

David Christopher Russell

Kingsley House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

Kingsley House is a three story Victorian building providing care and support for up to 16 people with mental health needs. The home is situated in the centre of New Brighton close to shops and community facilities; it's also very close to the riverfront. There are good public transport links to all parts of the Wirral and Liverpool.

This unannounced inspection took place on the 22 and 27 October 2014. At the time of this inspection there were 15 people living at Kingsley house. During the two days we spoke with eleven people who lived at the home, we also spoke with six members of staff. We spent time with

the new manager who is currently registering with the CQC to be the registered manager. There has been no registered manager in post since May 2014. The manager applied to the Commission to be registered on 3 November 2014, after our visit. 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.

Summary of findings

The inspection was carried out by an Adult Social Care (ASC) lead inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the home.

At the last inspection carried out in October 2013 we found that the service was not meeting all of the essential standards that we assessed including the safety and suitability of the premises. We spent time in all areas of the premises and could see that the home had implemented works to decorate all areas. There was a cyclical plan in place to decorate all areas of the location and we could see areas that had been decorated including peoples bedrooms.

Staff recruitment files had been audited in October 2013 and did not contain all of the relevant checks for staff. The

manager was in the process of completing a quality audit on all areas of staff recruitment, support and training. There had been no staff recruited in the last 6 months as they were fully staffed.

People using the service told us they felt safe. Staff were knowledgeable in recognising signs of potential abuse and followed the required reporting procedures. We asked the manager to make improvements to ensure that the safeguarding policy was updated and that staff were training in safeguarding vulnerable adults.

Although people's needs had been assessed and care plans developed these did not always adequately inform staff what they should be doing to meet people's needs effectively. However all of the six staff we spoke with knew the people very well and in discussions were able to tell us what care and support they provided. Staff also liaised with other healthcare professionals to obtain specialist advice to ensure people received the care and treatment they needed.

Although the provider monitored the service and planned improvements there was no formal quality assurance process in place. The manager was working closely with the Wirral Local Authority Quality Assurance team to improve the audit procedures.

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 required some improvements to be made regarding safety.

The provider did not have an up to date policy and procedure for staff to follow for safeguarding vulnerable adults and reporting incidents. However staff were knowledgeable in recognising signs of potential abuse and followed the required reporting procedures.

Medication administration records (MAR) sheets did not have a current picture of the person.

There were adequate staffing levels in the home and staff were recruited appropriately. The provider had ensured that Disclosure and Barring Scheme (DBS) records had been checked for all staff currently working at Kingsley House.

Requires Improvement



Is the service effective?

The service required some improvements to make it more effective.

Staff were not up to date with all mandatory training.

Staff had a good knowledge of each person and how to meet their needs.

The people were supported to attend healthcare appointments in the local community. Staff monitored their health and wellbeing. Staff were also very competent in noticing changes in people's behaviour and acting on that change.

Requires Improvement



Is the service caring?

The service was caring.

People told us that staff treated them well and we observed warm and caring interactions between staff and the people using the service. The people who used the service were supported, where necessary, to make choices and decisions about their care and treatment.

We saw that staff respected people's privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private.

All of the people living at Kingsley House were encouraged by staff to be as independent as possible.

Good



Is the service responsive?

The service was responsive.

People told us staff listened to any concerns they raised, however, the complaints procedure required updating.

Good



Summary of findings

Staff were providing person centred care to the people living at the home and promoted independence. The home worked with professionals from outside the home to make sure they responded appropriately to people's changing needs.

Is the service well-led?

The service needed to improve to be well led.

Some improvements were required to ensure that quality assurance systems were formalised to make sure that any areas for improvement were addressed and the provider took account of good practice guidelines.

The people living at the home had not completed surveys in relation to living at the home, however they did attend resident's meetings and were observed talking to staff.

A manager or a senior care worker was always on duty to make sure there were clear lines of accountability and responsibility within the home. There was also an on call system to offer further support in the case of an emergency.

Requires Improvement



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

We visited the home on the 22 and 27 October 2014. The inspection was unannounced. At the time of this inspection there were 15 people living at Kingsley house. We focused on talking with the people who lived in the home, speaking with staff and observing how people were cared for. The second day was spent looking at staff records, care plans and records related to the running of the service.

