Kingsley Care Homes Limited

Allonsfield House

Inspection report

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Date of inspection visit: 30 September 2015
Date of publication: 15/06/2016

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

Allonsfield House provides accommodation and personal care for up to 42 older people, some living with dementia.

There were 39 people living in the service when we inspected on 30 September 2015. This was an unannounced inspection.

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 were procedures in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments and management plans in respect of individuals' safety and the environment, including equipment.

Staff received training and support in relation to their jobs, and tasks required to meet the needs of the people who used the service. Staff were attentive when people

Summary of findings

needed assistance or support and responded when people needed assistance. Robust and safe recruitment procedures ensured staff who worked at the service were suitable to care for vulnerable adults.

There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

People, or their representatives, contributed to the development of plans of care. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. The service was up to date with changes to the law regarding the Deprivation of Liberty Safeguards (DoLS).

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

People's nutritional needs were being assessed and met. Where concerns were identified about, for example a person's food intake, the home had a clear system for monitoring peoples weight, and making referrals for specialist advice and support. People were also supported to see, when needed, other health and social care professionals to make sure they received appropriate care and treatment.

A complaints procedure was in place. People's comments, concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

There was an open and empowering culture in the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed promptly. As a result the quality of the service continued to improve.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were knowledgeable about how to recognise potential abuse and how to respond and report these concerns appropriately. There were systems in place to identify risks to people and manage these safely.

There were enough staff to meet people's needs. Recruitment procedures were robust and were designed to make sure that staff were suitable, and able to support the people who lived in the service.

People were provided with their medicines when they needed them and in a safe manner.

Good

Is the service effective?
The service was effective.

Staff were supported to meet the needs of the people who used the service. Issues relating to people's level of capacity, and the Deprivation of Liberty Safeguards (DoLS) were understood by staff.

People were supported to maintain good health and had access to appropriate services which ensured they received on-going healthcare support.

People's nutritional needs were assessed and monitored, and professional advice and support was obtained for people if they needed it.

Good

Is the service caring?
The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good

Is the service responsive?
The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

People's care was assessed and reviewed and changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service at all times.

Allonsfield House

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 30 September 2015 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection the provider completed a Provider Information Return (PIR). 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 looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with seven people who used the service. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to three people's care. We spoke with the registered manager and three members of staff, including care and catering staff. We also spoke with one visiting health professional. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us that they were safe living in the service. One person said, "I feel very safe, the staff are very kind and they look after us well." A relative told us, "I don't worry about my [relative] falling like I used to. There is always someone there."

Staff had received training in safeguarding adults from abuse which was regularly updated. We spoke to staff, who demonstrated that they understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse, including referring to the appropriate investigating authorities and making accurate records relating to any concerns or allegations about abuse.

The manager told us how they had responded to incidents where concerns had been raised about the safety of people using the service, such as in response to falls that had resulted in bone fractures. Actions taken included referrals to the falls prevention team and requesting urgent medication reviews by the person's GP. Records included recorded analysis of falls, which enabled the manager to identify any risks to people associated with trends or patterns of falls and make appropriate referrals for specialist support.

People's care records included risk assessments which provided staff with guidance on how the risks in their daily living, including using mobility equipment, accidents and falls, were minimised. Each care plan we viewed contained a personal evacuation plan, describing how staff should support people in the event of having to evacuate the home. Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was fire.

Risk assessments included clear triggers, which prompted staff to consider whether any additional actions were required, for example if someone had lost weight. These risk assessments were regularly reviewed and updated when people's needs had changed and risks had changed. Where people were at risk of developing pressure ulcers we saw that risk assessments were in place which showed how the risks were reduced. Where people required assistance to reposition to prevent pressure ulcers developing, records showed that this was done.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment and had been serviced and regularly checked so they were fit for purpose. The manager checked the records of health & safety checks every month.

People told us that there was enough staff available to meet their needs. One person said, "I can always find someone. If I need anything I just have to ask." Another person commented, "I have my bell here, they [staff] answer it quickly." Staff were attentive to people's needs and requests for assistance, including call bells, were responded to promptly.

