Mrs M Lane

Kingsley House Residential Care Home

Inspection report

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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

Summary of findings

Overall summary

This inspection took place on 13 January 2016 and was unannounced. The service was last inspected on 16 October 2014 and at the time was not meeting all the Regulations we inspected because people were not receiving their medicines when they needed and in a safe way. At this comprehensive inspection we found the provider had taken action to address the breach we had identified.

Kingsley House provides accommodation and personal care for up to three older people. There were two people using the service at the time of our inspection.

The provider is not required to have a registered manager in place and the provider runs and manages the service.

There were systems and processes in place to protect people from the risk of harm. There were enough staff on duty to meet people's needs and staff within the organisation were available to cover in the event of staff shortage to ensure people's safety.

Staff had undertaken training in the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS). People were given choices and the opportunities to make decisions. Care records confirmed this.

There were arrangements in place for the management of people's medicines and staff had received training in the administration of medicines. The provider carried out audits of the prescribed medicines and records showed that they were regular.

People had access to a range of health professionals to help maintain their health.People's nutritional needs were met, and their menus were devised taking into account people's preferences and healthcare needs.

Staff received effective training, supervision and appraisal. The provider sought guidance and support from other healthcare professionals and attended workshops and conferences in order to cascade important information to staff, thus ensuring that the staff team were well informed and trained to deliver effective support to people.

Staff were caring and treated people with dignity and respect. Care plans were clear and comprehensive and written in a way to address each person's individual needs, including what was important to them, and how they wanted their care to be provided.

A range of activities were provided according to people's preferences and abilities. We saw that people were cared for in a way that took account of their diversity, values and human rights. The provider had started to develop the environment to meet the needs of people living with dementia.

People, staff and stakeholders told us the provider and staff were supportive and professional. The provider told us they encouraged an open and transparent culture within the service. The service supported people and their relatives to raise concerns and used feedback to make improvements where needed.

The provider had effective systems in place to monitor the quality of the service and ensured that areas for improvements were identified and addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff were aware of the risks to people's safety and supported them to manage those risks.

Staff were aware of safeguarding procedures and worked with the local authority's safeguarding team to investigate concerns raised.

Enough staff were available to provide timely support and ensure people's safety. Checks were carried out during the recruitment process to ensure only suitable staff were employed.

Medicines were managed safely and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective. Staff received the training and support they needed to care for people.

The service had policies and procedures in place to assess people's capacity, in line with the Mental Capacity Act (2005).

People were supported to make choices about the food they wished to eat and staff respected those choices. Staff received food hygiene training and regular refreshers.

People were provided with access to relevant health professionals to support their health needs.

Is the service caring?

Good

The service was caring. Feedback from people and relatives was positive about both the staff and the provider. Staff interacted with people in a friendly and caring way.

Care plans contained people's personal history, likes and dislikes. People were supported by caring staff who respected their dignity and human rights.

People were supported to make choices and staff told us they

respected this.

People's end of life wishes were recorded and respected and each person using the service had an advanced care plan in place.

Is the service responsive?

Good

The service was responsive. People's individual needs were met when their care and support was being assessed, planned and delivered.

People and their relatives were involved in planning and reviewing their care.

A range of activities were arranged that met people's interests and abilities.

The provider had not received any complaints but a complaints policy was made available to people, relatives and staff.

Is the service well-led?

Good

The service was well-led. People, their relatives and staff found the provider to be approachable and supportive.

There were regular meetings for staff and people using the service which encouraged openness and the sharing of information.

There were systems in place to assess and monitor the quality of the service.

Kingsley House Residential Care Home

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.

This inspection took place on 13 January 2016 and was unannounced. The inspection was carried out by a single inspector.

Before the inspection, we reviewed the information we held about the service, including notifications we had received from the provider and the findings of previous inspections.

As part of the inspection we spent time observing how staff provided care for people to help us better understand their experiences of care. This was because some people who lived at the home had difficulties with their memory and were unable to tell us about their experience of living there. In order to do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not speak with us. We also looked at records, including two care plans, three staff records and records relating to the management of the service. We spoke with the two people who used the service, one member of staff who was on duty and the provider.

Following our visit, we spoke with two healthcare professionals and a social care professional who were involved in the care of people using the service as well as two staff members to obtain their views about the service. We were unable to make contact with a relative but took into account their written comments we saw during the inspection.

Good

Is the service safe?

Our findings

At our inspection of 16 October 2014 we found that people were not always receiving medicines in a safe way. We told the provider they must make the necessary improvements. At this inspection we found that they had improved and people were receiving their medicines safely.

