?

activity. They had then asked people and existing staff for their views about the applicants and this was considered along with the formal processes when deciding who to appoint.

There were appropriate plans in case of an emergency situation. People told us what action they should take if the fire alarms sounded and where they should meet outside the home. They told us about fire evacuation drills which had occurred. Staff were aware of the fire safety procedures and the action they would take if an evacuation of the home was necessary. They were aware of individual people who may require encouragement or support to leave the home. Personal evacuation and escape plans had been completed detailing the specific support each person required to evacuate the building in the event of an emergency. Staff had also completed first aid training and had access to emergency medical equipment. Information provided to the commission by the home demonstrated that staff had acted correctly when medical emergencies had occurred. Each person's care plan contained a 'hospital passport', which provided the information necessary for health professionals to support that person should they be taken to hospital in an emergency.

Good

Is the service effective?

Our findings

People were positive about the effectiveness of the service. One person told us they "enjoy staying here", adding it was the staff who made things good. Another person said if they were unwell "staff take them to the doctor and make sure they get better".

The provider, registered manager and staff followed the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. The registered manager and staff had received MCA training and were familiar with the code of practice relating to the MCA. The registered manager described how the MCA and best interest decisions had been used to support a person to receive essential surgical treatment.

In line with the code of practice, rather than make decisions on behalf of people, people were supported to make their own decisions whenever possible. This avoided the need to make a best interest decision on behalf of people and promoted their independence. There was information and assessments in the care records to assist staff in understanding and supporting people's ability to make specific decisions for themselves. Staff were aware of their responsibilities to protect people whilst at the same time allowing them to make potentially risky decisions. For example, one person smoked cigarettes. Staff supported this in terms of ensuring cigarettes were available and the person understood they had to go outside to smoke. Staff were aware of people's rights to refuse care or medicines and explained the action they would take if this occurred. This included trying later or asking another staff member to try. They would inform the registered manager if the situation persisted who was aware of the action they should take.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to a DoLS, we found that the registered manager understood when an application should be made and how to submit one. They were aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The registered manager had spoken with the local authority lead staff member for DoLS to clarify when an application should be made if this were required.

People's health and well-being were monitored. People told us they were supported to attend dentists and doctors. They told us, for example, about flu immunisations they received each winter and which dentist they attended. Care plans contained information about people's past medical history and current medical needs including how these should be monitored or met. People were supported to attend regular appointments with doctors and relevant specialists. The registered manager was aware of how to contact external learning disability health specialists and described the support they had received from them in the past. We spoke with two external health professionals who were positive about the home. They said they were contacted appropriately and staff were always available, who knew the people, whenever they visited.

People were supported to have enough to eat and drink. People were complimentary about meals and told us they were supported to eat the food they liked. Menus for the coming week were decided at a weekly Sunday house meeting. Staff who prepared meals were aware of individual likes and dislikes, allergies and preferences. Meals were appropriately spaced and flexible to meet people's needs. Mealtimes were a social event and staff engaged with people in a supportive, patient and friendly manner. Staff were aware of people's needs and offered support when required. Staff encouraged people to drink throughout the day. We saw people were able to help themselves to drinks or snacks or request these whenever they wanted them. One person had not wanted their lunch and this was put aside for later. Morning staff told the afternoon staff the person had not eaten and where their meal was. We later saw the person supported to re-heat their meal and eat this at a time and place suitable to them. Care files contained information about people's nutritional needs and any support they required to meet these.

There were arrangements in place to ensure staff received an effective induction into their role. Each member of staff had undertaken an induction programme based on "Skills for Care Common Induction Standards" (CIS). CIS are the standards employees working in adult social care should meet before they can safely work unsupervised. New staff

Good

Is the service effective?

recruited since April 2015, received an induction and training which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as medication refresher training which all staff had attended the week of the inspection.

Staff had access to other training focussed on the specific needs of people using the service, for example, epilepsy and autism awareness. Staff were also supported to undertake a vocational qualification in care and all care staff had either achieved or were undertaking a care qualification. They were able to demonstrate an understanding of the training they had received and how to apply it. For example, how they supported people to make choices and safeguarding actions.

Staff received regular supervisions and an annual appraisal. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Records of supervisions showed a formal system was used to ensure all relevant topics were discussed. Where actions were identified the process ensured these were reviewed at the subsequent supervision meeting. One member of staff said, “I have regular supervisions with [the registered manager] and a team meeting every month. If I can’t get to the meeting there are always minutes I can read”. Another member of staff told us the meetings were a good opportunity to talk about the residents or raise any issues or concerns. Staff said they felt supported by the registered manager. There was an open door policy and they could raise any concerns straight away.

