

Chiltern Residential Homes Limited

Kingsley Rest Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Kingsley Rest Home is a residential care home providing personal care to up to 21 people. The service provides support to older adults, some of whom were living with dementia. At the time of our inspection there were 20 people using the service.

People's experience of the service and what we found:

People were safeguarded from abuse and avoidable harm and the provider assessed risks to ensure people were safe. There were sufficient numbers of staff and the provider operated safe recruitment processes. People were supported to receive their medicines safely. Staff followed safe infection prevention and control practices. The provider learned lessons when things had gone wrong.

There was a positive and open culture at the service and the provider understood their responsibilities under the duty of candour. The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. The provider had created a learning culture at the service which improved the care people received and the provider worked in partnership with others.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 9 May 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Kingsley Rest Home on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Kingsley Rest Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

Kingsley Rest Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kingsley Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements

they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 1 relative about their experiences of the care received. We spoke with 8 members of staff. This included the registered manager, the deputy manager, a cook, a housekeeper and 2 care staff. We also spoke with the nominated individual and a director of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with office manager and care staff.

We reviewed a range of records this included 2 people's care records and multiple medicines records. We looked at 2 staff files in relation to recruitment and training. We reviewed audits and environmental checks and a variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff followed processes in place if they had any concerns for people, including informing the deputy manager or the registered manager and documenting the information. One staff member told us, "People are safe here, I have no concerns, but I would feel able to raise it if someone was not treated right."
- People and relatives, spoken with confirmed they felt people were safe living at the home. One person told us, "I feel safe, everybody looks after you, they [Staff] are very good."
- We reviewed records which showed action had been taken to contact the local authority safeguarding team for investigation where required.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People's care records included information about their identified risks and clear guidance for staff to follow to monitor and meet their needs and preferences. Staff were informed of any changes or updates to people's care through daily handover meetings and followed guidance to meet their needs.
- Staff confirmed they knew people and how to monitor and meet people's needs. One staff member told us, "I will go to [Name of Registered Manager] and say if someone does not seem themselves, we look after the residents and we are on the ball."
- People and relatives, spoken with confirmed staff knew people and their risks. One person told us, "My risks are monitored where they need to be." Another person told us, "Staff know my needs and how to support me, they put you on the right road to feeling better."

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff through the use of a dependency tool. This is where providers use information of people's needs to determine the level of support required.
- The provider operated safe recruitment processes. Staff completed an induction process when first employed and regular training was provided to ensure their skills and knowledge were kept up to date.
- The registered manager implemented reading lists for staff with completion dates to keep them up to date with policies and procedures to fulfil their role. One staff member told us, "We have the right skills and knowledge about people from care plans, but we [Staff] keep doing training to keep us updated."
- We observed staff across all roles spending time with people and having positive interactions with them. A housekeeper informed us, "I chat to the residents on a one to one, I always keep track and check in with them."

Using medicines safely

- People were supported to receive their medicines safely.
- People's care records contained information of their prescribed medicines and clear guidance for staff to follow to administer them.
- The provider used an electronic system for recording people's medicine administration records. Staff completed these to show people received their medicines as prescribed. One person told us, "I have no concerns with medicines." A relative told us, "Following a medication review, [Person] is no longer prescribed nutritional supplements, due to their increased food and fluid intake since being here."
- Where people received 'as required' medicines, protocols were in place to guide staff for the administration of these. We reviewed body map records and topical administration records to ensure creams and transdermal patches were administered as prescribed.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was clean and tidy, and staff completed cleaning schedules for day to day and weekly tasks.
- People and relatives, spoken with confirmed the home was clean and well maintained. One person told us, "The cleanliness is very good." A relative confirmed, "I have no concerns with infection control, the balance is right here between homely and clinical."
- The registered manager completed environmental checks on the home and an infection prevention and control audit. They identified where any refurbishments or replacements were required. They took action to make the improvements to help keep all areas of the home clean.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Staff reported any incidents, accidents, or injuries which the registered manager reviewed and analysed to identify any themes or trends. This helped to keep people safe and reduce the risk of them happening again.
- The registered manager ensured referrals were made where people required specific support following any accidents or incidents. For example, emergency services, the local authority safeguarding team, district nurses or General Practitioners (GPs).
- Whilst we found action was taken following incidents, this was not always recorded on the accident and incident form completed by staff. When informed the registered manager took action to ensure the forms were completed fully.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.

- People's care records contained information in relation to their consent and best interest decision making in line with the principles of the MCA.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- The registered manager and staff group shared a positive approach to supporting people and worked together to meet people's needs. One member of staff told us, "It is lovely here, the residents are lovely, the staff are lovely it is just brilliant."
- People and relatives, spoken with were complimentary of the staff team. One person told us, "It is lovely here, they [Staff] make you feel welcome." A relative confirmed, "The staff team work well together, they are extremely caring. Their [Person] wellbeing has improved since they came here, I cannot compliment the staff anymore."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- Staff we spoke with confirmed they were encouraged to be open and honest. One staff member told us, "Staff are encouraged to be open and honest if things go wrong, if anything is wrong, we just speak out, it is a good work family."
- People and their relatives confirmed staff were open and raised any concerns. One relative told us, "We are always informed if something is not OK, or something is wrong, everything gets actioned straight away." A member of staff told us, "We [Staff] have open discussions, we chat with families, we are open and honest with them and inform them if something has happened."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Staff were supported in their role and confirmed the registered manager was visible and approachable. Staff attended supervisions where they were able to discuss their role and development opportunities. One staff member told us, "I find supervisions helpful, you get feedback from the manager, if we are lacking somewhere they explain it to us, support us and give us training if needed."
- The registered manager acted on any quality performance concerns. Through discussions staff were supported to follow procedures to meet the required standard of care.

- The provider displayed their rating in the home and on their website in line with their requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- People and their relatives were encouraged and supported to have an input into people's care and provide feedback. One relative told us, "It has been a partnership between me, my sister and staff here, anything that can help, they do, [Person's name] has input, without a doubt we all do."
- The registered manager promoted people's interests and supported them to follow their religion and any cultural or spiritual values they had. For example, whilst 1 person no longer wanted to attend their local church, the registered manager facilitated regular visits from members of the clergy in line with the person's wishes.
- Staff attended regular meetings and had the opportunity to provide suggestions to make improvements to the service and the care people received. One staff member told us, "Nothing can be improved, but if we want to put things forward, we can, we have meetings, and the residents have meetings to discuss things."

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The provider was in the process of moving to an electronic auditing system. Regular audits were in place and required actions were identified and completed.
- The registered manager had recognised a difference in the day and night shift working. In response they implemented a review of the night shift over several nights, gained staff input and devised an action plan to support the staff where required.
- We found a delay in the submission of a notifiable incident. In response the registered manager took action to ensure notifications were discussed at their weekly meeting with the Provider, to action any missed or incomplete documents, in line with their legal requirements.

Working in partnership with others

- The provider worked in partnership with others.
- People's care records contained information where referrals had been made and guidance for advice was provided from health and social care professionals to meet people's needs.
- People and their relatives confirmed staff made referrals and sought support from external professionals as and when required. One relative told us, "Staff raise things and get in touch with GPs and paramedics as required, they inform me where needed."
- The registered manager was in communication with a local theatre who held coffee mornings and facilitated dementia friendly activities. They planned to arrange sessions for people to attend to support them to access the community.