

# Kingsley Care Homes Limited

# Downham Grange

## Inspection report

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Date of inspection visit: 17 October 2014

Date of publication: 05/01/2015

### 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

Downham Grange is a modern and purpose built nursing home for up to 62 older people. There were 42 people living at the home at the time of our inspection.

There was no registered manager in place at the time of our inspection, but an interim manager had been appointed, pending the recruitment of a permanent manager. 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 and associated Regulations about how the service is run.'

At our previous inspection on 8 May 2014 we asked the provider to take action to make improvements in relation to how people were cared for, the number of staff on duty, how staff were recruited, and how the quality of the service was monitored. This action had been taken and we noted significant improvements in all these areas during this inspection.

We received many positive comments about the home from people who lived there, their relatives and visiting health care professionals. People told us that staff treated them in a way that they liked and there were enough of them around to meet their needs in a timely way. They stated that they received good quality care which had

# Summary of findings

maintained and, in some cases, improved their health and well-being. Family members told us staff were good at keeping them informed of events that affected their relative: something which they greatly appreciated.

People lived in a safe and well maintained environment. Medicines were stored correctly and records showed that people had received them as prescribed. Staff had received appropriate training for their role and had also received training in the Mental Capacity Act 2005. We saw that appropriate applications to deprive people of their liberty had been made so that people who could not make decisions for themselves were protected.

People's needs were clearly recorded in their plans of care so that staff had the information they needed to provide care in a consistent way. Care plans were regularly reviewed to ensure they accurately reflected people's current needs.

Effective quality assurance systems were in place to monitor the service and people's views were sought and used to improve it. It was clear that this home had made good improvements since our last inspection and the interim manager was bringing about much needed change.

# 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. People using the service told us they felt secure living at the home and they had no concerns about their safety. Staff were aware of what steps they would take to report incidents of concern and of the agencies involved in protecting people.

Potential risks to people's health and well-being had been assessed and measures had been put in place by staff to reduce them and ensure people's safety.

Medicines were managed well and people received their medication as prescribed by their GP.

There were sufficient staff to meet people's needs and the service followed robust recruitment practices to ensure that only suitable staff were employed to look after people.

Good



### Is the service effective?

The service was effective. People using the service were positive about their care and treatment, and staff had received suitable training and support for their role.

People's health was regularly monitored and people were supported to see a range of health care professionals to maintain their well-being. People's mental capacity was assessed and appropriate safeguards were put in place to protect people who could not make decision for themselves.

People's nutritional needs had been assessed and monitored and the recording of people's food and fluid in-take had improved significantly since our previous inspection.

Good



### Is the service caring?

The service was caring. People told us that staff treated them in a way that they liked, and that their decisions were respected by them. People and their relatives had been involved in important decisions about their care. Relatives told us that they were kept informed of any problems with their family member's health and that staff always responded quickly if concerns arose.

Good



### Is the service responsive?

The service was responsive. Health care professionals received appropriate referrals from staff at the home and staff were good responding to people's potential health problems. People's individual needs were clearly set out in their plans of care and were reviewed regularly to ensure that staff had the information they needed to provide the care people required.

The range and frequency of activities available had greatly improved since our previous inspection, offering people meaningful stimulation and entertainment.

People's complaints were thoroughly investigated and responded to in an open and professional way.

Good



### Is the service well-led?

The service was well led. People using the service, their relatives, staff and healthcare professionals praised the manager of the service for the way the home was run. Staff told us they had confidence in the interim manager and she had brought about many good changes.

Good



# Summary of findings

There was an open culture at the home and there were opportunities for people and staff to express their views about the service via regular meetings and surveys.

A number of effective systems had been established to monitor and review the quality of the service provided to people to ensure they received a good standard of care.

# Downham Grange

## 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 was 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 took place on 17 October 2014 and was unannounced. It was undertaken by one inspector.