During the two days we spoke with eleven people who lived at the home, we also spoke with six members of staff. We spent time with the new manager and the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we reviewed the previous inspection reports and notifications of incidents that the provider had sent to us since the last inspection in October 2013. We also contacted the local commissioners of the service.

We requested information from the provider after the inspection. The information sent by the senior manager was the quality assurance audit records.

Is the service safe?

Our findings

All of the eleven people we spoke with at this inspection told us they felt safe at Kingsley House.

Staff told us that they understood the procedure to report any issues straight away to the manager or senior member of staff and they were aware of the whistleblowing procedure. The six staff we spoke with could clearly explain how they would recognise and report abuse. There had been safeguarding events reported in the last year that had been reported appropriately to the local authority and the CQC.

The provider did not have up to date policies, procedures and protocols for ensuring that any concerns about person's safety were appropriately reported by staff. They did not have a copy of the local safeguarding protocols and four staff did not have any training in safeguarding vulnerable adults. We discussed this with the manager and they agreed to take action straight away.

Health and safety of the home had been checked through various risk assessments and audits. Fire risk assessments had been recently reviewed and we saw a fire drill record and test records had taken place. The home had a new fire alarm system that was fitted in October 2014. Fire exit signs were around the home. Wirral Fire and Rescue Authority had visited on 3 April 2014 and had set recommendations for the provider to meet. We looked at the action plan that informed us the provider had met all recommendations except moving the laundry away from the boiler as stored clothes were a risk and could be combustible. This room was also used as the staff toilet and was not appropriate in size and had poor ventilation. We discussed this with the manager and corrective action was taken immediately.

Risk assessments had been completed in the three care plans we looked at. The risk assessments had been recently reviewed. Risk assessments should clearly identify risks and what plans the provider has in place to reduce or eliminate the risk. The information in each of the three people's records were very sparse. One file included that an individual did not go out on their own, there was no information to inform how staff should support when they escorted the person to go out. Another person was self administering their medication and required staff to check, however there was no information or actions for staff if this procedure was not working. In discussion with the twelve

people we spent time talking with, they were aware of risk assessments and informed us that they and staff had decided what was safe for them to do and how best to do it.

People participated in their preferred activities and staff managed any risks in a positive way. People were actively encouraged to engage in discussions about their accommodation, risks and lifestyle choices. We saw that people were encouraged to participate in community and communal activities and that they had been taught how to stay safe whilst doing so. One person told us, "I don't go out by myself, I don't like it and I don't feel safe". They went on to say they did go out in the community with staff support and liked going to the shops to buy themselves nice things.

During our inspection we saw that people would go to the office and speak to the manager and staff expressing any concerns they had. Also, staff were seen and heard to confirm and encourage people in their decision making judgements. We heard staff talking through issues with the senior staff and the manager. This demonstrated that they followed the provider's procedures and reported any concerns to the appropriate person.

Medicines were stored safely in a locked cupboard and records were kept of medicines received and disposed of. The MAR charts were correctly filled in, accurate and all had been signed and dated with the time of administration. Staff encouraged people to administer their own medicines if they wished and had been assessed as being able to do this safely. We saw that one person administered their own medicines and kept the MAR sheet themselves. Their medicines were stored in their own room. They told us that this was their preferred option and that they were happy with this independence. The manager told us that staff checked the MAR sheet with the person to ensure they had taken their prescribed medicine, this was part of the agreed medication care plan.

We noted that medication administration records (MAR) sheets did not have a current picture of the person. The provider must ensure there is a safe management of medicines in relation to acknowledging the correct identity of the person they are administering medicines to. We discussed this with the manager and they agreed to correct this immediately.

Is the service safe?

The service kept any private and confidential information relating to the care and treatment of people, secure in the medicines room which had a lockable door.

We saw that all drugs quantities tallied with the MAR sheets and that all homely remedies, such as paracetamol, were in the correct packaging and were in date. We looked at that the medicines audits which occurred every week and month.

We spoke with eleven people who were happy with the medication procedure. The manager told us that there were risk assessments in place to support this. All MAR records had information about the person's allergies.

A legionella risk assessment had been completed on 25 October 2014. This was the first test at Kingsley House. Various other checks and audits were completed regularly to ensure that health and safety was in good order. The gas and electricity providers had completed their maintenance checks in October 2014.