Staff told us that they felt that there were enough staff to make sure that people's needs were met. The deputy manager told us about how the service was staffed each day and showed us how dependency levels were assessed; including identifying any additional staffing needs, for example, if a person had any short-term health problems that required additional staff to assist in mobilising. This was confirmed by the records we reviewed.

Records and discussions with the registered manager showed that checks were made on new staff before they were allowed to work alone in the service. These checks included checks on any gaps in people's employment histories, references, health checks and police checks to ensure people were of good character.

People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person said, "I feel a lot safer knowing that the [staff] know what tablets I have to take and when to take them. It's one less thing for me to worry about." A relative told us, "I'm very happy. My [relative] gets their medication regularly, and I've seen them being very methodical when they are doing the medication."

We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff. Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. People's medicines were kept safely but available to people when they were needed. Records of the administration of medicines were regularly audited and where shortfalls or

Good

Is the service safe?

improvements were identified, actions were taken to ensure that people were safe. For example, providing staff with additional supervision, or reassessing their competency.

Good

Is the service effective?

Our findings

People told us that the staff were good at their jobs. One person's relative told us, "The staff here are good. They understand dementia, which was really important to us when we were choosing a home for [relative]." Another person told us, "They are all trained, and I trust them."

Staff were provided with an annual programme of training, based on subjects that were relevant to the needs of people who used the service, such as safe moving of people, first aid, safeguarding vulnerable adults, fire safety and medication administration. Staff also received specific training related to providing care for people who lived with dementia. The provider had arranged for training to be provided via the university of Stirling in dementia care, to ensure staff were continuously provided with opportunities to develop the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. One staff member told us, "When I started here I had nothing. Now I have done NVQ training, safeguarding, dementia, first aid, and my confidence has gone up." The manager showed us a training record, which showed clearly which members of staff had undertaking each of the training courses provided. Where any members of staff were behind with their training, we saw records of the dates where this training had been arranged to take place. This told us that staff were provided with regular training which helped them to keep up to date with how to meet people's needs effectively.

The registered manager showed us records of new staff inductions, which included links to the new care certificate. This showed that they had kept up to date with changes in national practice and ensured new staff received an appropriate introduction to the service and expectations of the role of care worker.

We saw that the staff training was effective because staff demonstrated a consistent approach, for example, when supporting people to move from seated to a standing position, demonstrating an understanding of basic moving and handling techniques. Staff were knowledgeable about their work role, people's individual needs and how they were met.

Staff told us that they felt supported in their role and had one to one supervision meetings and staff meetings. Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. This was confirmed in our observations. We saw that staff sought people's consent before they provided any support or care, such as if they needed assistance with their personal care needs. For example, we saw one person sitting on their own in one of the lounges, whilst several other people were together in another room. A member of staff asked the person if they would like assistance in moving to the other lounge where the others were. When the person replied that they would like to move to the other lounge, the staff member supported them to get up from their chair and walk with assistance, to the other lounge. Another person told us, "I feel the staff are very respectful. They always check with me whether I want a wash, they don't just go ahead without checking first."

Staff had a good understanding of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). Records confirmed that staff had received this training. We saw that DoLS applications had been made to the local authority as required to ensure that any restrictions on people were lawful. Guidance on DoLS and best interest decisions in line with MCA was available to staff in the office. Care plans identified people's capacity to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their

care plans. Where people did not have the capacity to consent to care and treatment an assessment had been carried out. People's relatives, representatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

Snacks and refreshments were available throughout the day, including fresh fruit and hot and cold drinks. Staff encouraged people to be independent and made sure those who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully. People's nutritional needs were assessed and they were provided with enough to eat and drink and

Good

Is the service effective?

supported to maintain a balanced diet. Where issues had been identified, such as weight loss or difficulty swallowing, guidance and support had been sought from health care professionals, including dieticians and speech and language therapists. This information was reflected in people's care plans and used to guide staff on meeting people's needs appropriately.

Care plans identified people's capacity to make decisions. Records included documents which had been signed by people, or their relatives, to consent to the care provided as identified in their care plans.

