

Westlake Care

Kingston House

Inspection report

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Date of inspection visit:
19 May 2018

Date of publication:
27 June 2018

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

We carried out this announced inspection on 19 May 2018. The inspection was announced as this allowed the registered manager to prepare the people they supported at Kingston house to know that an inspector would be visiting their home. With this knowledge they were then prepared and were able to choose if they wished to be involved in the inspection process.

The last inspection took place on 4 April 2017. The service was rated as Requires Improvement at that time. There were concerns around how the management team supported staff and how staff responded to each other in front of the people they supported. Since the inspection the operational manager had left the organisation, and there had been a number of staff personnel changes in the home. Staff told us they felt more supported by the managers of the service, and with the staff changes this had led to the staff team working more positively together. One staff member commented "Some staff left, staff personalities are much better now. I enjoy my shift." The registered manager commented "Staff are aware this is a person home, arguments are left outside. Staff morale is so much better, staff are much happier."

At this inspection we found improvements had been made in all the areas identified at the previous inspection. This meant the service had met all the outstanding legal requirements from the last inspection. The service is now rated as Good.

Kingston 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.

Kingston House is a detached home which provides accommodation for three people. The service has environmental adaptations to enable people who use specialist equipment to move freely around their home. At the time of the inspection three people were living at Kingston House. Kingston House is part of Westlake, an organisation providing support and care for people with a learning disability in the Cornwall and Plymouth area.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. 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.

On the day of the inspection there was a calm, relaxed and friendly atmosphere in the service. We met with

the three people living at Kingston house and spent some time with them and staff. Staff were respectful and caring in their approach. They knew the people they supported well and had an understanding of their needs and preferences. People were treated with kindness, compassion and respect.

Staff ensured people kept in touch with family and friends. Relatives we spoke with told us "They [staff] are brilliant" and "[person's name] needs are more than well met by brilliant staff." Relatives told us they were always made welcome and were able to visit at any time.

Staff said they were proud to work at Kingston house and told us "This is our extended family." We saw a staff member turn to the person they supported and said to them, "We are a team."

People were protected from abuse and harm because staff understood their safeguarding responsibilities and were able to assess and mitigate any individual risk to a person's safety.

The service was warm, comfortable and appeared clean with no unpleasant odours. The service was well maintained. People were pleased with their private bedrooms and had decorated them to reflect their preferences and tastes.

The service had suitable arrangements for the storage and disposal of medicines. Medicines were administered by staff who had been trained and assessed as competent to manage medicines. The service held medicines that required cold storage and were stored in the service communal refrigerator. It is recommended that a risk assessment in the storage of medicines in the communal refrigerator to ensure the safe keeping of medicines.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Kingston House. Staff were prompt at recognising if a person's health needs had changed and sought appropriate medical advice promptly. Relatives told us the service always kept them informed of any changes to people's health and when healthcare appointments had been made.

Sequence strips and easy read information were used to support effective communication. The care plan identified the person's communication needs and this was shared with other agencies when necessary.

Care plans were well organised and contained personalised information about the individual person's needs and wishes. Care planning was reviewed regularly and whenever people's needs changed. People's care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Risks in relation to people's care and support were assessed and planned for to minimise the risk of harm.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. The staff had developed positive working relationships with health and social care professionals.

Care records showed that people took part in a range of activities. We saw people undertaking individual activities such as going out for walks with staff, going to the hydrotherapy pool and socialising. On the day of the inspection it was the royal wedding, a person went with staff to buy items for afternoon tea and had

invited a friend to come over and join in their celebrations. People and staff watched the royal wedding together and enjoyed this event.

Staff were recruited in a safe way. There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes.

Staff were supported by a system of induction training, one-to-one supervision and appraisals. The induction and on-going training of staff ensured they were effective in their role. Staff knew how to ensure each person was supported as an individual in a way that did not discriminate against them.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). They demonstrated their understanding of these principles in the way they cared for people. Staff believed that everyone at the service had the right to make their own decisions and respected them. The manager knew the process to follow if a person's level of capacity changed so that the service would act in accordance with legal requirements.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong leadership and led by example.