All of the care plan and medication records and the medicines held at Kingsley House were kept in the medicines room that was secure and lockable for security. This was secured by a fire door which at the time of our visit was locked when not in use.

We discussed the staff recruitment with the provider and manager and were told that they had not employed any new staff for over six months. We looked at two of the latest staff files which we saw had the correct evidence, with their qualifications and that references and appropriate checks such as Disclosure and Barring Scheme (DBS) records had been checked that ensured staff were safe to work with vulnerable adults. We were told that there was an audit in October 2013 for staffing checks and information and the findings were that recruitment records required updating. The manager told us that staff personnel records had been checked and this was an area they were looking at improving and was implementing a new recruitment procedure. The provider had a disciplinary procedure and other policies relating to staff employment, however they required updating to meet the current regulations and requirements relating to workers.

Staffing levels were seen to be appropriate for the care and support of the people, their needs and enabled adequate time for safe, individual and person centred care to be provided. We saw that each person was treated as an individual and that the staff members on duty during our visits gave each person appropriate attention and support.

Is the service effective?

Our findings

Staff were not up to date in training and were therefore not always equipped to meet people's needs competently. The staff we spoke with had completed the provider mandatory training for some required areas. There was an induction programme that mainly included shadowing other staff. The provider informed us that they were updating the training and induction programme to meet good practice guidelines. This was discussed with the provider and manager also. We saw records of how the deputy manager was working to improve the training programme including using external training providers and ensuring they were following up to date guidelines for the training.

There was a new designated person to plan the training; this was the homes deputy manager. Staff were required to complete E-learning and classroom practical based learning. We received an email with a copy of the staff training matrix with a copy of the action plan which showed training sessions booked by external providers for November 2014. The training matrix was an updated one to the one we saw at our last visit to Kingsley House.

The staff we spoke with had been employed by the service for several years and told us they were very satisfied with the training. One staff member said, "It's ok the training, they are doing more training lately".

The provider had E-learning for staff in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They also used a training provider to supply practical training. However there were eight staff of the seventeen staff working at the home who had not attended either training. The six staff spoken with were aware of what the MCA was and what the DoLS procedure meant if implemented. There were no DoLS applications at Kingsley House the current time. The manager and provider were aware of the procedures to follow and worked closely with Wirral Local Authority.

We saw that the training matrix demonstrated that there was a need to ensure all staff are trained appropriately to the role they are performing at Kingsley House. The six staff spoken with were knowledgeable in their role but did tell us they had not had certain training including, Safeguarding Vulnerable adults, Health and Safety and Fire Safety, and Food and hygiene training. When we discussed

training with the provider, we were told that staff who had not had fire training were not left on their own with people. They were supported by staff who had attended the training. The rotas we looked at confirmed this.

People were supported to have sufficient food and drink, the kitchen was open at all times. People had access to food and drink throughout the day. We saw plenty of fresh fruit around the home and people were seen helping themselves to it. The staff were very keen on promoting healthy eating and we saw that hot, home cooked food was served at lunchtime and in the evening. We saw all of the people going to the kitchen for drinks and snacks throughout the two days. The main meal we were present for was the lunch meal that was hot jacket potatoes with a topping of choice, or soup or a sandwich if preferred. People told us that the food was 'lovely', and not one person made a bad remark about the food. The mealtime was leisurely and was shared, in the dining room, between the people using the service and the staff supporting them, who also ate the same food. The provider checked people's weight regularly and made recommendations about their diet.

People had been enabled to personalise their own rooms, we were shown four people's rooms by them. People were very happy with their rooms and if they had an issue they told us they would report it to the housekeeper or the provider. One person told us they had a problem with damp on the ceiling, they told the provider and it was dealt with straight away and then painted.

People were supported to attend healthcare appointments in the local community. Staff monitored their health and wellbeing. Staff were also competent in noticing changes in people's behaviour and acting on that change. There were discussions throughout the two days about people's health checks. Records we looked at informed the reader how staff ensured people had the relevant services supporting them. On the first day of the inspection the community psychiatric nurse visited, people welcomed them and they were provided with their treatment by the nurse, in private. We were told that doctors visited the home as required but mainly people would go to the surgery they were registered with.

Is the service effective?

The home worked with professionals from outside the home to make sure they responded appropriately to people's changing needs. We observed visiting professionals coming to Kingsley House to attend to people's treatments for their health and wellbeing.

