

Sienna Care Limited







Kingswood House

Inspection report

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Ratings

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

Overall summary

This inspection took place on 16 April 2015 and was unannounced.

Kingswood House provides a service for up to 24 people, who may have a range of care needs including dementia and physical disabilities. There were 17 people living in the home on the day of the 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.

At the last inspection of Kingswood House on 25 September 2013, we asked the provider to make improvements to ensure that the temperature of medication storage was monitored to ensure it was kept within the recommended range. We also asked that the balance of medication stored in the home be better

Summary of findings

accounted for. We found during this inspection that the provider had taken positive action to address both these areas. Systems were in place to ensure people's medicines were managed in a safe way and that they got their medication when they needed it.

We found that the service worked to the Mental Capacity Act 2005 key principles, which state that a person's capacity should always be assumed, and assessments of capacity must be undertaken where it is believed that a person cannot make decisions about their care and support. However, we found some people's liberty had been deprived without proper authorisation.

Staff had been trained to recognise signs of potential abuse and keep people safe. People felt safe living at the service.

Processes were in place to manage identifiable risks within the service and ensure people did not have their freedom unnecessarily restricted.

There were sufficient numbers of staff who had the right skills and knowledge to meet people's needs.

The provider carried out proper recruitment checks on new staff to make sure they were suitable to work at the service.

Staff had received training to carry out their roles, including support to achieve national health and social care qualifications.

People had enough to eat and drink. Assistance was provided to those who needed help with eating and drinking, in a discreet and helpful manner.

The service had developed positive working relationships with external healthcare professionals to ensure effective arrangements were in place to meet people's healthcare needs.

Staff were motivated and provided care and support in a caring and meaningful way. They treated people with kindness and compassion and respected their privacy and dignity at all times.

We saw that people were given regular opportunities to express their views on the service they received and to be actively involved in making decisions about their care and support.

People's social needs were provided for. We saw people preparing for activities that had been arranged on the day of the inspection.

A complaints procedure had been developed to let people know how to raise concerns about the service if they needed to.

Systems were also in place to monitor the quality of the service provided and drive continuous improvement.

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 understood how to protect people from avoidable harm and abuse.

Risks were managed so that people's freedom, choice and control was not restricted more than necessary.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

The provider carried out proper checks on new staff to make sure they were suitable to work at the service.

People's medicines were managed so that they received them in a safe way.

Good



Is the service effective?

The service was effective

The home acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support. However, some people's liberty was restricted without proper authorisation.

We found that people received effective care from staff who had the right skills and knowledge to carry out their roles and responsibilities.

People were supported to have sufficient to eat, drink and maintain a balanced diet.

People were also supported to maintain good health and have access to relevant healthcare services.

Requires Improvement



Is the service caring?

The service was caring

Staff were motivated and treated people with kindness and compassion.

Staff listened to people and supported them to make their own decisions as far as possible.

People's privacy and dignity was respected and promoted.

Good



Is the service responsive?

The service was responsive

People received personalised care that was responsive to their needs.

Systems were in place to enable people to raise concerns or make a complaint, if they needed to.

Good



Summary of findings

Is the service well-led?

The service was well led

There was effective leadership in place and we found that the service promoted a positive culture that was person centred, inclusive and empowering.

There were systems in place to support the service to deliver good quality care.

Good



Kingswood 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.

The inspection was unannounced and was carried out on 16 April 2015 by one inspector and an expert by experience (ExE). 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 the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make.

We also checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority, who have a quality monitoring and commissioning role with the service.

During the inspection we used a number of different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to talk to us about their experiences. We spoke with or observed the care being provided to ten people living at the service. We also spoke with the registered manager, the provider, two care staff, and two relatives.

We then looked at care records for three people, as well as other records relating to the running of the service - such as staff records, audits and meeting minutes; so that we could corroborate our findings and ensure the care being provided to people was appropriate for them.

Is the service safe?