Relatives described the management of the service as open and approachable. They told us if they had any concerns, or comments about the service that they could approach the provider, manager or staff "without hesitation."

People were asked for their views on the service regularly. There were effective quality assurance systems in place to make sure that any areas for improvement 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 confident they could keep people safe whilst supporting them to take day to day risks.

Staff had received safeguarding training and were confident about reporting any concerns.

People were supported with their medicines in a safe way by staff that had been appropriately trained. It is recommended that a risk assessment of medicines stored in the communal refrigerator is undertaken to ensure safe keeping of medicines.

The recruitment processes for staff were robust.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service was well-led

Staff said they were supported by management and worked together as a team, putting the needs of the people who used the service first.

There was a positive culture in the service, the management team provided strong leadership and led by example.

People, their relatives and staff were asked for their views of the standard of service provided.

Managers monitored incidents and risks to make sure the care provided was safe and effective. The home used systems to make

sure that there were enough staff to care for people safely.

Kingston House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. It took place on 19 May 2018 and was announced. The inspection was announced as this allowed the registered manager to prepare the people they supported at Kingston house to know that an inspector would be visiting their home. With this knowledge they were then prepared and were able to choose if they wished to be involved in the inspection process. The inspection visit was conducted over the weekend. The inspection team included one adult social care inspector.

Before the inspection we reviewed information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the Provider Information Return (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plan to make.

People were unable to speak to us due to their health conditions. We therefore spent time in the communal lounge observing care practices so that we could gain an understanding of people's experience in how they received support. We spoke with staff, pathway tracking (reading people's care plans, and other records kept about them), carrying out a formal observation of care, and reviewed other records about how the service was managed. We looked around the premises and observed care practices on the day of our visit.

We spoke with the registered and deputy manager, and three care staff and agency worker. We looked at three records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. Following the inspection we spoke with two relatives.

Is the service safe?

Our findings

At the previous inspection we had identified concerns as staff behaviour had not shown respect for people or protect their emotional well-being. Recruitment processes were not robust. Therefore the safe section of this report was rated as requires improvement.

We reviewed the actions taken since the last inspection. The registered manager told us there had been a number of staff personnel changes. The operational manager had left the organisation, and a number of staff were no longer working at the service. Staff told us they felt more supported by the managers of the service, and with the staff changes this had led to the staff team working more positively together. One staff member commented "Some staff left, staff personalities are much better now. I enjoy my shift." The registered manager commented "Staff are aware this is a person home, arguments are left outside. Staff morale is so much better, staff are much happier."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. Staff received safeguarding training as part of their initial induction and this was regularly updated and discussed in team meetings. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. Safeguarding concerns were handled correctly in line with good practice and local protocols.

Personal property and monies were kept safely. There were robust systems in place to manage personal monies and ensure these were kept separately from money for household costs and staff expenditures. The amount of money held was checked daily against the records. An auditing system was in place to ensure that people's monies were effectively monitored and kept secure.

We reviewed staff personnel files who had recently been employed at the service. We found recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references. Due to the action taken by the provider, they had complied with the breach of regulation. We therefore concluded that the rating of the safe section had improved to Good.

There was equality and diversity policy in place and staff received training on equality and diversity and inclusion. This helped ensure that staff were aware of their responsibilities in how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices.

Risk assessments were in place for each person. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe. For example, to prevent poor nutrition and hydration, skin integrity, falls and pressure sores. Risk assessments were reviewed monthly and updated as necessary.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions were taken to help reduce any identified risk in the future.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. Care records contained information for staff on how to avoid this occurring and what to do when incidents occurred. For example, providing staff with information on what effectively distracted the person and how to support people when anxious. Staff were clear about people's rights and ensured any necessary restrictions were the least restrictive.

Relatives told us they thought there were enough staff on duty and staff always responded promptly to people's needs. Staff echoed this view. We saw people received care and support in a timely manner.

Staffing arrangements met people's needs in a safe way. The manager reviewed people's needs regularly. This helped ensure there was sufficient skilled and experienced staff on duty to meet people's needs. The registered manager was office based but was available to people if this was necessary. In addition the registered manager undertook some care shifts at the service.