People told us that they were provided with choices of food and drink and that they were provided with a healthy diet. One person said, "The food is very good, the same you would get at home." Another person told us, "The veg was a little hard, but the manager sorted that out and it's fine now."

During lunch people sat together and chatted and the staff on duty ate their meal with people. This provided a positive social occasion. One staff member told us that they always made sure that at least one staff member was in the dining room to assist people with eating, and other staff floating between dining areas to support people as and when required. We saw staff offering people support during their meal and responding if they observed anyone experiencing any difficulties eating. People who chose to eat in their bedrooms or remained in bed were supported by staff. People were provided with hot and cold drinks throughout our visit, this included people who chose to stay in their bedrooms. One person said, "I have always got plenty to drink."

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People's records showed that people's dietary needs were being assessed and met. Where issues had been identified, such as weight loss or choking, guidance and support had been sought from health professionals, including a dietician and their advice was acted upon. For example, providing people with drinks to supplement their calorie intake and for those who required a softer diet.

People said that their health needs were met and where they required the support of healthcare professionals, this was provided. One person told us, "My [relative] looks so much better since they moved in here. They have put on weight and look healthier."

The manager told us, "The GP surgery had a regular slot here and it's normally the same GP who comes… we work very closely together." On the day of our inspection, a GP visited, as a result of concerns shared by the home about a person who had fallen. This told us that people were supported to maintain good health, and had access to healthcare services and support if they required it.

Good

Is the service caring?

Our findings

Feedback from people was positive about the quality of care and support people received. One person told us, "It's a really good place for care." One relative or friend told us they were particularly pleased with the comfortable and homely atmosphere within the home. People told us that the staff were caring and treated them with respect. One person said, "I know almost all the staff here like my own family." Another person commented, "The staff are very kind, I feel blessed to be here."

Staff talked about people in an affectionate and compassionate way. We saw that the staff treated people in a caring and respectful manner. For example staff made eye contact and listened to what people were saying, and responded accordingly. We observed how people responded to staff when they engaged with them and saw expressions of affection, such as smiling when people approached them, and affectionate hugs or reassuring touches on people's hands or arms. People presented as comfortable with the staff who engaged with them on either a social, or task based level.

People told us that they felt staff listened to what they said and their views were taken into account when their care was planned and reviewed. Care plans showed evidence of input from people, and their relatives about the way they wished to be cared for. This included their likes and dislikes, preferences about how they wanted to be supported. Relatives of people who used the service told us they had been involved in drawing up their relative's plan of care as the relative themselves had dementia and lacked capacity to contribute fully to the process. The relatives told us, "We were involved from the outset."

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. We saw that staff respected people's privacy and dignity. For example, staff knocked on bedroom and bathroom doors before entering and ensured bathroom and bedroom doors were closed when people were being assisted with their personal care needs. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way.

People's records identified the areas of their care that people could attend to independently and how this should be respected. We saw that staff encouraged people's independence, such as when they moved around the service using walking aids.

Good

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person said, "I know all the staff here and they know me. They know what I like and they respect my wishes." Another person said, "They treat me like a person, not a number, which is good."

The care records were stored on a computerised system. Each person's plan contained risk assessments, medical information, food and fluid charts and a series of assessments of needs and preferences in relation to the daily personal needs of the individual. These plans included how people communicated their needs, mobilised and their spiritual needs. Personal care records and daily notes were reviewed regularly and all of the information in the care records we saw was up to date. Each plan we viewed was personalised, and contained clear evidence of the involvement of the person using the service and/or their relatives where they did not have the capacity to fully contribute. These included signatures on hard copies of documents, and records confirming involvement at meetings and reviews of care plans.

Staff were knowledgeable about people's specific needs and how they were provided with personalised care that met their needs. Staff were able to describe people's life histories and their health and personal needs and preferences. For example, we saw that staff were mindful of the need to refer to specific themes and topics of conversation that reassured a person living with dementia. They were aware of and provided them with familiar terms of reference which helped their anxiety and mood. Staff were also aware of people's individual likes and dislikes, such as how they preferred to be provided with personal care, and who preferred individual time with people, as opposed to group activities. Staff knew about people's diverse needs, such as those living with dementia, and how these needs were met.