Our findings

At our last inspection of Kingswood House on 25 September 2013, we found that although medicines were stored securely, the temperature of the medication storage areas was not being monitored to ensure medication was stored within the recommended range. This meant that the provider could not be assured that medication was stored in a way which compromised its quality and efficacy. We also found that the balance of medication was not recorded on the medication sheets. This meant that it was not possible to balance the total medication in stock with the medication records, to check that all medication was accounted for. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider told us after the inspection that they would take steps to address this.

We found during this inspection that improvements had been made to ensure people's medicines were managed so that they received them safely. This included relocating medication to a cooler part of the home and purchasing and fitting a new medication cabinet to ensure all medication could be stored in one place; enabling a better overview of the stock held within the home. Medication records now also included information about the stock received and used each month. People living at the service confirmed they received their medicines when they needed them. One person told us: "Medications are always out on the dot." Another person talked about their evening routine and told us the staff: "Always bring tablets to us and take us to bed when we ask."

Staff told us that only senior care staff administered medication. They were confident in talking to us about the purpose of medication prescribed for people and about the times these needed to be given. One member of staff told us that the registered manager observed their practice on a regular basis, to check their competency and to identify any potential training needs. Staff confirmed they had received training to ensure they administered medication safely. Following lunch we observed medication being given to people as prescribed. We heard the member of staff explaining to people what their medication was for and checking if they needed any pain relief. Medication administration records (MAR) were well maintained and provided information about medication stock levels and administration - including missed / refused

doses or use of PRN (when required) medications. Records showed that clear information had been provided to staff on the purpose of each person's medication. We saw that people and their families, where appropriate, had provided written consent where assistance from staff was required with medication.

People told us they felt safe living at the service. A relative talked to us about their confidence in the service and told us: "I know he [their relative] is safe and happy." Staff told us they had been trained to recognise signs of potential abuse and how to keep people safe. They were able to talk confidently about the various forms of abuse that could be inflicted upon people and understood their responsibility to report these. We saw that information had been provided to staff which contained clear information about safeguarding, and who to contact in the event of suspected abuse. Other records also confirmed that staff had received training in safeguarding, and that the service followed locally agreed safeguarding protocols.

The registered manager described the processes used to manage identifiable risks to individuals and generally within the service. We found that individual risks to people such as moving and handling, pressure care, falls and weight loss had been assessed and updated on a regular basis; to ensure the identified risks were being properly managed. Individual Personal Emergency Evacuation Plans (PEEPs) were also in place. PEEPs are used to outline the method of evacuation from a building. We saw clear plans of the building on display to support this and assist in the event of an emergency.

The provider told us about the arrangements for ensuring the premises was managed in a way that ensured people's safety. We saw that routine checks of the building and servicing of equipment had taken place on a regular basis. Clear systems were also in place for staff and people living at the service to report routine maintenance issues.

People told us there were sufficient numbers of staff to keep them safe and meet their needs. One person said: "The staff are about all the time." During the inspection we observed that staff were always available to people and they had their requests for support answered promptly. The registered manager told us that the majority of staff had worked at the home for a number of years, so they had a good understanding about the service and the needs of the people living there. She told us that staffing levels were adjusted according to numbers and needs of people and

Is the service safe?

gave us a recent example of when this had happened. Staffing information we saw corresponded with the number of care staff seen during the inspection. This was supplemented with additional catering and domestic staff. The registered manager was also supernumerary and provided direct support as required; to ensure sufficient numbers of suitable staff were on duty at all times.

The registered manager described the processes in place to ensure that safe recruitment practices were being followed; to ensure new staff were suitable to work with people living in the home. We were told that new staff did not take up employment until appropriate checks such as, proof of

identity, references and a satisfactory Disclosure and Barring Service [DBS] certificate had been obtained. Staff we spoke with during the inspection had worked at the home between 12 and 20 years, so their recruitment checks had been completed a while back. We looked at a sample of files and saw that proper checks had been carried out. The provider also showed us a new recruitment checklist that he said would be in place for all staff by the end of May 2015. This would provide him with a clearer overview of the legally required checks carried out for each member of staff, irrespective of their start date.

Is the service effective?

Our findings

Staff demonstrated that they had some knowledge in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS); to ensure people who cannot make decisions for themselves are protected. For example, the registered manager talked to us about the need to assess people's capacity to make decisions and best interests decisions, where people lacked capacity. We saw that this had happened.