On the day of the inspection the registered and deputy manager, plus four carers were on duty, to meet the needs of three people. The staff rota showed a minimum of six care staff were on duty during the day until 5pm. Following which five care staff were on duty until 10pm. At night two waking night staff plus one staff member slept at the premises were on duty. A manager was present in the service during the day and was on call overnight. The majority of gaps in staffing were met by existing staff. Regular agency staff were used to cover some shifts. This ensured there was a continuity of care for people by staff who know them well.

There were safe arrangements in place for the administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained. Staff ensured each person had taken them before signing the medication record. There were a few missed signatures on the medicines records. The manager immediately investigated this and evidenced what immediate action they took.

The stock of medicines was checked weekly. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use. There were auditing systems in place to carry out weekly and monthly checks of medicines. Annual external audits were carried out by a pharmacist.

Where people needed to have some of their medicines administered covertly (disguised in food) appropriate advice had been sought from medical professionals. Staff told us, and records confirmed, that people were always asked if they wanted to take their medicines before being given them covertly. This ensured the least restrictive option was always considered.

The service held medicines that required cold storage and were stored in the service communal refrigerator. There were records that showed medicine refrigerator temperatures were monitored. It is recommended that a risk assessment in the storage of medicines in the communal refrigerator is undertaken as the medicines are stored alongside food to ensure the safe keeping of medicines at all times.

People had suitable links with their GP's and medical consultants who prescribe and review people's medicines. Where necessary staff appropriately consulted with medical professionals to ensure types of medicines prescribed, and dosages were helping people with their health needs.

Equipment owned or used by the service, such as specialist beds, chairs and hoisting equipment were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All necessary safety checks and tests had been completed by appropriately skilled contractors. We observed staff safely and competently supporting people and using appropriate equipment; for example when supporting people to mobilise around the service.

The service had arrangements in place to ensure the service was kept clean. The service had an infection control policy. The manager understood who they needed to contact if they need advice or assistance with infection control issues. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons and gloves and these were used appropriately throughout the inspection visit.

Care staff prepared and cooked all meals at the service. All staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage meets national guidance. The local authority environmental health department has judged standards as a Good standard.

Is the service effective?

Our findings

The service provided people with effective care and support because their needs were fully assessed, understood and met in line with relevant guidance. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs. Relatives told us they did not feel their family member, or themselves had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age.

The three people had lived at Kingston House for some years. However their care records demonstrated that people's need and choices had been assessed prior to moving in to the service to check the service could meet their needs.

When new staff were employed by the service they completed a full induction programme which included shadowing experienced staff and getting to know the people living at the service. The induction was in line with the care certificate which provides care staff who are new to working in care an understanding of good working practices. New staff told us their induction to the service and their role was comprehensive.

Training identified as necessary for the service was provided and updated regularly. Staff told us the training was comprehensive. Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. The training records for the service showed staff received regular training in areas essential to the service such as fire safety, infection control and moving and handling.

People had allocated key workers who worked closely with them to help ensure they received consistent care and support. Staff told us that this also helped them to identify relevant training that would benefit the person they supported. For example one staff member attended a rebound therapy course, this enabled them to then be able to provide trampoline sessions for the people at the service. Further training in areas specific to the needs of the people using the service was provided. For example some people had particular health conditions and specific training in respect of this condition was provided. This showed staff had the training and support they required to help ensure they were able to meet people's current needs.

Staff told us they felt supported by the management and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff told us they were encouraged by the registered manager to further develop their training. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team, discuss people's needs and any new developments for the service.

Staff monitored people's food and drink intake to ensure everyone received sufficient each day. Staff also monitored people's weight regularly to ensure they maintained a healthy weight and acted where any concerns were identified. Food and fluid charts enabled staff to monitor the person's food/fluid intake. The monitoring charts were regularly discussed with the dietician, district nurse and GP to ensure the person was receiving the most appropriate health and nutritional care. In addition, where necessary food was processed or pureed to enable people to eat as independently and safely as possible.

