

# Dyzack Limited Kingsley

## 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 was carried out on 15 March 2016 and was announced. Forty eight hours notice of the inspection was given because people needed support to manage changes to their routine. We needed to be sure that we reduced any anxiety that people had about our inspection.

Kingsley provides accommodation and personal care for up to nine people with a learning disability. The service is a converted domestic property. Accommodation is arranged over two floors. All of the bedrooms have ensuite toilets or bathrooms. There were six people living at the service at the time of our inspection.

A registered manager was leading the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were kind and caring to people and treated them with dignity and respect at all times.

The registered manager was leading the staff team and had oversight of the service. Staff felt supported by the registered manager and were motivated. They said the manager was always available and was approachable. The registered manager and staff shared a clear vision of the service.

There were enough staff, who knew people well, to meet their needs at all times. The registered manager had considered people's needs when deciding how many staff were required to support people in different activities. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

Checks had been completed to make sure staff were honest, trustworthy and reliable. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff had completed the training they needed to provide safe and effective care to people. They were supported to provide good quality care. Some staff held recognised qualifications in care. The registered manager met regularly with staff to discuss their role and practice.

People's care and support was planned and reviewed with them, to keep them safe and help them be independent.

Plans were in place to keep people safe in an emergency. Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager. Systems were in place to manage complaints

received.

Action was taken to identify changes in people's health, including regular health checks. People received the medicines they needed to keep them safe and well. People were offered a balanced diet that met their individual needs.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Arrangements were in place to apply to the supervisory body for a DoLS authorisation when necessary. People were not restricted and went out when they wanted to.

The requirements of the Mental Capacity Act 2005 (MCA) had been met. The registered manager knew when assessments of people's capacity to make decisions were needed. Staff assumed people had capacity and respected the decisions they made. When people needed help to make a particular decision staff helped them. Decisions were made in people's best interests with people who knew them well.

People enjoyed a variety of activities, with support when needed. Possible risks to people had been identified and were managed to keep them as safe as possible, while supporting them to be independent.

The registered manager worked alongside staff and checked that the quality of the service was to the required standard. Any shortfalls found were addressed quickly to prevent them from happening again. People and their relatives were asked about their experiences of the care.

Accurate records were kept about the day to day running of the service care and the support people received. These provided staff with the information they needed to provide safe and consistent care to people.

Systems were in operation to regularly assess the quality of the service. People and their relatives were asked for their feedback about the quality of the service they received.

## 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.

Risks to people had been identified and action had been taken to keep people safe and well.

Staff knew how to keep people safe, when there was an emergency or if people were at risk of abuse.

There were enough staff who knew people well, to provide the support people needed at all times.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

People were given the medicines they needed.

### Is the service effective?

Good ●

The service was effective.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff offered people choices in all areas of their life.

Staff had the skills they required to provide the care and support people needed.

People were offered food and drinks they liked to help keep them as healthy as possible.

People were supported to have regular health checks and attend healthcare appointments.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and caring to people.

People were given privacy and were treated with dignity and respect.

Staff had the skills to communicate with people in ways that they understood. Staff took time to understand what people were telling them.

People were supported to remain independent.

### Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in planning their support. People received their care in the way they preferred.

People were involved in their local community and participated in activities they enjoyed.

Systems were in place to resolve any concerns people had to their satisfaction.

### Is the service well-led?

Good ●

The service was well-led.

There was a clear set of aims at the service including supporting people to be as independent as possible.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were accountable for their actions.

Checks on the quality of the service were regularly completed. People and their relatives shared their experiences of the service.

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# Kingsley

## 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 15 March 2016 and was announced. Forty eight hours notice of the inspection was given because people needed support to manage changes to their routine. We needed to be sure that we reduced any anxiety that people had about our inspection.

The inspection team consisted of three inspectors. Before to the inspection we looked at previous inspection reports and notifications received by CQC which a provider is required to send us by law. Notifications are information we receive from the service when significant events happen, like a serious injury.

Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we inspected the service sooner than we had planned.

During our inspection we spoke with people, the registered manager, staff and a consultant manager. We visited people's bedrooms with their permission and looked at two people's care records and associated risk assessments. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the care and support people received. We looked at their medicines records.

We last inspected Kingsley in August 2013. At that time we found that the registered provider was complying with the regulations.

# Is the service safe?

## Our findings

People appeared relaxed and happy in the company of each other and staff. One person told us, "I like it here best, I've got friends here."