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. People told us the best thing about the home was the staff who they felt listened to them. One person said "It's a really friendly home, very welcoming". Another person said "It's very nice, friendly, welcoming. I'm looked after very well". A person who had been staying at the home for a short period of respite care asked staff "Can I come back to visit you?" the registered manager responded "We would love to see you".. An external health professional described the home and said, "The atmosphere is very nice, very homely". They added, "All of the people are very happy when I see them".

People were cared for with dignity and respect. Staff spoke to people with kindness and warmth and were observed laughing and joking with them. Staff described how they supported people to maintain their dignity by closing all bedroom curtains during the evening. They said this was because people sometimes forgot to do this when changing into bedclothes at night. People had their own bedrooms which had ensuite shower facilities. They said their privacy was never compromised and they had locks on their bedroom doors.

Staff understood the importance of respecting people's choice and opinions. People were relaxed and freely shared their thoughts and views with staff and each other. People told us about the Sunday meeting where they planned menus and activities for the coming week. One person told us that if they missed the meeting, because they were at their family home, their views were sought when they returned. At the time of the inspection the home had one vacancy. The registered manager had assessed a potential new resident. At lunch time when everyone was sitting together the registered manager introduced the idea of a new person coming to visit them in a very informal and relaxed way. The registered manager later explained that the new person would not be offered a place until they had visited and people's views about the new person had been sought. If people expressed concerns then the new person would not be offered a placement. This showed people were considered and involved in important decisions about the home.

People were involved in discussions about their care plans, which were centred on the person as an individual. Care plans contained detailed information about people's life history to assist staff in understanding their background and what might be important to them. Staff used the information contained in people's care plans to ensure they were aware of people's needs and their likes and dislikes. People had signed their care plans and were aware of their contents. Each person was allocated a keyworker. A keyworker is a member of staff with specific responsibilities relating to the person. People had a review meeting with their keyworker every five weeks when their care plan was reviewed with the person and there was an opportunity to discuss if there were any changes the person wanted making.

People were supported to maintain friendships and important relationships; their care records included details of birthdays and important anniversaries for family and other relevant people. People were given the choice and support to attend the funeral of a person they all knew well. One person chose to attend the funeral whilst the others attended the social event held afterwards. The registered manager described the support provided to all people when making this choice and on the day of the service.

Confidential information, such as care records, were kept securely and could only be accessed by those authorised to view it.

Good

Is the service responsive?

Our findings

People told us they were happy with the care and support they received. One person said, "They look after me well". Another person told us "I'm very happy; I get all the help I need."

Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. Staff used plain English and repeated messages as necessary to help people understand what was being said. Staff were patient when speaking with people and understood and respected that some people needed more time to respond. Where a person had limited verbal communication our observations showed staff included the person in discussions and were able to interpret and understand the person's communication. Staff used questions the person could respond to which required more straightforward yes and no answers. This meant the person was able to express their views and be included in decisions along with other people.

Care plans had been developed to meet people's individual needs in a personalised way. They were comprehensive and provided detailed guidance about the way care and support should be delivered to each person. Records of care and support delivered were maintained and showed people had been supported in accordance with their plans and their needs were met. For example, at lunch time we saw a person received the support detailed in their care plan to reduce the risk of their choking whilst eating. Handover meetings were held at the start of every shift and supported by a communication book, which provided the opportunity for staff to be made aware of any changes to the needs of the people they were supporting.

The registered manager and staff had an extensive knowledge of each person's needs and any underlying health concerns. When people's needs changed, their care plans were reviewed to make sure they remained up to date and fit for purpose. The registered manager was aware of the level and type of care needs the home could meet. They described the action they had taken when they were no longer able to meet people's needs due to either an increase in physical health needs or a person who placed themselves and others at high risk of injury. This had involved contacting external health and social care professionals and supporting people to move to more suitable accommodation. Prior to new people being admitted a comprehensive assessment was undertaken by the registered manager and another staff member. We saw this covered all key areas to help ensure only people whose needs could be met would be offered any available vacancies.

