

David Christopher Russell

Kingsley House

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 28 June 2018 and 04 July 2018 and was unannounced on the first day. At our last inspection we found a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Premises and equipment as the premises were unsafe and unsuitable in some areas. At this inspection we found that improvements had been made and the service was no longer in breach of the regulation.

Kingsley House is a three storey Victorian property 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 and to the river-front. There are good public transport links to all parts of the Wirral and Liverpool. At the time of the inspection there were 15 people living in the home.

Kingsley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Kingsley House had a registered manager who has worked at the home for a number of years. 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.

We looked at how the service managed its recruitment of new staff and had minor concerns over how some records were maintained. The manager was open to the feedback and was making improvements whilst the inspection was taking place.

We spoke with five people who lived in the home who all gave positive feedback about the home and the staff who worked in it. They told us that the staff supported people to live their lives as independently as possible.

Staff spoken with and records seen confirmed training had been provided to enable them to support the people with their specific needs. We found staff were knowledgeable about the support needs of people in their care. We observed staff providing support to people throughout our inspection visit. We saw they had positive relationships with the people in their care.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were kept safely with appropriate arrangements for storage in place. We did suggest that the service ensured that two staff check and sign hand written medication records.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions and their choices were respected.

Care plans were person centred and driven by the people who lived who lived in the home. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. They also regularly spoke with the people who lived in the home. The provider also provided close scrutiny of the service and was a regular presence in the home providing activities for people such as swimming and the gym and providing support for the manager.

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 not completely safe.

Some of the record keeping in relation to staff recruitment needed to be improved upon.

Medication management had improved but staff needed to ensure that they checked and countersigned handwritten MARs.

Staffing levels were good and consistency of staff was maintained.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had a good understanding of issues relating to consent and capacity and people were supported appropriately.

The kitchen had achieved a rating of four stars from the Food Standards agency which was good.

The staff were trained and adequately supported by the management team.

Good ●

Is the service caring?

The service was caring.

People's dignity and privacy was respected at all times.

Staff had positive relationships with people and were supporting them in ways that they wished to be supported.

Staff were seen to engage positively with people to support them to be as independent as possible.

Good ●

Is the service responsive?

The service was responsive.

Care plans were person centred and regularly reviewed and

Good ●

people were involved in planning their care.

Activities and outings took place regularly at the request of people living in the home.

Complaints were taken seriously and staff went "over and above" to reach a satisfactory outcome for the complainant.

Is the service well-led?

The service was well led.

The provider, registered manager and deputy manager had positive, collaborative relationships.

The audit systems in the home ensured that it was managed well.

The staff were supported to provide a good service for the people who lived in the home.

Good ●

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 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 28 June 2018 and 04 July 2018. The first day of the inspection was unannounced. The inspection was carried out by an adult social care inspection manager.

Prior to our visit, we looked at any information we had received about the home and any information sent to us by the provider since the home's last inspection. We also contacted the Local Authority quality team and local commissioners for their feedback on the service.

At this inspection we spoke with five people who lived at the home. We also observed the provision of day to day care. We spoke with the provider, the registered manager, the deputy manager, and three other staff members. We looked at a variety of records including three care records, recruitment records for new staff, staff training records, medication administration records and other documentation relating to the management of the service.

We looked at the communal areas that people shared in the home and a sample of people's bedrooms and the gardens and outside areas.

Is the service safe?

Our findings

The people who lived in the home told us that they felt safe living there. One person said, "It has its good points and its better here than other places. It's safe and we get looked after well." Another person said, "I can shut my bedroom door and I'm safe from everything."

At our last inspection we found a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Premises and equipment. At this inspection we found that all the concerns we had had been addressed and improvements made. The flooring we had concerns about had been replaced. The garden had been tidied up and the rubbish removed. A number of bathrooms had been completely refurbished. The service was no longer in breach of the regulation.

The deputy manager showed us around the building. We saw that a number of further improvements were being made. The building was being painted outside and a number of rooms inside were being refurbished. We saw that there were ongoing plans for maintenance and refurbishment which were important as the building was old. The deputy manager assured us that they were "keeping on top of it." We looked at the maintenance records and could see that ongoing improvements were being made. We looked at records relating to the safety of the building and we had no concerns. We could see that the safety certificates were all in date. We spoke with the registered manager and the provider about the importance of maintaining the building given the age and condition of it.

We looked at staff recruitment and looked at three files for staff members who had been recruited since our last inspection. We saw that there was some inconsistency in these files. One file was missing the second reference and one file was missing a photograph of the person for them to prove their identity. We spoke with the manager and they took action during the inspection to rectify these issues. We suggested that they audit all of their recruitment files to ensure that they all contained the correct information. This did cause us some concern as services need to assure themselves that staff have been subject to all the appropriate checks prior to commencing work to protect the safety of the people in their care.