Staff knew about different types and signs of abuse and they knew how to report any concerns. They were confident that any concerns they raised to the registered manager would be listened to and acted on. The registered manager was aware of safeguarding procedures and reminders about responding to abuse were displayed in large print in the staff office. Any accidents or incidents were recorded and monitored by the registered manager so she could identify any patterns or trends and take action to prevent further incidents.

People's money was safeguarded with systems in place to record and account for any money spent. Receipts were kept and the balances were checked regularly. People chose how they spent their money and always had the money they needed when they wanted it.

Risks to people had been assessed and guidance was provided to staff about how to keep them safe while maintaining their independence. One person was at risk of choking. Meals were prepared in the way they preferred, this helped them remain safe. Staff had been trained to support people if they choked. A first aid instruction poster was clearly displayed for staff to refer to.

Guidance was provided about how to support people to remain calm and safe when they became anxious or worried. Incidents were reviewed and action was taken to keep people as safe as possible. Staff were informed of changes in the way risks to people were managed at the beginning of each shift. Changes in the support that people needed were also recorded in their records so staff could catch up on changes following leave or days off.

Risks posed to people had been identified and assessed with control measures in place to reduce risks. This included environmental risks. For example, the water temperatures were checked, to make sure they were not too hot, and gas and electrical appliances were checked regularly. There was a fire risk assessment and evacuation plans for each person and a general evacuation plan. Practice drills were held regularly so everyone got to practice leaving the building in an emergency. Fire equipment was checked to make sure it was working properly.

Some people could get anxious, when this happened staff reassured people or tried to distract them. Staff recorded any incidents and kept a weekly summary. This was reviewed by the registered manager to check if the support being provided needed to be changed. One person became anxious during the inspection. Staff reassured and distracted the person who became less anxious.

Staffing was planned around people's needs, appointments and activities. If more staff were needed to support people's changing or increasing needs, there were more staff on duty. Staff we spoke with said they were happy with the staff levels and thought there was enough staff on duty. The manager was on call out of hours to give advice and support.

The manager talked to people, relatives and to staff about the staffing levels and kept them under review. Each shift was planned with staff allocated to different people and to different activities. Each staff member knew what they would be doing that day and staff told us that they worked well as a team. Most staff had been working at the service for several years and knew people very well. There were staff around, in all areas of the service so they were available when people needed them. Nobody had to wait and staff had time to sit and spend time with people and were not rushed.

Staff were recruited safely to make sure they were suitable to work with people at the service. Staff files were well organised and contained all the information required. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. New staff were invited to look around the service and meet people before their interview. Written references from previous employers had been obtained and checked. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff declared any health issues that may need to be supported and any gaps in their employment history were checked. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of employment.

Before any new staff were employed they were invited to meet everyone at the service. The registered manager observed how this went and asked people for feedback on prospective staff, she told us "(New staff) must get on with people or there is no point, I look for compassion in staff rather than experience. I want my staff to treat people as their family."

There were policies and procedures in place to make sure that people received their medicines safely and on time. People's medicines were managed by staff who were trained in safe medicines management. All medicines were stored securely and medicines given to people, including creams, were accurately recorded.

Medicines were stored in a locked cupboard that was not overstocked. Packets of medicines were dated when they were opened so staff were aware that these items had a shorter shelf life, and could not be used after a certain date. Staff checked the temperature of the medicines cupboard to make sure medicines were stored at the correct temperatures.

Regular checks were carried out on medicines and the records to make sure they were correct. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. Guidelines were in place for staff to refer to about where to apply creams. Some people had pain sometimes. Staff knew the signs that they were in pain and offered them pain relief that was prescribed only when it was needed it.



# Is the service effective?

## Our findings

People were able to make choices about all areas of their lives, including how they spent their time. During our inspection people made decisions and were offered choices which staff respected and supported. People were able to tell staff how they preferred their support provided. Staff knew people very well.

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. Staff had received training in relation to the MCA. We checked whether the service was working within the principles of the MCA.

Everyone living at the service was able to make straightforward decisions, such as what they wanted to eat or drink and shared these with staff. Some people were unable to make complex decisions about the care they received and needed other people to make these decisions in their best interests. Decisions made in people's best interests had been made by people who knew them well. The registered manager knew that people's capacity to make a decision should to be assessed each time a decision needed to be made and had a process in place to do this.

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). The registered manager was aware of their responsibilities under DoLS. The risks of people who lacked capacity being deprived of their liberty had been assessed. At the time of our inspection the registered manager was completing DoLS applications as there may have been a risk that people were deprived of their liberty. People were not restricted and told us they were supported to go out when they wanted. Some people went out every day with staff, other people chose to spend more time at home.

