

Kingsley Care Homes Limited

Wisteria House

Inspection report

492 Nacton Road
Ipswich
Suffolk
IP3 9QB
Tel: 01473 726326
Website: www.kingsleyhealthcare.com

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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

We inspected this service on 31 March and 10 April 2015 and the inspection was unannounced. Wisteria House is a residential service for seven people living with a learning disability or mild mental health issues.

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 enough staff to support people safely and staff knew what to do if they suspected someone may be being abused or harmed. Recruitment practices were robust and contributed to protecting people from staff who were unsuitable to work in care. Medicines were managed and stored properly and safely so that people received them as the prescriber intended.

Staff had received the training they needed to understand how to meet people's needs. They understood the importance of gaining consent from people before

Summary of findings

delivering their care or treatment. Staff were clear about their roles. Where people were not able to give informed consent staff and the manager ensured their rights were protected.

People have enough to eat and drink to meet their needs and staff supported them to make their own choices about what to have on the menu, what they needed to shop for and cooking the meal.

Staff treated people with warmth and compassion. They were respectful of people's privacy and dignity and offered comfort and reassurance when people were distressed or unsettled. Staff also made sure that people who were becoming unwell were referred promptly to healthcare professionals for treatment and advice about their health and welfare.

Staff showed commitment to understanding and responding to each person's needs and preferences so that they could engage meaningfully with people. Outings and outside entertainment was offered to people and staff supported people in their choice of activities on a daily basis.

Staff understood the importance of responding to and resolving concerns quickly if they were able to do so. Staff also ensured that more serious complaints were passed on to the management team for investigation. People told us that any complaints they made would be addressed by the manager.

The service had consistent leadership. The staff told us that the manager was supportive and easy to talk to and in the manager's absence during a period of extended leave, the providers had taken action to ensure that the people who use the service and the staff were properly supported. During this inspection the acting manager was responsible for monitoring the quality and safety of the service and asked people for their views so that improvements identified were made where possible. The organisation also carried out quality assurance visits, set action plans and checked the actions had been undertaken.

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 had received training in how to recognise abuse and report any concerns and the provider maintained safety by making sure that there were enough qualified, skilled and experienced staff on duty to meet people's needs.

Risks were minimised to keep people safe without reducing their ability to make choices and self-determination. Each person had an individual care plan which identified and assessed risks to them.

The service managed and stored medicines properly.

Good



Is the service effective?

The service was effective.

Staff received the training they required to provide them with the information they needed to carry out their roles and responsibilities.

Staff understood how to provide appropriate support to meet people's health, social and nutritional needs.

The Deprivation of Liberty Safeguards (DoLS) was understood by the manager and staff. Where people lacked capacity, the correct processes were in place so that decisions could be made in the person's best interests.

Good



Is the service caring?

The service was caring.

Staff treated people well and were kind and caring in the ways that they provided care and support.

People were treated with respect and their privacy and dignity were maintained. Staff were attentive to people's needs.

People were supported to maintain relationships that were important to them and relatives were involved in and consulted about their family member's care and support.

Good



Is the service responsive?

The service was responsive.

People's choices preferences were respected and taken into account when staff provided care and support.

Staff understood people's interests and assisted them to take part in activities that they preferred. People were supported to maintain social relationships with people who were important to them.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Good



Summary of findings

Is the service well-led?

The service was well led.

People and their relatives were consulted on the quality of the service they received.

Staff told us the management were supportive and they worked well as a team. There was an open culture.

The manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary, as did the provider.

Good



Wisteria 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 31 March and 10 April 2015 and was unannounced. The inspection was carried out by one inspector.

Before we carried out our inspection we reviewed the information we held on the service. This would include

statutory notifications that had been sent to us in the last year. This is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

During our inspection we observed how the staff interacted with people who used the service, including during their evening meal. We spoke with all of the people who used the service, the acting manager and five care staff.

We also looked at four people's care records and examined information relating to the management of the service such as health and safety records, staff training records, quality monitoring audits and information about complaints.

Is the service safe?

Our findings

The people we spoke with told us that they felt safe living in Wisteria House, one person told us, “Of course I’m safe, they [the staff] are always around to keep me safe.” Another person told us “I’m a bit of a worrier, but they [the staff] sit and talk with me until I feel better.” Another said, “Staff make sure I know what I’m doing and make sure I don’t cut my finger off when I’m helping with dinner.”

Staff told us and records confirmed, they had received training in protecting adults from abuse and how to raise concerns. They were able to demonstrate the action they would take and tell us who they would report concerns to in order to protect people. Staff understood the different types of abuse and knew how to recognise signs of harm and understood their responsibilities to report issues if they suspected harm or poor practice. They were confident that the manager would take action if they reported any concerns. One member of staff said, “We have a list of people and phone numbers in the office who we can go to if we think something’s up.” Staff were also aware of the whistleblowing policy and said they would feel confident to use the process if they thought it was necessary.