Before our inspection we looked at all the information we had available about the home. This included information from notifications received by us and the findings from our last inspection. We used this information to plan what areas we were going to focus on during the inspection. The provider also sent us a provider information return (PIR)

with information about what they did to ensure the service was safe, effective, caring, responsive and well-led. They also told us about any areas where they planned to make changes or improvements.

During our inspection we observed how the staff interacted with people who used the service and how people were supported during their lunch. We spoke with four people who used the service and three visiting family members. We also spoke with the manager, the operations manager, one nurse, three care staff and a domestic assistant.

We also reviewed people's care records, staff training and recruitment records, and records relating to the management of the service such as audits and policies.

Following our inspection we contacted a number of health and social care professionals who knew the home well including GPs, district nurses and local authority quality monitoring officers to obtain their views about the service provided. We also conducted telephone interviews with a further four relatives.

# Is the service safe?

## Our findings

People we spoke with who lived at the home said that they felt safe there and did not have any concerns about the way staff treated them. One relative reported, "Staff have always been very considerate of (my relative), and I've never seen staff lose their temper or be impatient with residents. I don't know how they do it".

Staff told us, and records confirmed that staff had recently received training in safeguarding vulnerable adults. We spoke with two members of staff who were able to tell us how they would respond to allegations or incidents of abuse. They also knew how to report incidents both within the home and to agencies involved in protecting people outside the home. We spoke with a local safeguarding lead who told us that the manager made appropriate safeguarding referrals and that she had no current concerns about how people were protected at the home. She stated that the new manager was good at picking up problems and had completed thorough investigations of incidents when necessary.

The home had appropriate policies and procedures in place in relation to how it protected people. However, there was no information about how to report incidents of abuse displayed around the home. This was needed to ensure the information was easily accessible to people, their relatives and staff.

We found that any potential risks to people had been assessed by staff to ensure people were protected from harm. We viewed completed risk assessments in relation to their risk of falls, malnutrition, pressure sores and use of bed rails. These risks had been reviewed regularly to ensure they gave an up to date picture of people's needs and so they could be protected from unnecessary harm.

Training records we viewed showed that staff had received training in fire awareness, infection control and food safety, and we saw that staff implemented good infection control practices during our visit.

At our previous inspection in May 2014 we found that not all night staff had received first aid training. Training records we viewed during this inspection showed that all night staff had now received training in first aid to ensure they could deal with a medical emergency, if required.

People told us there were enough staff available when they needed them and that their requests for help were met quickly. One person told us, "If you ring the bell, they're here soon enough". Staff told us that staffing levels were "about right" and they were able to meet people's needs in a timely way. We saw that people's requests for help were met quickly by staff during our inspection, and that there were enough staff available to help people with their lunch. However, the home was relying on agency staff to cover a number of vacant posts including those for two nurses and five care assistants. 32 staff had left in the previous 12 months of our visit and turnover of staff was something that relatives and visiting health care professionals raised with us as a cause of concern, as they felt this compromised the consistency of people's care. One relative in the home's annual survey had stated, "I would like to see less staffing issues". However one person told us, "There are lots of new staff but I don't mind at all and it means I just make new friends".

At our previous inspection in May 2014 we had concerns about the home's recruitment procedures and issued a compliance action as a result. During this inspection we checked the personnel files for three recently recruited members of staff which contained the necessary evidence to show that they were suitable to work with vulnerable people. The manager told us that people who used the service now sat in on interview panels so that they could have a say in choosing the staff that would be supporting them. We spoke with one recently recruited member of staff who told us they felt their recruitment had been fair and thorough.

People we spoke with told us they received their medication regularly and that staff had never forgotten to give them it. One person told us, "I know what I take and it's always right". Files we viewed showed that staff had received training in the administration of medication and their ability to do so was assessed regularly to ensure it was done safely and correctly.

We found that medicines were stored securely in a locked room with access restricted to senior staff only. Temperature checks of the room and fridge where medicines were stored were conducted daily to ensure they were within safe limits. Appropriate arrangements were in place for the recording of medicines. Medicine

## Is the service safe?

administration records were fully completed and accurate showing people had been given their medicines as prescribed. Frequent checks were made on these records to help identify and resolve any discrepancies promptly.