We observed the support people received during the breakfast and lunchtime period. The atmosphere was warm and friendly with staff talking with people as they ate their meals. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs.

We saw people being offered a choice of lunchtime meals. People were asked if they wanted to prepare their own lunch, with staff support, or if they would like staff to do this for them. Staff prepared the main meals for people. We saw continuous supplies of drinks and snacks were available to people throughout the day. Care staff had 24 hour access to the kitchen so people were able to have snacks at any time.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. People's care plans contained details regarding other health professionals and their contact details. 'Easy read', health action plans outlined what support people needed in an accessible format. Staff supported people to arrange and attend appointments to see their GP and other necessary healthcare professionals. Relatives were invited, with the person's permission, to attend medical appointments and were kept up to date with any changes to their family member's health. Care records contained details of multi professionals visits and when advice and guidance was given by professionals it was included in the person's care plan.

The Mental Capacity Act (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 service knew who had appointed lasting powers of attorney for either finances or health, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves.

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 and hospitals 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.

Management and staff had a understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff demonstrated the principles of the MCA in the way they cared for people. Staff believed that everyone at the service had the right to make their own decisions and respected them. Records showed where decisions had been made, on a person's behalf, this had been done in their best interest at a meeting involving key professionals and their family. The manager knew the process to follow if a person's level of capacity changed so that the service would act in accordance with legal requirements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

The service was well maintained, with a good standard of décor and carpeting. People were involved in choosing the decorations and furnishings in their home.

Is the service caring?

Our findings

The service was caring because people were supported to understand that Kingston House was their home and the staff were there to support them in running their home. On the day of the inspection there was a calm, relaxed and friendly atmosphere in the service. We observed that staff interacted with people in a caring and compassionate manner. Relatives we spoke with told us they were pleased with the care that their family members received. Comments included "They [staff] are brilliant" and "[person's name] needs are more than well met by brilliant staff."

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time.

Staff were committed to providing the best and most suitable support for people. They did not rush people, were focused on the person they were supporting and spent time on an individual basis with people. For example we observed staff assist a person at breakfast with their meal. Support was provided at the person's pace. Staff spoke about the people they supported fondly. One staff member commented "I love working here. I love the people we work with. This is their home and I am privileged to be invited into their home every day."

The care we saw provided throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, staff encouraged and prompted a person to eat their meal and take their medicines. Staff were discreet and respected the person's wishes when they gestured that they had eaten enough.

People's care plans showed that their preferred communication skills were identified and respected. Some people's ability to communicate was affected by their disability but the staff were able to understand them and provide for their needs effectively.

Staff knew people's care and support needs very well. For example, they understood by the way the person used their facial expression in what way they needed support. Others also used picture symbols as a visual tool to assist them in understanding what activity they would undertake next. We saw pictures and photographs were used to help people make choices and supplement information, for example within care documentation. Staff were aware that each person had their own way of expressing their views and were able to communicate with them in their preferred manner. Staff attended communication courses so that they could interact with the person they were supporting in their preferred manner. This showed that the service shared information with people in a meaningful way.

People's care plans recorded their choices and preferred routines for assistance with their personal care and daily living. Staff encouraged people to make decisions about their daily routines and we observed that people had the confidence to make their own choices. People moved freely around the premises choosing to spend time in the communal area, garden or their own room. Staff supported people to be involved in some household tasks such as cleaning and tidying their rooms and meal preparation. This meant people

were able to maintain independence in their daily living.

Staff had talked with people and their relatives to develop their 'life stories' to understand about people's past lives and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them.

People and their families were involved in decisions about the running of the service as well as their care. People's care plans recorded their choices and preferred routines. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. We observed staff making sure people's privacy and dignity needs were understood and always respected. Where people needed physical and intimate care, for example, if somebody needed to change their clothes, help was provided in a discreet and dignified manner. When people were provided with help in their bedrooms or the bathroom this assistance was always provided behind closed doors.

Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. Support planning documentation used by the service helped staff to capture information. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs.