Arrangements were in place for the management of people's medicines and all medicines were stored securely and at the correct room temperature. Staff were trained in the administration of medicines and received annual updates. Medicines policies and procedures were in place and staff demonstrated a good understanding of the procedures they followed when they supported people with their medicines. We checked all the medicines administration records (MAR) charts which had been completed over four weeks. They showed that staff had administered all the medicines as prescribed, and there were no gaps in signing. The provider carried out regular audits of all the medicines and we saw evidence that they were thorough. The provider told us that the pharmacist provided support and carried out regular audits of the service which included checks on storage, recording of receipt, handling and returning of medicines. We spoke to the pharmacist who told us they had undertaken a recent audit and had not identified any issues. This indicated that people who used the service were receiving their medicines safely and as prescribed.

People we spoke with indicated they felt safe living at Kingsley House. One person said, "Oh yes I am very safe, I don't worry about anything." Another person said, "Safe? Of course I am safe!" A healthcare professional told us they thought staff kept people safe and had not identified any concerns when visiting the service. They added, "People are kept in a safe, clean and tidy environment, I have no concerns." A social care professional said, "You can visit anytime and know that people are safe there."

Records showed and staff we spoke with described a range of potential risks to people's wellbeing and how they worked to minimise risks they had identified. Actions undertaken by staff to protect and support people to be safe included arrangements to support a person who had reduced mobility and needed help to manage personal care issues. We saw that risk assessments and plans were person-specific and were based on individual risks that had been identified either at the point of initial assessment or during a review. Records were updated according to the outcome of each review.

The provider had a safeguarding policy and procedures in place and staff told us they received regular training in safeguarding adults. Training records confirmed this. We saw an easy-read version displayed in the lounge for people who used the service. Staff were able to tell us what they would do if they suspected someone was being abused. They told us they would report any concerns to their manager as they were confident that they would take their concerns seriously. Staff told us they were familiar and had access to the whistleblowing policy. This meant that people were protected from the risk of abuse.

The provider raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission as required of allegations of abuse or serious incidents. The provider carried out the necessary investigations and management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. Records

we viewed confirmed this.

Staff were clear about how to respond to emergencies and emergency contact numbers were accessible. Staff told us the provider was always contactable and available in case of emergency. We saw evidence in people's records that staff involved healthcare professionals when needed.

Incidents and accidents were recorded and analysed by the provider and included an action plan to address any issues identified. This included referrals to relevant healthcare and social care professionals. We saw evidence that incidents and accidents were responded to appropriately. This included a plan to reduce the risk of falling for a person who used the service. Records showed a marked reduction of falls since the plan was put in place. This showed that the provider had taken appropriate steps to protect people from harm.

The provider had a health and safety policy in place and displayed in the lounge. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. A general risk assessment was in place which included medicines administration, food and infection control. Equipment was regularly serviced to ensure it was safe, and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers.

The provider had taken appropriate steps to protect people in the event of a fire, and a fire risk assessment was in place. The service carried out regular fire drills and fire alarm tests, and staff were aware of the fire procedure. We saw that an inspection by the fire officer was undertaken in July 2015 and they found the fire safety arrangements at the home to be satisfactory. People's records contained personal fire risk assessments and personal emergency evacuation plans (PEEPS). These took into account each person's comprehension and ability to take appropriate action in the event of a fire, and guidance for staff on how to support the person. For example, where a person had been identified as likely to panic and get frightened, guidance for staff included, "Reassure [person], explain fire evacuation procedure and what you are about to do."

There were only two people living at the service at the time of our inspection and the staffing levels consisted of one staff member all day and one staff member all night. The provider was also available to provide support to people and staff as needed. The staffing records we viewed confirmed that there were always enough staff on duty at any one time to provide care and support to people. The service did not require the use of agency staff and the provider told us that staff from their other service were always available to cover in the event of staff shortage.

Recruitment practices ensured staff were suitable to support people. This included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service. This including obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check such as a Disclosure and Barring Service (DBS) check were completed.

Good

Is the service effective?

Our findings

People were supported by staff who had appropriate skills and experience. Staff we spoke with told us they had received a thorough induction when they started to work for the service. They told us that this included training and working alongside other staff members. One staff member said, "My induction was really thorough, it made me confident." The subjects covered during the induction included safeguarding, health and safety, first aid, medication, food hygiene, moving and handling and infection control. This included training specific to the needs of the people who used the service and included Mental Capacity Act (MCA), dignity in care and dementia awareness. The registered manager told us that staff undertook online and classroom based training. Staff had obtained a National Vocational Qualification (NVQ) in care and the provider had studied for the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. They told us they intended to work with staff to help them obtain this qualification. Training records confirmed that staff training was delivered regularly and refreshed annually. This meant that staff employed by the service were sufficiently trained and qualified to deliver care to the expected standard.