Each person had an allocated keyworker, whose role was to be the focal point for that person and maintain contact with the important people in the person's life. They also supported them with their shopping, managing their clothes and maintaining their room. Each of the key workers carried out a five weekly review with the person of the activities they had engaged with and the activities they might like to try, their health needs and to seek the person's views about their support. Each person was able to name their key worker and told us about meetings they had with their keyworker to review their care file.

People were provided with a range of mentally and physically stimulating activities which also provided opportunities for skills development and fun. Staff were knowledgeable about the types of activities people liked to do. Each day there were planned activities in the morning and afternoon. People were involved in the planning of activities which included craft, music and baking. External activities such as shopping and outings to places of interest were also organised. Staff told us they were encouraged to suggest new activities people may wish to try. They told us about the allotment the home had and how this had come from a staff suggestion. People talked about the allotment and the vegetables they had grown there. People were supported to go on an annual holiday and encouraged to participate in community events such as the local carnival. People were also included in the day to day running of the home with designated days for assisting with meal preparation and household tasks. People told us that if someone did not want to do their allocated jobs this was "ok and staff would do them".

People, their relatives and friends were encouraged to provide feedback and were supported to raise complaints if they were dissatisfied with the service provided at the home. The provider sought feedback from people's families', health professionals and regular visitors to the home through the use of quality assurance survey questionnaires. We saw the results of the latest survey which were all positive. There were arrangements in place to deal with complaints. People said if they had any

Good

Is the service responsive?

complaints they would tell the registered manager. The service had not received any complaints. The registered manager explained the process they would follow if any complaints were received.

Good

Is the service well-led?

Our findings

People told us, and we saw, that there was a positive, relaxed, atmosphere at the home. People were satisfied with the care and support they received and the way the service was run. None wished to move from the home and none could suggest any ways the service could be improved. One person said "I absolutely love living here – it's because of the staff". Another person who was at the home for a short stay said they had "enjoyed staying here, will miss it".

There was a clear management structure with a registered manager, senior care staff and junior care staff. Staff understood their role and senior staff had been given specific areas of responsibility such as oversight of medicines management. The provider and registered manager encouraged staff and people to raise suggestions or issues of concern with them, which they acted upon. The registered manager was clear about their responsibilities and confident in their delivery of care in line with the provider's vision and values. These included treating people with honesty, openness, dignity and respect. The registered manager demonstrated these values during the inspection. These helped build positive, trusting relationships with people. The registered manager had developed links with nearby homes providing a similar service. This had led to joint social events for people and demonstrated an open attitude to other service providers. The registered manager was aware of how and who they should contact for a variety of possible issues and had developed good links with the local community.

Care staff were aware of the provider's vision and values and how they related to their work. Regular monthly staff meetings provided the opportunity for the registered manager to engage with staff and reinforce the provider's values and vision. They also provided the ability for staff to provide feedback and become involved in developing the culture of the service. There was an opportunity for staff to engage with the management team on a one to one basis through supervisions and informal conversations. Care staff were clear they worked in the home of and for the people living at Kingston Farmhouse.

Observations and feedback from staff showed the home had a positive and open culture. Staff spoke positively about the management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided in their one to one sessions or during staff meetings and these were taken seriously and discussed. One staff member said, "[The registered manager] is very approachable. Everyone gets on really well. If I have any concerns or issues I would speak to [the registered manager] and I know they will listen to my concerns and take them seriously". A newer staff member told us how they had been helped by other staff when they had first started working at the home. They commented on how friendly and welcoming all staff and people had been.

There was the potential for people's families and regular visitors to comment on the home through regular feedback opportunities. These included the annual feedback survey and speaking with the registered manager informally when they visited the home. The registered manager said that all feedback from relatives was positive. People, families and other stakeholders were kept informed about the home through the quarterly newsletter which provided relevant information about any changes to the home, staff, activities and events people had participated in.

There were systems in place to monitor the quality and safety of the service provided and manage the maintenance of the buildings and equipment. The registered manager completed a monthly audit which covered all aspects of the service. Where issues or concerns were identified remedial action was taken. The audit was discussed at the monthly staff meetings and staff reminded if necessary of action they needed to take to rectify any issues identified during the audits. At the time of the inspection extensive improvements were being made to the exterior of the home including replacement windows and guttering. The registered manager told us there was an ongoing building maintenance programme. When internal rooms were redecorated people were involved in decisions about colour schemes and designs.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission (CQC) if they felt it was necessary.

The provider, the registered manager and the senior staff member understood their responsibilities and were aware of the need to notify CQC of significant events in line with the requirements of the provider's registration.