We received many positive comments about the attitudes of staff. Relatives said their family member was treated with kindness, respect and compassion. Staff said they were proud to work at Kingston House and told us "We [staff] love working with the residents and we work well as a team." Staff all talked individually to us with a common theme of them being an 'extended family' which encompassed the people they supported, their relatives and the staff team.

Is the service responsive?

Our findings

Each person had a care plan that was tailored to meet their individual needs. Where possible people, and their representatives, were consulted about people's care plans and their review. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed to help ensure they were accurate and up to date. People, and where appropriate family members with appropriate powers of attorney, were given the opportunity to sign in agreement with the content of care plans.

Care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the individual guidance they needed to care for people.

There was a staff handover meeting at each shift change this was built into the staff rota to ensure there was sufficient time to exchange any information. This allowed staff the opportunity to discuss each person they supported and gain an overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This helped ensure there was a consistent approach between different staff and meant that people's needs were met in an agreed way each time.

Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when their skin was checked, their weight was checked or fluid intake was measured. Monitoring records were reviewed and shared with relevant professionals where appropriate to ensure people's health needs were being met.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's current needs as well as their backgrounds and life history from information gathered from people, families and friends.

Care records showed that people took part in a range of activities. These included when they had received visitors, meals out, swimming, trampoline, attending concerts, and visiting local attractions. We saw people undertaking individual activities such as going out for walks with staff, going to the hydrotherapy pool and socialising. On the day of the inspection it was the royal wedding, a person went with staff to buy items for afternoon tea and had invited a friend to come over and join in their celebrations. People and staff watched the royal wedding together and enjoyed this event.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

Some people were unable to easily access written information due to their healthcare needs. Staff supported these people to have access to this information. For example, menus were displayed pictorially. Some staff had undertaken communication courses so that they could interact with the person in their preferred manner.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People and their relatives said if they had any concerns or complaints, they would discuss these with staff and managers. They felt any concerns and complaints would be responded to appropriately.

The service did not provide end of life care. However the manager said if a person they cared for was nearing the end of their lives they would support them to have a comfortable, dignified and pain free death "in their home."

Is the service well-led?

Our findings

At the previous inspection we had identified concerns around the leadership of the service. Therefore the well led section of this report was rated as requires improvement.

There had been a number of staff personnel changes since the last inspection. The operational manager had left the organisation, and a number of staff were no longer working at the service. The registered manager from their other care service was visiting Kingston house weekly to provide oversight and support to the home. Staff told us they felt the leadership was more open and supportive. Staff said they felt listened to and their roles and expectations were clearly defined.

Relatives told us that they found the management team to be approachable. They commented "The management and ethos is now strong. The new staff have settled in quickly" and "The owners are approachable. They listen and act on any suggestions we make". The managers were present in the home everyday so there were regular opportunities for people and their families to share their views about the running of the service.

The registered provider and manager spent time within the service so were aware of day to day issues. The registered manager was visible in the service, undertook assessments and reviews of people, supported staff and audited systems in the service and therefore knew the service well.

The management team had a clear vision and strategy to deliver good quality care and support. The management team were supported by a motivated team of carers. Staff had a positive attitude and the management team provided strong leadership and led by example.

Due to the action taken by the provider, they had complied with the breach of regulation. We therefore concluded that the rating of the well led section had improved to Good.

The registered manager and care staff told us the service treated people as individuals whilst ensuring that they had a flexible level of support which met their needs. There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the management team, and supervisions. The staffing structure ensured that, at all times, support and advice was available to them.

The service had a quality assurance policy which included the completion of an annual survey. There was also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits regularly completed included checking care practice, for example checking records demonstrated people had regular food and drinks; monitoring care plans were to a good standard and regularly reviewed; monitoring accidents and incidents; auditing the medicines system; infection control procedures and checking the property was maintained to a good standard.

The provider carried out regular repairs and maintenance work to the premises. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use.

The manager said relationships with other agencies were positive. Where appropriate the manager ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice.

The services records were well organised and when asked staff were able to locate all documentation required during the inspection. People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor them. The manager had ensured that notifications of such events had been submitted to CQC appropriately.