Staff supported people to maintain good health and provided care to meet their health care needs. People had health action plans in place to tell staff and health care professionals about their health care needs. Staff knew the signs that people were becoming unwell and how to support them to remain well. People were supported to see their doctor when they needed to. The advice and guidance given by health care professionals, including doctors, was followed to keep people as well as possible.

People were supported by staff who knew them well to attend health care appointments, including health checks and outpatient appointments. This helped people understand what was going to happen and supported them to tell their health care professional how they were feeling. Staff made sure any recommendations were acted on when they returned to the service.

People had regular health care checks including dental check-ups and eye tests. The registered manager had considered people's needs and chosen health care professionals who had the skills to support people;

such as a visiting optician who was able to test the sight of people who were not able to read the alphabet. One person had been supported by staff to attend a conference for people who had the same syndrome as them. They had enjoyed this and staff had learnt more about the syndrome.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. Staff received an induction when they started work at the service to get to know people, the care they needed and to understand their roles and responsibilities. New staff had completed the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. New staff worked alongside experienced staff to help them build relationships with people and provide care in a consistent way. One new staff member told us "All the staff are helping me to learn what to do".

Each staff member had a training needs assessment detailing their training needs then a training plan to meet those training needs. There was an ongoing programme of training which included face to face training, mentoring, watching DVD's and answering questions. Completed training was tracked and further training for staff was arranged when needed. Some training was provided in house, including fire awareness, so that everyone could take part in a drill. The range of courses offered to staff included subjects related to peoples' needs including Autism awareness, person centred care and Makaton (a sign language).

Staff spoke with knowledge about people's wide ranging needs and were knowledgeable about people's health conditions. The registered manager reviewed the effectiveness of the training by observing staff and talking to people about the staff. The registered manager gave feedback from their observations to staff at regular one to one meetings with them. Any changes needed to staff practice were discussed at these meetings and the registered manager supported and coached staff to provide good care. The one to one meetings were planned in advance so that staff could prepare and enabled the registered manager to track the progress towards the staff member's objectives. All the staff we spoke with told us they felt well supported by the registered manager.

Staff had a yearly appraisal so they could discuss their training needs and career ambitions for the next year. The staff team was small and apart from one new staff member, all staff had been at the service a long time. They knew each other and the people they supported well. Throughout the inspection staff anticipated people's needs and gave them the right support.

People had enough to eat and drink. They took part in the food shopping and prepared meals, snacks and drinks. People could help themselves to drinks when they wanted to. Food was prepared to people's preferences and to meet their needs.

Staff were aware of what people liked and disliked. People chose what they wanted to eat from the menu each day. People were supported and encouraged to eat a healthy and nutritious diet and there was plenty of fruit and fresh vegetables available. Meals were prepared to meet people health needs. People enjoyed having a weekly take-away meal and chose what they wanted each week.

# Is the service caring?

## Our findings

People had lived at Kingsley for a long time and everyone appeared happy and relaxed. People told us the staff were "Good" and "Fantastic".

Staff spoke with people, and each other, with kindness, respect and patience. They described people to us in a positive way, including, "He has a great sense of humour". The atmosphere was calm and relaxed and staff responded appropriately when a person appeared to become anxious. Staff spoke with the person calmly and reassured them and the person became visibly calmer. There was lots of laughter as people shared jokes with staff.

Staff spent time with people making sure they had what they needed. People were occupied with activities and were relaxed in the company of staff. People were supported to do as much for themselves as possible so they maintained and developed some independence. People offered to show the inspectors around the service rather than staff.

People were supported to make decisions about their support at regular meetings and review meetings. If people agreed, staff were in contact with people's care managers, family and friends who were involved in helping people to achieve their future goals. People were supported to 'have a say' and knew their views would be listened to. Information was presented in ways that people could understand which helped them to make choices and have some control over making decisions. Staff understood how communicated, including sign language and gestures and responded to their requests.

Staff treated people with dignity. Some people preferred their personal care provided by a person of the same gender while others preferred someone of the opposite gender. One person would request the staff member they wanted to support them and was happy to wait if they were helping another person. Staff knew people's preferences and provided care in the way they preferred.

People's privacy and private space was respected. Staff knew when people wanted some privacy or space and made this happen. People had chosen the way their bedroom was organised, the colour scheme and décor. One person told us they enjoyed spending time in their bedroom with their collections. Everyone had private en-suite facilities and could also choose to use a shared bathroom if they preferred a bath.

People were supported to follow their chosen religion when they wanted to. People who wanted were supported to attend church and a priest visited people at home. Staff knew about the spiritual support people may want at the end of their life.