The manager and the provider had a system of supervision and appraisal with staff. We were told that supervision meetings were taking place by the six staff we spent time with and they said they felt supported. We saw and heard that staff were comfortable with the manager and were confident to tell her of any problems.

Is the service caring?

Our findings

People told us that staff treated them well and we observed warm and caring interactions between staff and the people using the service. We saw that staff respected people's privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private.

The twelve people we spoke with told us they were happy with the care and support they received at Kingsley House. We observed people to be relaxed and they seemed very comfortable and at home. Comments by people included, "All the support I get is good" and "Glad I'm here, previously in a bad place" and "I've got friends in the house, get on fine with all of them".

We observed people as they came and went to activities organised by themselves and the provider throughout the two days of the inspection. They were chatty with the staff members and each other and went about their own business.

Dinner was informal, in the dining room, with all parties talking to each other. The support workers and the people were relaxed and were telling each other about their day and what they wanted to do. The support workers had good relationships with them and encouraged conversation and gave people plenty of time to say what they wanted. We observed staff treating people with dignity and respect.

We observed people being listened to and talked to in a respectful way by the manager and the staff members on duty. People were constantly seen to ask questions and wanted actions by the staff. Staff were all seen and heard to support the people, communicating in a calm manner and also reassuring people if they were becoming anxious. It

was clear for the content of the conversations that such matters were often discussed and their views sought and respected. The relationship between the staff members and the manager, with the people at Kingsley House, was adult, calm and confident.

We observed staff for the two days we spent at Kingsley House. Staff were seen to have a good knowledge of each person and how to meet their needs. Staff were very supportive and were heard throughout the two days confirming comments made by people, supporting people to make decisions and being very patient. The people were constantly encouraged by staff to be independent. All of the people were able to make decisions for themselves and were able to consent to the care and treatment and support provided. People we spoke to informed us that staff met their individual care needs and preferences.

The people who used the service were supported where necessary, to make choices and decisions about their care and treatment.

People were encouraged to make and keep relationships outside the service. Families were invited to meetings and could visit freely.

People were encouraged to participate in everyday activities such as choosing what to wear or helping in the house and this helped to promote their independence. People used their own and the communal rooms for visits from family and others. People told us they could have visitors whenever they wished.

Through the provider, there was an effective system in place to request the support of an advocate to represent their views and wishes. We were told by the manager that they had used an advocate for a person living at Kingsley House who had supported them when they moved into the home.

Is the service responsive?

Our findings

People told us they were involved in the home's day to day running and could have a say in what went on, if they chose. We saw that people had been empowered to take as much control over their lives as possible, such as in deciding how to spend their time and who to spend it with. They made decisions about who to see, when they would see them, what to do and where to go. They planned future events, such as outings and holidays and negotiated with staff who would go with them to support them.

People chose the activities they wanted to participate in and staff respected their choices. One person told us, "I don't want to go to the pub today". And the other people going on the weekly outing were heard to ask the person to go. When the others were leaving the person got out of the chair and informed the other people "I am coming". All were seen and heard to be delighted in this. The activity coordinator and staff told us that people really enjoyed the activities. We were told that activities included going to shows and days out, The activity coordinator said, "We always ask them what they want to do. They have the choice about what or where to go or do. We sit, talk to them ask them and involve them in everything to do with the home or their lives. Sometimes we suggest but it's their choice".

People were enabled to visit their relatives or/and to go on trips and holiday with them. Other activities were done together; six people had just been to Spain on holiday, paid for by the provider. The residents meetings took place every three months. People we spent time with told us they would discuss things at the meetings including menus. People were able to plan and enjoy their own activities, such as swimming and trips to cafes and restaurants. There was a mini bus that people had access to and was constantly used to take people to places they wanted or needed to go.

We looked at three people's care plans. These contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs. Although people's needs had been assessed and care plans developed these did not contain a lot of information in relation to the persons independence, what they did for themselves. There was no information about the people's emotional wellbeing and behaviours. This was the biggest part of the support at Kingsley House.

The manager told us that they were in the process of rewriting the care plans to meet the Wirral local authority quality team expectations. They said that they would discuss with their quality assurance person from Wirral local authority to ensure the care plans all included information on emotional wellbeing and behaviours. Staff were very knowledgeable about all of the people living at the home. We were told and were provided with behavioural plans that would be implemented for people when required.