Records provided staff with the information that they needed to meet people's needs. Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. The deputy manager told us that they regularly discussed the needs of people who used the service with care staff, and ensured alterations were made to care plans ensuring these were up to date. This showed that people received personalised support that was responsive to their needs.

People told us that there were social events that they could participate in, both individual and group activities. One person said, "They arrange lots of things to do, the church people come in and we had a nice harvest festival." Another person told us, "I enjoy the arts and crafts, there is always lots to do." People were able to choose whether they participated in activities or not. One person said, "I prefer the peace of my bedroom, my family visit and I can go down if I want to." There were a number of photographs on display of people participating in special events, such as trips out and parties held within the home, showing that people took part in social activities.

People told us that they could have visitors when they wanted them. One person said, "[Relative] comes when [relative] likes." This meant that people were supported to maintain relationships with the people who were important to them and to minimise isolation.

All of the people told us that they knew who to speak with if they needed to make a complaint. One person said, "I can approach a member of staff any time and I am sure they would sort it out if I was not happy." Another person said, "I would just talk to [registered manager or deputy], I have no doubt they would listen to me and respond accordingly."

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. Where complaints were received they were responded to and addressed. For example, we saw records of e-mail correspondence from a relative who had expressed some concerns. They expressed how happy they were to have resolved the problem through talking to the manager and felt their anxieties about their relative had been resolved.

Good

Is the service well-led?

Our findings

There was an open culture in the service. People and relatives gave positive comments about the management and leadership of the service. A relative told us how staff (including the manager) were, "Very approachable and easy to talk to." One of the people we spoke to in their bedroom said, "I stay up here a lot, but (registered manager) comes up a lot to ask me how I am. So do lots of the staff actually."

People were involved in developing the service and were provided with the opportunity to share their views. Regular satisfaction questionnaires were provided to people and their representatives to complete. The registered manager of Allonsfield House showed us their analysis of recent survey results and an action plan they had developed following surveys of staff, relatives, residents and visiting professionals. Records showed that a number of actions had already been taken as a result of issues identified, including changes to door closure devices, redecoration and the provision of additional heating for the conservatory. People also attended meetings, one person said, "We have meetings and you can say what you think. I think they do listen."

Staff told us that the registered manager was approachable, supportive and listened to what they said. Staff understood their roles and responsibilities in providing good quality and safe care to people. One staff member said about working in the service, "I'm very happy here, and I would be happy for any relative of mine to live in a home like this one, and I have recommended it as a place to work to my friends." They told us that they had regular staff meetings and had recently completed a staff survey about how they felt about working at the home. All of the staff we spoke with said that if they needed to speak with the registered manager they could.

The provider's quality assurance systems were used to identify shortfalls and to drive continuous improvement.

The provider's Director of service quality had visited the home over three days and reported on the way the home was meeting the fundamental standards of care and regulations. The report was detailed and demonstrated a thorough auditing of documentation, some observations of care and staff interviews to assess knowledge and understanding of the provider's policies and procedures. The manager had produced a written action plan for the home, based on the finding of the quality monitoring report, including timescales for completion of identified actions, and the process for reviewing the outcomes. Audits and checks were made in areas such as medicines, infection control and records. Where shortfalls were identified actions were taken to address them. For example, providing further training for staff. This helped to make sure that people were safe and protected as far as possible from the risk of harm.

The registered manager told us how they were supported by the provider. They told us they had access to specialists in all areas relating to managing a home of this type and received regular supervision. During the course of the inspection, the regional operations manager for the provider visited the service with a trainee manager, as part of their ongoing development, demonstrating that the provider took opportunities to support and develop managers. The registered manager of Allonsfield court told us this was representative of the approach of the provider towards supporting managers. The registered manager told us about how they had kept up to date with changes in the care industry and how they planned improvements. They were knowledgeable about the changes which showed that they were committed to keep the service provided up to date and continually improve. The registered manager had completed training to be the service's dementia care model, and was scheduled to participate in the services training partnership with Stirling university to underpin the model of person centred dementia care. This meant that the service continued to improve and develop.