# Is the service effective?

## Our findings

People we spoke with during our inspection reported that staff understood their needs well, and helped them improve their health. One person, who was clinically obese, told us that staff had supported them in losing a considerable amount of weight and another stated, “The nurses dress my legs every day. My leg ulcers have nearly healed in three weeks. I can’t believe it”.

Information submitted to us by the provider prior to our inspection stated that 20 staff had completed the Skills for Care Common Induction Standards and 15 care staff held an NVQ Level 2 or above or Diploma in Health and Social Care (nationally recognised awards for those working in the care industry) to ensure they had the knowledge and skills for their role.

The manager operated an effective system to ensure staff received the training they needed to carry out their role. We looked at the training records for four night staff workers and saw that they were up to date with essential training such as diet and nutrition; health and safety; medication, first aid and infection control. The provider carried out an annual staff survey as part of its quality monitoring process and results from this showed that 11 of the 12 staff who completed the survey felt supported with their learning. Staff told us that they had support when they needed it, and confirmed that they had received more training in the last six months than in the previous two years.

The manager stated that 75% of staff had received an appraisal of their working practices in the last year. Staff we spoke with reported that they had received regular supervision from their line manager and had also received an appraisal which they had found useful.

At our previous inspection in May 2014 we found that staff’s understanding and knowledge of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) was poor. Since this inspection, all staff had undertaken further training. We spoke with a local quality monitoring officer who had delivered the training. He commented that staff had engaged well with the training, and had a good basic understanding of the requirements of the Act. We also found this.

The manager in particular had good knowledge of this legislation and, in light of a recent Supreme Court judgement, had applied for DoLS to be implemented for 10

people living in the home as they required constant supervision when outside the home. People’s care records we viewed showed that their mental capacity and ability to make decisions for themselves had been fully assessed by staff.

At our previous inspection in May 2014, we found that the monitoring of people’s fluid in-take was poor. We reviewed the fluid in-take charts for six people who required assistance from staff to drink. These showed that people had received sufficient fluids each day to keep them properly hydrated. We noted that jugs of juice had been placed in bedrooms and in communal areas making them easily available to people. Snack trays containing crisps, biscuits and fruit were available in each of the lounges we visited. We saw that enriched milk shakes were offered to people as part of the morning drinks round to ensure that those who needed it were given additional calories to help maintain their weight.

We spoke with the home’s cook who was well qualified and who showed a good knowledge of the additional dietary requirements of people at risk of malnutrition. She also spoke of the need to make food colourful and interesting to encourage people with dementia to eat better. The home had been awarded five stars by the food standards agency meaning the food people ate had been stored and cooked in a clean and hygienic environment.

We observed lunch being served to people. This was chaotic, with people waiting a long time to be served their food, despite plenty of staff being available. Food was served fully plated up thereby denying people the chance to choose how much, and what they actually wanted to eat. There was little choice in what people could have as both dishes served that day included were fish.

Staff did not interact with people well during lunch, or ask people if their food was okay. One person told us their food had become cold.

People we spoke with told us that the treatment they had received had been effective. One person told us they had lost nearly eight stone since being at the home and staff had supported them well to lose weight and maintain their physiotherapy exercises. As a result they were now able to get out of bed and into a wheelchair, something they had not been able to do when they first arrived at the home.



## Is the service effective?

People told us that their requests to see other health care professionals were met. One relative told us, “My [relative] had a bad cough and chest infection and the nurse sorted antibiotics for him the next day”.

We spoke with a GP who told us that previously he had received a lot of “unthought through” referrals but things had improved greatly in recent weeks and he now received appropriate and considered referrals from staff. He went on to say that staff followed his instructions well and his requests for things like urine samples were always met promptly. Earlier in the year, the local clinical commissioning group (CCG) had suspended placements at the home for six weeks following concerns about the quality of the nursing care there. However placements had been restarted as a

result of significant improvements. A representative from the CCG told us, “There have been huge improvements in the home since the new manager took over. She has worked hard to really bring the place around”.