The manager demonstrated an understanding of keeping people safe. Where concerns had been raised, we saw that they had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

Risk assessments were in place that were designed to minimise the risk to people in their day to day lives so that they could keep their independence and self-determination as much as possible. For example the risk of people managing their own money, there was guidance for staff on what support people required to reduce the risk. Records showed us that people were supported to manage their money in a safe way and that records were kept so that spending could be monitored.

Another good example of risks being managed in a way that did not restrict people’s freedom was the work we saw that had been put into supporting people to travel independently. We saw that travel care plans set out the process that was in place to enable people to get to know their local area, what buses took them to the places they wanted to go to and what action needed to be taken if people got muddled and needed help to get home.

There were also policies and procedures in place to manage risks to the service and untoward events or emergencies. For example fire drills were carried so that staff and the people who live there understood how to respond in the event of a fire. The service was kept clean and proper procedures were carried out to maintain infection control, which helped keep people safe from infections.

The manager told us that a local event had given them the reason to believe that it would be safer if the letter box was blocked. They explained how they had carried out a risk assessment and made other arrangements for the mail to be delivered. This showed that the manager was able to recognise risks to the people who use the service and to take action to minimise them.

There were sufficient staff on duty to keep people safe and protect them from harm. One person told us, “I like to go shopping and there are plenty of staff around to help me, sometimes I have to let others go out too. But we can’t be greedy.”

Staff told us that there was enough staff to meet people’s needs throughout the day. One staff member said, “We are a small staff team and we work together to get things done.” And added that they would swap shifts with each other and take extra shift on if they needed to. This meant that people received care and support from staff who knew them and their needs.

The manager also told us that they felt the staffing levels were good and explained how they regularly assessed people’s care needs and changed the number of staff on duty if assessments showed that more were needed to support people’s needs. For example, someone may move into the service that had complex needs and needed a higher staff ratio to ensure their safety.

Medicines, including controlled drugs, were well managed by the service. We observed staff supporting people to take their medicines in a patient and caring manner. Where people needed medicines only occasionally (PRN) there were protocols to inform staff when to use them. Records showed that staff had received the appropriate training to enable them to administer medicines and spot checks were carried out by the management team to check practice.

Is the service effective?

Our findings

People told us that they were supported well and that staff made sure that they got what they needed. One person told us, “I do alright, I have lived here a long time, they [the staff] help me when I need it and leave me alone when I want to be left alone.” Another person said, “They help me make plans for where I want to end up, I like it here but I’d like my own place.”

Records showed that staff received training and support to enable them to do their jobs effectively. Staff told us they were provided with training, supervision and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities. The organisation’s training covered mandatory training, such as health and safety, first aid and infection control. It also offers staff training that is appropriate to supporting people living with a learning disability, working with people with autism and developing communication skills for example. This enables them to develop the skills they need to carry out their roles and responsibilities.

Staff were expected to complete competency checks after they had undertaken some training, such as managing medication. On speaking with staff we found them to be knowledgeable and skilled in their role. We were told the service supported staff to gain industry recognised qualifications in care. This meant people were cared for by skilled staff, trained to meet their care needs.

One staff member said, “I like working here the staff are supportive to each other.”

Staff had attended Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLs) training. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager had a good understanding of both the MCA and DoLs and when these should be applied to the people who lived in the service, including how to consider their capacity to make decisions.

Where people lacked capacity, the care plans showed that relevant people, such as their relatives or GP had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen so that people could still make some decisions for themselves and keep control of their lives.

People’s care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The home had regular contact with a GP surgery that provided support and assisted staff in the delivery of people’s healthcare. Records showed that people were supported to attend hospital and other healthcare professionals away from the service. For example, specialist clinics and diagnostic tests.

People told us that they enjoyed their food. People had meetings, where one of the topics covered was planning the week’s menu. Once the menu has been debated a shopping list was made and people were helped to go shopping by staff. During the meeting people are encouraged to make choices that would protect their health and lead to a healthy diet. If people have special dietary needs that was catered for. Staff were knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs. They were able to give us examples people’s special needs, whether they were health related or weight control.

We were told, “I like all that planning, it means I get the food I like.” Another person told us, “I get enough to eat, and I can help myself if I want a snack.” Another person said, “I love doing the cooking, and they [the staff] make sure I don’t burn it.”

We observed positive interaction between staff and the people they supported during dinner. Staff sat at the table with them while eating their meal and there was a lively conversation going on. People chatted amongst themselves and planned what they wanted to do that evening.

Is the service caring?

Our findings

People felt that staff treated them well and were kind. One person said, "I have lived here since it opened and some of the staff have been here almost as long, they're almost family." And, "I'm glad I decided to come here, they are [the staff] OK. Another person said, "We all have a good laugh, it's fun here."

When staff spoke with people they were polite and courteous. We saw interactions between people and members of staff that were caring and supportive and which demonstrated that staff listened to people. Staff sat in the lounge chatting and being sociable, it was obvious that this was a usual occurrence and when we joined the group we all chatted about what they thought of the care they received and how they got on with each other. Staff members joined in the conversation and supported to get their feelings across to us. Later, staff were able to tell us

about people's needs and specifically how they liked to be supported and their experiences in life which were important to them. This helped staff communicate effectively with them.