However, under DoLS arrangements, providers are required to submit applications to a "Supervisory Body" where it is identified that someone's freedom may need to be restricted if they require more care and protection than others. The registered manager confirmed that no DoLS applications had been made for anyone living at the home. We noted that external doors were being kept locked which meant that people could not leave the building without staff assistance. There was no indication that this had impacted negatively on anyone living in the home, but following a recent change in case law, we brought this to the attention of the registered manager and provider. This is because there were people living in the home that had been assessed as lacking capacity, and this was a potential area where their liberty was being deprived without proper authorisation.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider demonstrated that he was aware of the locally agreed processes for applying for DoLS. He and the registered manager undertook to make any necessary applications following the inspection.

Throughout the inspection we observed staff seeking people's consent. Although some people did not communicate using many words, we observed that they were able to demonstrate their consent clearly through other methods such as actions and physical movement. Staff showed that they understood people's needs well, and we noted that they explained in advance what they were about to do before they provided care and support to people. Records showed that people's capacity had been assessed, and we saw that people's individual choices and preferences; in terms of how their care and support should be provided had been documented.

We also saw that Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) documentation was in place for some people. It was clear that this had been discussed and agreed by the people in question or their relatives, where appropriate, and the person's GP. These had been kept under regular review; to ensure people's needs and wishes had not changed. The registered manager showed us some new advance care planning booklets that she planned to implement in conjunction with people and their families; to ensure people's preferences regarding the type of care they would wish to receive if they were to lose capacity in the future.

People confirmed that the staff had the right skills to support them and meet their needs. One visitor commented on the fact that their relative had made progress since moving into the home. They told us: "He is much better since he has lived here." Another relative echoed this and added: "I feel so supported too."

Staff told us they received supervision which provided them with support in carrying out their roles and responsibilities. The registered manager showed us records that demonstrated this was the case.

The registered manager and provider talked to us about the training provided to support staff in carrying out their roles. This primarily involved staff working through detailed training booklets covering a range of different topics such as safeguarding, dementia, diet and nutrition, end of life care and health and safety. Once complete, the booklets were sent to an independent training company for marking. Further checks were then undertaken by the registered manager to ensure the staff member's competency on a practical level within the home. All the staff we spoke with expressed their confidence in the training provided, and told us that it allowed them to work at their own pace. Records we looked at confirmed that staff had received relevant training.

Additional information was seen clearly on display for staff reminding them about good dementia care practice, the management of falls, pressure management and the Mental Capacity Act 2005. We also saw that the provider had recently updated the home's induction materials for new staff, to reflect the introduction of the new (induction) Care Certificate from April 2015.

People told us they had enough to eat and drink and that they enjoyed the food provided at the home. One person

Is the service effective?

told us: "The food is good and I can make myself a cup of tea if I want to." Another person said: "[The] food is very good here - can't complain about that." We then spent time with people during lunch and shared a meal with them. A choice of meal was provided and staff explained that people were asked what they wanted to eat the day before. Assistance where required, was provided by staff in a discreet manner and no one was rushed. We heard staff talking with people as they carried out their tasks and the atmosphere was very relaxed. The quality and variety of the food provided was good, and people were seen to eat well with good sized portions. Throughout the inspection people had fluids within easy reach, and food and drinks were provided at regular intervals. Records showed that people's nutritional needs had been assessed and outlined

any specific requirements such as soft options or assistance with eating. We noted that there were up to date notes recording the person's daily fluid and dietary intake for people at risk of dehydration or malnutrition.

People talked to us about how their day to day health care needs were met. They told us that they always saw their doctor when they needed to. Staff told us that they felt well supported by external healthcare professionals who they called upon when people required more specialist support. For example we learnt that there were regular visits from the district nursing team to support a number of different people living in the home. We saw from records that a variety of external healthcare professionals provided support with meeting people's assessed needs, and that visits to and from health care professionals were recorded.

Is the service caring?