We observed over the two days of this inspection that communication was explored with each person to find the most effective way of engaging with them. Where people showed a preference for certain things, such as food, or activities, we saw this was noted in daily records and acted upon where possible. People were constantly involved in discussion about how they chose to live their lives and as we had heard discussions, we noted, that these were adult and helpful conversations.

The provider had a plan of activities for people to participate in if they chose which was changed, to suit the people. We asked the manager and staff if there were any people at the home currently working, we were told that there was not. We were told that staff would support people to find employment if that was a decision they made. People's individual needs were respected and facilitated.

All of the people were generally independent in respect of their personal care. The manager told us that people were always supported and encouraged to attend to their own personal care, staff would assist if requested. There were male and female staff available for people to choose the support from. We heard staff praising people in their appearance and also encouraging others to attend to their personal appearance in a respectful dignified manner.

People's needs were formally reviewed annually or more frequently, if required. People when asked about their reviews of care were not very interested in discussing this with us. One person said that they were very involved in their care reviews and were happy with the support they received. We discussed people's aspirations with them and were told by one person that since they had moved into Kingsley House their relative was very proud of them. This showed us that people were listened to and that services were adjusted to meet their needs.

Is the service responsive?

People told us staff listened to any concerns they raised, however, the complaints procedure was not displayed at the service. The complaints policy and procedure was old and had out of date information in place. People spoken with told us that if they were not happy they would talk to the provider or manager. Following our inspection, we were sent an updated version of the complaints procedure on 31 October 2014 with the service user guide that informed people living at Kingsley House how to make a complaint.

The people had a formal meeting with staff every three months, with recorded minutes. The recent minutes we read stated that they were happy at Kingsley House and went on to list some things that each person would like to do, such as day trips or longer holidays. Menus were discussed and people's requests were listened to. We discussed actions from the meetings with staff who said that they implemented people's choices if they were able.

Is the service well-led?

Our findings

The home did not have a registered manager in post. This is a condition of the registration of the home. The manager had contacted the CQC on the 3 November 2014 to register and has a reference number to validate that was sent to the inspector.

A manager or a senior care worker was always on duty to make sure there were clear lines of accountability and responsibility within the home. There was also an on call system to offer further support in the case of an emergency or difficult situation.

The manager and the staff had a good understanding of the culture and ethos of the home, the key challenges and the achievements, concerns and risks. Kingsley House offers people with mental health illness, valuable life skills to be independent, with support from staff. Comments from staff were, “It’s about supporting people and encouraging them. I think we do that very well”. and “We consider the risk and best interests of people, supporting them and listening to what they need” and “We are a good team. We all work well together”. The professional we spoke with from the Wirral quality team had no concerns about the care being provided. The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

The local authority informed us they had good working relationships with the manager and that appropriate action was taken in response to any incidents or concerns.

The leadership was visible and it was obvious that the manager was well known to the people who lived in the

home. Staff were able to tell us that they had a good relationship with the manager and provider. They told us that their relationship with them was positive and supportive and they listened. We observed staff interactions with both the manager and the provider over the two days which was respectful and light hearted.

Some improvements were required to ensure that quality assurance systems were formalised to make sure that any areas for improvement were addressed and the provider took account of good practice guidelines. There was no recent review by the people, staff and other professionals who visit Kingsley House. The manager told us that they would be asking for feedback on the service provided shortly. The manager and senior staff completed various audits daily, weekly and monthly including financial transactions, medication audits, health and safety audits and infection control. We saw an action plan for the outcomes of the Infection control and the financial transactions informing what actions were required and how the manager and staff had implemented them. We saw that there were policies in place however when we looked they were out of date and required reviewing to update. The provider had recently updated their ‘Statement of Purpose’ and sent us this, as required.

Some improvements were required to ensure that quality assurance systems were formalised to make sure that any areas for improvement were addressed and the provider took account of good practice guidelines. We discussed this with the manager and they informed us that they would take the action required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p>The registered must make suitable arrangements to ensure that service users are safeguarded against the risk of abuse by means of responding appropriately to any allegation of abuse. The provider did not have up to date policies in place and staff had not been trained in Safeguarding of Vulnerable Adults.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>The registered person must have suitable arrangements in place in order to ensure that persons employed for the purpose of carrying on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard including by receiving appropriate training and professional development.</p>