We looked at how medication was managed in the home and we saw that this was done well. The home had previously had some problems with mistakes being made in the administration of medicines so procedures had been improved. We did note that handwritten medication administration records (MARs) were not always countersigned by two staff members. When we asked, we were told that two staff members always checked them and that the manager would ensure that in future both staff signed them. This was to demonstrate that they had been carefully checked to reduce the risk of errors. The purpose of this practice was to ensure that people were not exposed to the risk of being given incorrect medication which may cause them harm.

We looked around the home and saw that it was clean. We saw that domestic staff were working in the home seven days each week and ensured that all areas of the home were clean and maintained. We looked at cleaning audits and saw that they were regularly completed. The kitchen had been last inspected by the Food Standards Agency and had been awarded four stars in June 2017. We saw that the kitchen was clean

and the fridges and freezers temperatures were checked every day.

We looked at staffing levels and saw that the home was consistently staffed by a committed staff team. We saw that the staff covered the rotas and agency staff were never used so the people living in the home were always supported by staff who knew them well. We saw that the manager and deputy manager worked closely with the staff and the people living in the home to ensure that the service ran safely and people received that care that they needed. The home employed an activities coordinator who currently worked four days each week. We saw that there was an on call rota system so there was always support available 24 hours a day if needed. We saw that this was mainly covered by the manager and the deputy and sometimes other senior staff would help.

We looked at risk assessments and saw that improvements had been made since our last inspection particularly in relation to people who smoked. The service clearly identified what risk reducing actions were required to keep the person safe and also everyone else in the home. We did speak with the management team regarding maintaining a clear audit trail with regards to the ongoing management of these risk assessments.

We looked at the records relating to accidents and incidents and saw that monthly audits were carried out that looked at every event that had occurred and documented them to look for trends and patterns that could minimise future events.

We looked at how the home managed safeguarding and saw that this was done well. There were clear records that showed that any concerns were responded to promptly and the local authority sent referrals and CQC were notified. The staff we spoke with had a clear understanding of their responsibilities to keep people safe.

We saw that staff members were held to account for their performance in the home and that disciplinary procedures were in place and were followed if needed but we also saw that the management team worked closely with the staff to support them and find solutions to problems avoiding the need for formal performance management.

Is the service effective?

Our findings

We asked people about the food available in the home and they told us that it was good and they could choose what they wanted to eat. One person said, "If you don't like what's on the menu then you just have something else. It's not a problem." Another person said, "They know what I like so they make me that. We have burgers sometimes."

We spoke with the staff member who was preparing the food on the first day of the inspection. We saw that there were weekly menus and that people were consulted with on what they liked to eat. We saw that people could choose alternatives if they did not feel like what was on the menu. We saw that people's weights and diet choices were monitored and they were encouraged to adopt a healthy lifestyle.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the 'Deprivation of Liberty Safeguards' (DoLS). We checked that the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw that the staff had a good understanding of consent and capacity issues and that people were actively encouraged to make their own decisions. We observed staff asking for consent and we saw records relating to consent for care plans, photographs etc. There were people living in the home who were subject to DoLS restrictions. We saw that these were managed carefully to keep the person safe but also to ensure that the other people living in the home were not disadvantaged by actions taken to ensure safety. For example the front door was not locked but provisions were in place to make sure that people who could not leave the home without staff support did not.

We looked at the support that staff received and saw that it was good. All staff received training when it was due. The home outsourced the training to a company that organised training when it was due. We saw that staff had regular access to training so that they could safely meet the needs of the people that they were supporting. We saw training was sourced to meet very specific needs of the people living in the home such as Dementia and Diabetes Awareness training.

We also saw that staff had regular access to supervision sessions with their line manager. The manager highlighted to us that appraisals were not always up-to-date and this was a focus for the manager in the next few months. All of the staff we spoke with said that they received training and the right support to do their jobs. We saw that staff were encouraged to develop their learning. One staff member had completed a

QCF level 5 qualification in Leadership and Management and had been given access to additional tasks to give them the experience to achieve the qualification as it was competency based.

We saw lots of evidence throughout the inspection that the service worked closely with other local services to ensure that people's needs were met. The Community psychiatric nurses worked closely with some people and the home also had involvement from district nurses when this was necessary.

Is the service caring?

Our findings

We spoke with people and they told us that they thought highly of the staff team. One person said, "I get to do what I like here." Another person said, "Brilliant, they are [the staff]. They help me when I need it."

People told us that they had close relationships with the other people who lived in the home. One person said "We are all close. When our friend died we were all very sad but the staff helped us."

We saw that staff knew the people who lived in the home well and how they wished to be cared for. A lot of the staff had worked at the home for a long time and had long established relationships with people that enable them to recognise the early signs of someone becoming unwell with their mental health.

We found many examples throughout the two days of our inspection where the staff were engaging with people in positive supportive ways. One person had run out of tobacco and was very upset. We saw a staff member support them and arranged for them to borrow some until "payday". The person was very relieved and very thankful and promised to pay it back. We saw that the staff member reassured them that they were confident of that fact.