Our findings

People told us that staff treated them with kindness and compassion. One relative told us: "The care and staff here are amazing. I can talk with them about anything, and they really look after my husband." We also saw some recent written feedback from another relative, requesting that their appreciation be passed onto the staff team. They had written: 'their efforts certainly helped lift us during a difficult time'.

We observed people living in the home to be well presented in terms of their personal appearance. It was evident that staff had taken the time to support them to look their best and to dress in a way that reflected their individual personalities and preferences.

Throughout the inspection we saw positive interactions between the staff and the people using the service. All of the staff we spoke with demonstrated a good understanding of the needs of the people they were supporting. Their approach to people was person centred and the care they described was personalised. We observed that people were relaxed and happy in the presence of the staff. We watched staff supporting someone being cared for in bed to have a drink. The staff were respectful and sensitive in their approach and the person responded with smiles.

People confirmed they felt involved in making decisions about their or their relative's care. One person talked to us about being able to choose how they spent their time and that they felt in control in respect of their day to day routine such as when they got up and went to bed. Another person told us they had been living there a long time and added: "This is my home." We saw evidence that people or their relatives were actively involved in making decisions about their care and support in the form of care records, letters and meeting minutes.

People told us their privacy and dignity was respected. Throughout the inspection we observed that staff promoted people's privacy and dignity. They used discretion in the way they organised and provided care and support at all times. For example we watched someone living in the home walking away from the dining table following lunch. Staff were quick to ask the person if they could remove the apron the person was wearing, to preserve their dignity before they walked any further. They then waited for the person to give their permission before removing the apron.

People told us that visitors were welcomed without restriction. Information prepared by the provider for prospective users of the service, confirmed this to be the case.

Is the service responsive?

Our findings

People told us that they, or those acting on their behalf, were able to contribute to the assessment and planning of their care. They told us they felt able to make choices and have as much control over their lives as possible. For example, some people preferred to stay within their own living space rather than socialise or eat with other people, and we saw that they were supported to do so.

People told us they had been asked for information about their needs prior to moving in. The registered manager explained that they used this information to plan whether or not they were able to provide a service to a prospective user. We saw information from people's relatives about their life history and about their individual needs and preferences. We also saw that people's needs were routinely assessed, to ensure the care and support being provided was still appropriate for them and that their needs had not changed. We spoke with one person who used a wheelchair and learnt that they required more useable space in their bedroom to accommodate the wheelchair and other moving and handling equipment. The registered manager showed us that a bigger room had already been identified and that there were plans to move the person as requested.

Staff told us that people's care records helped them to understand the needs of the people they were caring for, and provided guidance on how to provide relevant care for them. It was clear from speaking with staff that they were very familiar with people living in the home and understood their needs. Care records we looked at supported this as they were both personalised and made reference to people's specific needs. Separate records and charts demonstrated the care and support provided to people on a daily basis.

We spent time observing how care and support was provided to people living at the service at various points during the day. People were encouraged to make their own choices and decisions, as far as possible and to maintain their independence. One person was seen walking through the communal areas of the home, positively interacting with staff and other people living in the home as they did this. Records showed that the person had previously had a number of falls and the registered manager talked to us

about the steps the home had taken in response, in order to minimise them. This had included the provision of a customised walking aid. As a result, the number of falls had decreased and the person had been enabled to maintain their mobility, independence and participate in social interactions with others.

We spoke with people about their social interests and learnt that a variety of activities were provided. One person told us: "We have themed evenings and entertainment in the sun lounge." They commented on the fact that everyone was included by adding: "I always see the staff asking the frailer residents." Another person told us it was important for them to be engaged in meaningful activities. They said: "I help with the washing up every day." We learnt that another person attended an external day centre three times a week and staff from the home supported them with this. We heard staff making plans with people to go out that evening to a local amateur dramatic production. We saw an activity board in a communal area of the home detailing activities that were provided on a daily basis. The provider also showed us a collection of films and musical DVDs that he had put together with pictorial laminated lists, to assist people to pick something of interest or that might be familiar to them. He told us that TVs and DVD players had been provided in the communal rooms and all bedrooms so that people could choose to watch these in company or alone.