Staff were aware of the need for confidentiality and personal information was kept securely. Meetings where people's needs were discussed were carried out in private. The information contained in the care and support plans was agreed with each person, so that they were meaningful and relevant to people's interests, needs and preferences. There was good communication between staff members with handover meetings held between shifts and a detailed communication book.

## Is the service responsive?

### Our findings

People, including those who had difficulty communicating their needs and preferences had been involved in planning their care and support, with their relatives when necessary. Staff knew people's routines and provided the support they needed in the way they preferred. People were described in a positive way in their care plan, including 'I have a great smile and personality. I love to tidy up'.

Staff told us about what each person was able to do for themselves and what help they needed. This information was included in people's care plans for staff and visiting professionals to refer to. Information was included about all areas of their life, including their likes, dislikes, daily routines and preferences. Some people needed help to get washed and dressed. Staff encouraged people to do what they were able for themselves and helped them to other things. One person told us, "The staff help me with my shave, the staff are marvellous".

Staff worked with health care professionals, including psychologists to understand the support what people wanted. The registered manager told us it was important to "understand the cause or trigger of the problem and deal with it". Incidents of people becoming frustrated or anxious had gone down and people appeared calm and relaxed.

Detailed guidance was provided to staff about how to support people, to ensure that it was consistent. Staff followed the guidelines and worked as a team to offer people consistent information. They reminded them about the support they had agreed with staff; such as when they would go out or have a cigarette. This reduced the risk of people becoming confused and anxious which may make them display challenging behaviour. People knew what to expect and incidents were rare. Staff recorded any incidents that happened. This information was useful for any visiting behavioural support staff to review.

People's care plans were reviewed regularly, with people, to make sure they remained current. They were updated when people's needs changed or they wanted their support offered in a different way. A pen picture about each person was included at the front of their care plan to help visiting professionals get to know important things about the person quickly. This information could also be used if people got lost while out.

People learnt new skills to make them more independent and took responsibility for their home and things. One person told us, "I like to fold laundry for everyone. The staff help me to keep my room tidy". Staff supported people to keep the house clean and tidy their bedrooms.

People had enough to do during the day and had regular opportunities to follow their interests and take part in social or physical activities. People told us they were going shopping with staff on the day of our inspection. They told us what they wanted to buy and made a list with staff. One person told us "Shopping is what I like best, the staff take me shopping". Other people spent time at a local social club. People knew what they were doing each day and had an individual activities plan. Some people liked to go out often. They used their local community facilities, such as local cafes and shops.

There was a complaints policy and procedure and staff were aware of the process to follow should anyone make a complaint. The registered manager said there had been no complaints for a long time but if there was a complaint this would be investigated and responded to.

Staff told us that they could tell by people's body language and behaviours if they were not happy about something, they said they knew people well and could always tell if there was a problem.

## Is the service well-led?

### Our findings

Staff told us that the registered manager was supportive and always available either in person or by phone to give advice and support. The registered manager had managed the service for several years and knew the staff and people there very well. She led by example and supported staff, giving them feedback about how they might improve their practice. The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The registered manager was experienced and qualified and was supported by the provider.

There was a culture of openness; staff and the manager spoke to each other and to people in a respectful and kind way. The registered manager had a clear vision of the quality of service which was shared by staff. They worked hard to make the service homely. They treated people as they would want to be treated themselves. One staff member told us staff were encouraged to "Think about people as you would think about yourself".

Staff told us they were supported by the registered manager. There was a culture of openness; staff and the registered manager spoke to each other and to people in a respectful and kind way. Staff were motivated and enjoyed working at the service. They told us they 'loved' working at the service and would not want to work anywhere else.

Staff understood their roles and knew what was expected of them. They had regular team meetings and their views and opinions were listened to. Staff knew about the whistle blowing policy and knew who they could report any concerns to.

People, their relatives and visitors were asked for their feedback about the service every year. Staff at the provider's head office sent out surveys and collated the responses. People could also share their views at regular review meetings. Staff were not currently surveyed so they did not have an opportunity to give their views, anonymously if they wished to. The provider said they would include staff in the next quality survey.

Checks and audits were carried out regularly of the environment, records, staff training and the support being provided. The registered manager and a consultant manager carried out quarterly and yearly audits and produced reports that had actions allocated to improve the service. The consultant was at the service on the day of the inspection carrying out audits and checks and talking to people and staff.

Accidents and incidents had been recorded and action had been taken to reduce the risks of further incidents. Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service like serious injury and safeguarding incidents. This is so we can check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events, and had done so in a timely way.

Accurate records were kept about the care and support people received and about the day to day running of the service. These provided staff with the information they needed to provide safe and consistent care to

people.