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. The provider and staff understood the principles of this legal framework. People's care plans recorded the types of decisions they could make for themselves and the support they needed when they could not do so. Decisions taken in
people's best interests were recorded and showed that everyone involved with the person's care had been consulted. We saw staff encouraged people to make decisions where they were able to, such as what they wanted to eat and drink and how and where they wanted to spend their time. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether 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. At the time of our inspection two people had their freedom restricted and the registered manager told us and we saw evidence that they had submitted the applications to their local authority. The provider had therefore acted in accordance with the Mental Capacity Act, 2005 DoLS.

During and after the inspection we spoke with members of staff and looked at three staff files to assess how they were supported to fulfil their roles and responsibilities. Staff told us and we saw evidence that they received supervision from the provider every month. One staff member said, "Supervision is always useful, and my manager supports me. My suggestions are taken on board." The provider told us that regular supervision meetings provided an opportunity to address any issues and to feedback on good practice and areas requiring improvement. Staff also received a yearly appraisal. This enabled staff to reflect on their performance and to identify any training needs or career aspirations. This meant that people were cared for by staff who were suitably supervised and appraised.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, and as an important aspect of their daily life. People's nutritional needs were assessed as part of the pre-admission assessment. We saw that people's likes, dislikes and preferences with regard to food and drink had been recorded in their care plans. Menus we viewed showed two meal options for each meal time. A staff member told us that if people wanted something else, they would just cook it for them. People told us that the food was good. One person said, "Food is good here, I love food!" and another said, "Oh yes, I do like the food here, I get a lot of it!" The provider told us that menus were devised taking into account people's preferences. One person using the service told us their favourite food was rice, and that they were offered that option on the day of our inspection. We saw that fruit, snacks and refreshments were offered to people throughout the day. The provider had displayed the menu of the day in the lounge and told us they were working on a more colourful pictorial version and showed us an example of the pictures they were going to use. Staff had received training in healthy eating and food hygiene. Staff monitored people's weight, nutrition and fluid intake. We saw that people's weight was stable indicating they were receiving adequate nourishment.

One healthcare professional told us they found the provider and staff to be very good at monitoring the health needs of people and often liaised with them for advice. They said, "They are very responsive to people's health needs. The care staff even get worried when someone is unwell, they are quick to contact us." Healthcare professionals such as the GP and district nurses visited often. Records of their visits included the reason, outcome and recommendations. These included routine appointments and specialist appointments. Records confirmed that staff had followed medical instructions and a person who had been prescribed medicines for a diagnosed condition had received treatment as prescribed. Care plans we looked at contained individual health action plans. They contained details about people's health needs and included information about their medical conditions, mental health, medicines and dietary requirements and general information. This indicated that the service was meeting people's health needs effectively.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the care and support they received. One person told us, "People are always nice to me, I am very happy". Another said, "They are nice, I like them". A healthcare professional told us that people were "happy and well cared for". The provider and staff told us that they ensured people were treated with respect and kindness at all times. One staff member said, "People are happy here, we are like a family." We saw one person singing along to their favourite music and showing a real enjoyment. The provider was greeted warmly and enthusiastically by a person using the service who said, "There you are, how are you?" A lively conversation followed. We saw a member of staff spending time looking at photographs with a person who used the service and having a meaningful conversation about the past. They told us, "[Person] is very sociable and enjoys a good chat."

The staff and provider spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their rights and their diverse needs. The provider told us that staff received training in dignity and care, and records confirmed this. They were hoping to continue developing this and become a "dementia champion". They also told us that they attended events in this subject and brought back handouts for staff. This was also discussed in team meetings. We observed on the day of our inspection that people were treated with care and respect. People looked well dressed, were groomed and had clean fingernails. A healthcare professional said, "people are always clean and tidy, their rooms clean, bedding immaculate. It's a pleasure to go there."

Staff told us they ensured that people's privacy and dignity were respected. We saw that staff attended to people's needs promptly and in a discrete and respectful manner. In places, there were posters to inform the staff about dignity and best practice. A healthcare professional said, "The care staff are so respectful, they always make sure the person's dignity is maintained. They close the door, explain what's happening etc. I can't fault them." The bedrooms looked homely and had been personalised. They contained ornaments, personal photographs and pictures. The provider had started to develop the environment to meet the needs of people living with dementia. This included a contrasting colour for the toilet door to facilitate orientation. The environment was comfortable and homely. There were pictures and photographs of film stars of the past, royalty and landscapes. These provided points of interest and subjects of conversation for people who used the service.