A formal complaints policy had been developed outlining what people should do if they had any concerns about the service provided. People told us they would feel happy making a complaint if they needed to. They told us the staff team were approachable and that they would feel comfortable speaking with any member of staff if the need arose. Staff we spoke with were clear that they would report any complaints they received to the registered manager immediately. The registered manager told us that no-one had made a complaint in the last 12 months, but was able to show us that systems were in place to deal with a complaint if one was received in the future. She added that some minor maintenance issues had been brought to her attention during a recent meeting with people and their relatives, but these had been dealt with immediately. Records we looked at supported this and showed that people's concerns had been listened to and responded to in a timely manner.

Is the service well-led?

Our findings

People told us there were opportunities for them to be involved in contributing to the running of the service. For example, we were told about meetings that took place and satisfaction surveys. We read some recent meeting minutes attended by 15 people living in the home and five relatives. The minutes recorded that people were specifically asked about how happy they were living in the home and also gave people the opportunity to provide feedback on the food provided, social activities and events and any maintenance issues.

The provider showed us a newsletter – the ‘Kingswood Telegraph’ that had been produced for people using the service and their families. The provider explained that it had been developed as a way to share updates about the home, staff and social events. We saw that the latest version had been provided in a newspaper format with colourful pictures and large print. It included useful information about the Care Quality Commission’s role and also advised people that the provider had made a decision to sell the home, as an on going concern. We found that the provider had been open about this decision, sharing it with staff and relevant stakeholders too. It was evident from the provider’s responses during the inspection that this decision had not been taken lightly and that they were committed to maintaining a high quality service; ensuring the least amount of disruption for people using the service, in the interim.

We saw that information was shared with staff through a notice book. We noted that staff were required to sign once they had read each piece of information. The manager explained that due to the nature of the care provided and the size of the staff team, it was easier to share information with staff in this way rather than try to arrange formal staff meetings. Each member of staff had individual time with the manager during supervisions and the manager told us that she operated an open door policy, meaning that staff were free to approach her at any time with any concerns or queries they may have.

We spoke with a member of staff who had worked at the home for a number of years. They spoke enthusiastically about their role and commitment to the home. They told us: "Most of the staff have worked here for a long time." They added: "We are all team workers and well supported by our manager." We found that staff were clear about their

roles and responsibilities. They knew what was expected of them to ensure people received support in the way they needed it. We observed staff working cohesively together throughout the inspection and noted the way they communicated with one another, including the manager, to be respectful and friendly. We saw that detailed information packs had been developed for new staff so that they could be clear about what was expected of them and the support available to them during their employment.

Everyone spoke positively about the management of the service. One person living at the service said: "You wouldn't believe how helpful and understanding the manager was when I told her I wanted to move to another room." Staff confirmed that the registered manager and provider were both very supportive and approachable. One member of staff described the registered manager as: "fantastic." It was clear from speaking with staff and looking at records that the provider was very visible, and provided regular on site input and support to the manager and staff team.

The registered manager and provider talked to us about the quality monitoring systems in place to check the quality of service provided, and to drive continuous improvement. In addition to surveys sent out to people using the service and relatives, we were told that the registered manager and provider carried out a number of internal audits to check the quality of the service provided and ensure people’s safety and welfare. Records we looked at supported this and showed areas such as care planning, cleanliness, maintenance and health and safety were being checked. It was clear that the provider had a good understanding of the service however, by the end of the inspection he had drawn up a new reporting tool to formalise his visits, in terms of the checks that he planned to undertake in the future.

The provider told us that this year’s satisfaction surveys had only recently been sent out, so they were still in the process of collating and analysing the results. We were able to look at some of the surveys that had already been returned from 12 people living in the home, 12 relatives and three external healthcare professionals. These included a number of positive comments. One relative had written: ‘[I am] very happy with the care and attention given to my mother’. They went on to comment about the ‘friendly atmosphere’

Is the service well-led?

and said that they had chosen the home 'based wholly on the management and staff'. Another person had written: 'Mum receives excellent care from Kingswood and I do not worry about her as I know she is in safe hands'.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

How the regulation was not being met: People using the service were at risk of having their liberty deprived for the purpose of receiving care, without lawful authority. Regulation 13 (5).