At our previous inspection of May 2014, we found that people’s observation charts had not been completed properly and we issued a compliance action as a result. During this inspection we viewed observation charts in eight people’s bedrooms which had been completed in detail. They showed that people had been offered pain control when needed; that they had received topical medicines and been assisted to change their position according to their care plan. People we spoke with confirmed they had received this care.

# Is the service caring?

## Our findings

People we spoke with told us that staff treated them in a way that they liked and respected their decisions. One person told us, “I get on well with the staff. I have a good talking relationship with them. I have a stupid sense of humour but they seem to appreciate it”. Another person told us. “I had six visitors in here just yesterday and staff made them all a cup of coffee”.

People said that staff respected their privacy and dignity. One person said, “I like my door shut and staff are always very good at closing it on their way out”. During our inspection, we observed people being assisted with their personal care in a discreet manner. In interviews with staff we found they demonstrated a respectful and thoughtful attitude to the people they supported.

Relatives we spoke with told us that the staff were caring and respectful towards their family member and spoke to them appropriately. They also told us that staff were good

at keeping them up to date about what was happening with their family member. One told us, “[Relative] fell and had fractured her hip, the staff phoned me immediately and I was able to get there before the ambulance arrived”.

At our previous inspection in May 2014 we had concerns that people and their relatives were not actively involved in reviewing their care and no one had seen or been given a copy of their plan of care. In response to this, the manager had placed a summary of people’s care plan in the door of their wardrobe, making it easily accessible to them, their relatives and staff. We saw evidence that people had now signed their plan of care to show they had agreed with the care was to be delivered to them. The manager stated that, where appropriate, relatives were now invited to review their family member’s care plan. Family members we spoke with confirmed this was the case.

In September 2014, the provider carried out an annual residents’ and relatives’ survey as part of its quality monitoring process. Comments we read on these surveys included, “I feel very involved in mum’s care” and; “I think it’s good that staff at the home involve relatives in decisions”.

# Is the service responsive?

## Our findings

We noted many aspects of the home's environment that were responsive to the needs of people with dementia. There was dementia friendly signage throughout the home to help people identify their bedroom and key locations such as toilets and bathrooms. Corridor walls were decorated with reminiscence objects to create an interesting and stimulating environment for people.

There was sufficient detail in the care plans to give staff the information they needed to provide care consistently and in ways that people preferred. Staff we spoke with also confirmed this, and told us that the computerised care plans were easy to use and let them find information about people's needs quickly. Care plans had been reviewed regularly so that any changes to people's needs had been picked up quickly. Records showed that when people's needs had changed, staff had made appropriate referrals and updated the care plans accordingly. However, not all plans contained good detail about people's past lives, individual preferences, aspirations and social histories. We discussed this with the management team who told us they recognised the importance of such information in meeting people's needs and would update people's plans as a result.

At our previous inspection in May 2014 we found that opportunities for meaningful activity for people in the home were limited. During this inspection we noted significant improvement. A full-time member of staff had been appointed to co-ordinate a range of activities and events for people to participate in. We spoke with this member of staff who was clearly enthusiastic and

passionate about their job. They showed us photographs from a range of events they had organised for people since being appointed, including BBQs, parties, trips to Sandringham and the local town centre. For example, they stated that they went with some people to a local Greggs bakery for breakfast which people really enjoyed. We noted that forthcoming activities were well advertised around the home and that there were at least two events planned every day for people. These included arts and crafts, walks, bingo, and sing- a-longs, which people told us they enjoyed. We saw that jigsaw puzzles and craft material had been left out on tables so that people could have easy access to them. In the morning of our visit an entertainer was present at the home facilitating a music session for people. One relative told us, "[Relative] enjoys the church services, and has played boules in the gardens. I see lots of arts and crafts stuff going on when I visit".