One person told us "I have never regretted moving in here." Another told us, "I choose to come to this home myself, I came and had a look, stayed for tea and then slept here overnight before I moved in. I wanted to come because everyone was so friendly."

Staff told us that people were involved in planning their care and reviews were centred around that person and were held in the way they chose for themselves, "If they want lots of people to come so be it, if they wanted it to be just a couple of people.... OK."

People were treated with dignity and respect and staff were discreet when asking people if they needed support with personal care. We observed staff knocking on people's doors and waiting to be invited in before entering. Doors were closed during personal care tasks to protect people's dignity.

Is the service responsive?

Our findings

People told us that they thought the service responded to their needs. One person who used the service said, “They [the staff] come quickly if I need help.” And “If I’m not well they look after me and call a doctor if I want one.” Another person told us that, “Sometimes I find it hard to manage but they [the staff] rally round and make me feel better.

People told us that they had been told what they needed to know about the service before they moved in and they were asked about what they wanted to happen to them when they moved in. They also told us that their families were included during the assessment process. Staff told us that as many agencies as possible were contacted to have an input into people’s assessments. Professionals such as speech and language and orthopaedic teams if they are involved with the person for example. Care plans were developed from the assessments and recorded information about the person’s likes, dislikes and their care needs. Care plans were detailed enough for the carer to understand fully how to deliver care to people in a way that they wanted to be supported. The outcomes for people included supporting and encouraging independence in areas that they were able to be, such as choosing their own clothes, what they like to eat and how they wanted to live their lives. One person said, “They let me do things my way.”

Everyone was able to communicate with us and we sat and chatted with people in the lounge after their evening meal and during the afternoon on our second visit. People were relaxed on both occasions and spoke in a friendly, open manner and welcomed us to their home. People told us about their life living in Wisteria House and gave us some amusing stories of things they had done and how they kept themselves busy. We were also given advice on our choice of films to watch and popular outings to take.

Staff supported people with activities that reflected their interests and pastimes, the focus was on what the individual wanted to do, whether that was sitting having a chat, watching their favourite soap on the television or joining in a planned social activity. People told us that some of them were able to travel independently and come and go as they liked. Others told us about the regular clubs they attended and the films they like to watch. One person told us that they had planned their summer holiday, “It was decided at a house meeting, three of us are going to Great Yarmouth together.” The garden is well maintained and when we asked if people helped with the gardening one person said, “The garden is nice, but I prefer to be inside when the gardening is being done.”

People proudly showed us examples of their handy work such as knitting, embroidery, cross stitch and drawing. One person showed us their room, they had not been living in the service for very long, and they told us, “I’m having my room decorated soon, I’ve chosen purple for the walls.”

People were supported to keep in touch with people that were important to them such as family and friends, so that they could maintain relationships and avoid social isolation.

One person told us, “I get on alright, I have never had to complain.” Another person said, “I’d talk to the manager if I needed to.”

The provider had a procedure in place to manage any concerns or complaints that were raised by people or their relatives. The complaints procedure was displayed in the Lobby. The manager said that they encouraged people to raise concerns at an early stage so that they could learn from them and improve the service.

Is the service well-led?

Our findings

People told us that the manager was nice and easy to get on with and were around if they wanted to speak to them. One person told us, “She [the manager] spends time with us and makes me laugh.”

All the staff we spoke with were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems, and that they would listen to their concerns. One member of staff said, “The manager is great, she hasn’t been here for a while, but [the acting manager] is good and is always on the other end of the phone if we need them.”

The manager was on extended leave at the time of our inspection, but was due back in the near future. The provider had covered their absence with a registered manager from another of their services who came to the home three days a week and phoned the service daily on the day they were not there. They told us, “I call in every day and am often on the phone to them every day.”

There were regularly staff meetings, which enabled staff to exchange ideas and be offered direction by the manager.

The service was well led. The manager was knowledgeable about the people in the service and they spent time with them often and monitored staff and the delivery of care closely.

People were asked their views about the way the home was run by annual surveys and were given the opportunity to attend meetings and give their comments about the running of the home. One person told us, “We have regular residents meetings, and if we need to discuss something we get together in between as well.”

Health and safety records showed that safety checks such as fire drills and essential maintenance checks, the lift and hoists for example, were up to date and regularly scheduled.

There were systems in place to monitor the quality and safety of the service. The manager carried out regular audits which were submitted to the provider. This included audits of staff training, health and safety procedures and a general building audit. These audits were analysed by the provider and were used to identify, monitor and address any trends.

The manager was supported by their line manager and the organisation carried out an extensive programme of quality assurance audits. Records showed that provider visits were carried out at the service regularly to carry out quality assurance audits, including checking that care and personnel files were up to date and had been reviewed regularly. We saw records of these audits and the action plan that was in place to record action needed and when it was met.