The provider managed another service which had obtained accreditation to the Gold Standard Framework (GSF), an approach to planning and preparing for end of life care, and told us they used this approach in Kingsley House. They told us they intended to get this service accredited in the future. There were an end of life policy in place and we saw that each person who used the service had an advanced care plan in place. This included the person's wishes for end of life, such as where they wanted to end their life. It identified the person's medical condition(s) and needs and how their needs would be met. For example, if a person wished to die at the home, the risks and benefits were recorded. The provider and staff carried out monthly meetings to review people's condition(s) and invited a healthcare professional. The end of life care plans were written clearly and in a person-centred way. They included phrases such as, "[Person's] privacy and dignity will be maintained at all times" and "[Person's] last wishes will be respected".

Good

Is the service responsive?

Our findings

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people and relatives had been involved in discussions about their care, support and any risks that were involved in managing the person's needs. The provider told us that people were referred from the local authority and they had obtained relevant information from them. This included background information which helped understand each person and their individual needs. Staff we spoke with were knowledgeable about the needs of the people they cared for. One healthcare professional told us that the staff team provided a service according to people's individual needs. This included identifying any additional information required to be able to provide a personalised service. For example, identifying what a person liked to read, or their favourite music.

The care plans we viewed were comprehensive and contained detailed information to know what the care needs were for each person and how to meet them. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences. The care plans detailed the level of support people required and what tasks people were able to undertake independently. We saw evidence that people and their relatives were involved in the planning and reviewing of their care. We viewed daily care records completed by staff at the end of their shift. They included comments, observations, needs, instructions and daily activities.

Staff encouraged and supported people to undertake activities of interest to them. Activity assessments were undertaken and identified what each person liked doing. This included a person who chose to read a daily newspaper and listen to classical music. We saw them enjoying this activity on the day of our inspection. The service celebrated major yearly events such as Easter and Christmas and organised parties for people and their relatives. Some outings were organised throughout the year as well as regular in-house entertainment such as a drama therapist and music entertainer. A pictorial schedule of proposed activities was displayed in the lounge. We saw a display of photographs showing the birthday celebration of a person using the service, and a letter from their relatives thanking staff for making the day so special.

The service had a complaints procedure in place and this was available to staff, people who used the service and their relatives. The provider told us they had not received any complaints but would address any issues if they arose.

People were supported to feedback about the service through quarterly meetings and quality questionnaires. These questionnaires included questions relating to how they felt about the care and support they received and whether their needs were being met. It also included questions about the quality of the food, the environment and social needs. We saw that the results showed an overall satisfaction. Staff, relatives and stakeholders were also consulted and the results showed that they were satisfied with the service.

Good

Is the service well-led?

Our findings

The service promoted a culture that was positive, open and inclusive. Staff said that the provider operated an open door policy and was transparent. A staff member said, "We can talk to the manager if we have a concern, things get sorted out." Another staff member said, "The manager supports me, I have no problems, it is nice here." A healthcare professional told us that the provider was responsive and found the service to be well-led. They said, "It is high standard. They are all so good. The manager runs a very good service, I have no concerns at all." A social care professional told us that the service was well-led and staff always communicated well with them.

The registered manager had put in place a number of different types of audits to review the quality of the care provided. These included medicines audits, environmental checks, health and safety checks and care records. Audits were evaluated and when necessary, actions plans were put in place to make improvements in the service. Records were kept of safeguarding concerns, accidents and incidents. We viewed a range of audits which indicated they were thorough and regular.

Staff told us they had regular team meetings and records confirmed this. The items discussed included feedback from "residents'" meetings, GSF, achievements, safeguarding, housekeeping, health and safety, quality monitoring, policies and procedures and complaints. Outcomes of complaints, incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Staff meeting minutes confirmed this. The provider attended provider forums and events organised by Skills for Care to keep themselves up to date with developments within the social care sector and the Care Quality Commission. We saw that they cascaded important information to the staff team during meetings. This showed that the provider valued learning and sharing of information to provide a consistently good service to people who used the service.

The service worked closely with healthcare and social care professionals who provided support and advice so staff could support people safely at the service. Records showed that professionals visited people at the home and had established good working relationships with staff. One healthcare professional told us that there was continuity of care at the service and that facilitated good working relationships.