There was a complaints policy and procedure in place at the home. This outlined a clear procedure for people to follow should they wish to complain. Although people had been given information about the complaints procedure on admission, there was very little information around the home advising how people could raise their concerns. Only one of the four people we interviewed knew about the home's procedure, or what they needed to do. However people we spoke with who had raised their concerns were satisfied with how they had been dealt with. We viewed the manager's response to two recent complaints that had been received. We saw that the manager had investigated each allegation professionally and in full, and had responded in a timely way. This had been to the satisfaction of both complainants.

# Is the service well-led?

## Our findings

At the time of our inspection there was not a registered manager at the home. The previous manager had left in July 2014 and an interim manager was in post whilst a permanent one was being recruited. The Regional Operations Manager and the Director of Nursing and Clinical Services had been visiting the home regularly to support staff and ensure that improvements were being made since our previous inspection in May 2014.

We received many positive comments about the new manager from staff who told us that she was approachable, fair and communicated well with them. Staff told us they felt the interim manager had brought about many good changes to the home. One staff member commented, “The new manager is fantastic, she attends every handover and is on the floor to see what’s going on. No one gets away with nothing (sic) now”. Another commented, “The manager does listen and brings things up at handover if they’re important”. She described to us a specific incident where the manager had responded promptly and professionally and implemented swift action to ensure that staff were protected from harm.

We found that staff had the opportunity to express their views via staff meetings, staff surveys and through regular supervision with their line manager. The provider had carried out a staff survey in September 2014 as part of its quality monitoring process. The results of this survey showed that 11 of 14 staff felt ‘a significant partner in the home’ and involved in the development and success of the service.

We also received many positive comments about the new manager from visiting health and social care professionals who visited the home regularly. These included, “The new manager is on the ball and has worked hard in turning the home around. It’s a much better place now”. One social care professional told us that the manager had improved the communication and performance of staff. She stated that the manager had taken action to refer poorly performing staff to the NMC and other professional bodies where necessary.

People were given the opportunity to influence the service they received and residents’ meetings were held by the manager to gather people’s views and concerns. We viewed the minutes of a meeting held in July 2014 which showed

that people were kept informed of important information about the home and had a chance to express their views. We also saw that our previous inspection report had been discussed, highlighting the shortfalls we had identified during our visits. All the staff we spoke to were also aware of our previous inspection report. This showed that there was an open and transparent culture within the home.

We found that the home did not have strong links with the local community. However in response to this the manager told us that the home’s activities coordinator had been tasked with establishing stronger community links. We also saw a poster in the main entrance advertising a “Friends of Downham Grange”, explaining how volunteers could work within the home to enrich the lives of people living there and enable people to have better links with the local community.

There were a number of systems in place to monitor the quality of service provided to people living at the home. The manager conducted a number of monthly audits to assess the service and we viewed audits undertaken in relation to tissue viability, nutrition, infection control, mattress checks and people’s falls. There was an audit in place covering all aspects of medicines management. Monthly and additional ad hoc checks of systems had been carried out and action had been taken promptly when any shortfalls in medicines handling had been identified. The manager maintained a training matrix detailing the training completed by all staff. This allowed her to monitor training to make arrangements to provide refresher training as necessary. The manager told us she regularly ‘worked the floor’ to ensure staff were implementing their training and to ensure they were delivering good quality care to people.

There were regular visits to the home by the regional operations manager and quality audit staff to ensure that standards are maintained. Monthly checks completed by an operations manager covered medications, equipment and safety of the premises.

The manager told us she was in the process of implementing two nationally recognised care programmes in the home. The ‘Six Step’ programme which aims to enhance and improve end of life care to people living in care homes. Also the WINGS programme (Welcome, Individuality, Nurturing, Guidance and Sensitivity) which aims to improve the quality of life for people living with dementia.

## Is the service well-led?

The provider held an Investors in People Silver Award, which recognised good people management in practice.