We observed one person and saw that they had made an effort with their physical appearance and had shaved. A staff member complimented them about how lovely they looked and how smart they were. The staff member later told us that they were trying to encourage the person to try and reinforce the behaviour to help the person feel better about themselves.

The home had two cats that were warmly talked about by the people who lived in the home. We saw people engaging with the cats cuddling them and stroking them. They obviously had a significant impact on the well-being of people who lived in the home and were cherished pets.

We saw that the home had a large focus on independence and encouraging people to maximise their opportunities to be independent. One person told us that the staff helped them enormously. They had struggled trying to care for themselves and had ended up very ill a number of times. They felt that the staff "got the balance right" for them; encouraging them to be independent but caring for them so that they were safe.

We met one person who lived in the home who had some memory problems. We saw staff engaging with them and showing them pictures of major achievements that had happened during their life. This obviously reminded the person and made them feel good about themselves. The pictures were displayed so everyone could see them.

We found that people's privacy and dignity was respected and people told us that they relished their private space of their bedrooms and that staff did not disturb them unnecessarily. We also saw that people's confidentiality was maintained and records were stored securely and appropriately.

Is the service responsive?

Our findings

People told us they were aware of their care plans and they had been involved in the care planning process, as far as they were able and willing to be.

The care plan files we looked at were person-centred, very detailed and informative, regularly reviewed and reflected the needs of the people living at the service. The files contained relevant information about the individual, such as their background, communication methods, health, emotional, and mental health needs. The files also contained clear information about people's routines throughout the day and their preferences about how to do things. Risks were clearly identified and the people had been involved in writing guidance for staff on how to support them during difficult times.

The care plans were regularly reviewed to ensure they were up-to-date and we saw that monthly updates were included on most of the plans we looked at.

We saw that very person centred information was clearly documented. Examples of this included how one person liked to be present when food was dished up because they could not eat it otherwise. Another person had detailed how they liked staff to communicate with them.

People were encouraged by staff to choose how they spent their time. We saw that people had some structure but were able to change their minds about what they wished to do each day. The first day of our inspection was cut short because the home was having a day out. During the second day of our inspection, people were discussing a canal boat trip that they were going on the following week. We saw that trips out were regularly planned. We also saw that the provider was very involved in supporting people with activities. They personally supported people to the swimming baths and to the gym every week if people wanted to go. One person told us, "He is great with us – generous with his time and his money."

We saw that the service had a complaints procedure and kept a detailed complaints log. We saw that all complaints were recorded, no matter how minor. One person had complained that their tobacco ran out before the end of each week and that they were very upset by this. We saw that the staff went to extreme lengths to resolve this for the person by price matching tobacco to maximise the person's money and then weighed out the tobacco into daily amounts with the person so they could understand and appreciate the constraints. We saw that all complaints were recorded and responded to very robustly.

The home did not usually deal with end of life care but did so if this was necessary for the people at the home. The manager told us that a person had died in the home since our last inspection and that they had worked very closely with health care professionals and the district nurse to care for the person at the home in accordance with the person's wishes. They had also made sure that everyone who lived and worked at the home had been fully supported through the process. During the inspection we observed people reminiscing about the person and talking about them. The manager told us that they were very proud of how the situation had been handled and that they had been able to accommodate the person's last wishes.

Is the service well-led?

Our findings

The registered manager knew all of the people living at the service and staff very well. There were clear lines of accountability and responsibility at the service. This included highly visible and active support available at all times including an on call rota covered by senior staff. This meant that the people living at the service and staff had easy-access to senior staff at all times.

The relationship between the provider, the manager and the deputy was positive, collaborative and close. They all spoke highly of each other and it was apparent that they worked closely together to provide the best service they could for the people living in the home. There was an open transparent culture in the home and we saw that the manager and deputy manager worked closely with the staff team. The people who lived in the home were regularly in and out of the office speaking with the manager and asking questions and they were always prioritised above other tasks. It was made clear to us on a number of occasions that the focus of the service was on the well-being of the people who lived there.

We saw that regular residents meetings took place usually on a monthly basis and that people had the opportunity to share their views about the home and what they would like to change. We also saw that on a three to six monthly basis everyone in the home completed a survey to give feedback. This information was collated and actions taken in response to the points raised and feedback given in the residents meetings. We saw that food and menus and outings were common topics.

We saw that staff meetings were held approximately every six months. The staff we spoke with told us that they felt supported by the manager and the deputy. We saw that staff meetings were recorded under three headings; What's going well, What needs improvement and What has been recognised. We thought that this was supportive for the staff team and their hard work was recognised and praise was given.

We looked at a number of quality assurance processes in the home and saw that these were managed well. The audits looked for patterns and trends in accidents, incidents and safeguarding concerns and actions were taken to avoid repeat incidences. We saw that the building maintenance was managed closely and we stressed the importance of this given that the building was old.

The management team were receptive to our feedback and were very clear about where they felt that they needed to make further improvements to the service. They recognised what they did well and had also identified areas to improve on, such as some audit trails in relation to recruitment and record keeping, and staff appraisals.