Commission for Social Care Inspection

Making Social Care Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Kingston House
Address:	Lansdowne Crescent Derry Hill Calne Wiltshire SN11 9NT

The quality rating for this care home is:	one star adequate service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	**Date:**							
Malcolm Kippax	2	6	0	6	2	0	0	9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Kingston House
Address:	Lansdowne Crescent Derry Hill Calne Wiltshire SN11 9NT
Telephone number:	01249815555
Fax number:	01249818928
Email address:	kingston.house@btinternet.com
Provider web address:	

Name of registered provider(s):	Greensleeves Homes Trust
Type of registration:	care home
Number of places registered:	34

Conditions of registration:		
Category(ies) :	Number of places (if applicable): Under 65	Over 65
dementia	0	1
old age, not falling within any other category	0	34

Additional conditions:

Only the service user referred to in the application dated 12th April 2006 may be accommodated in the home under the category of Dementia, over 65 years of age.

Date of last inspection								

Brief description of the care home

Kingston House was originally built as a convalescent home and became a care home for older people in 1978. The home has been owned and managed by the Greensleeves Homes Trust since 1997. The accommodation is on two floors with a passenger lift available. There are two lounges and a dining room, as well as a library and an activities room. Each person who uses the service has their own room with an en-suite toilet and wash hand basin. Some rooms also have a bath. One room in the home is kept for people who wish to have a temporary or respite care stay. The home stands in its own grounds and there is a parking area at the front of the building. Building work was taking to place at the time of this inspection. This had reduced the amount of garden and outside space that was available to the people who use the service. People receive support from a management team, and a staff team that includes senior

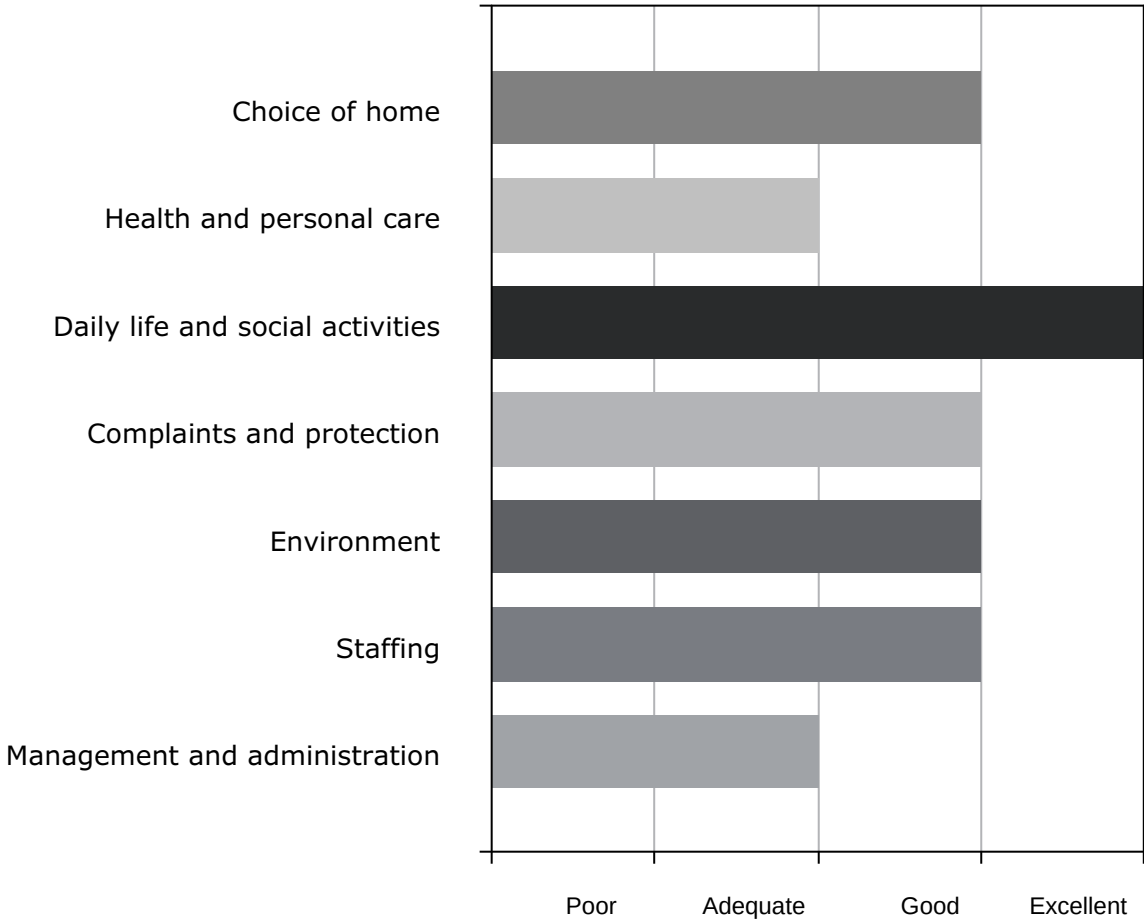
Brief description of the care home
carers, carers, catering staff and domestic staff. The range of fees at the time of this inspection was between 465 pounds and 550 pounds per week. Information about the Greensleeves Home Trust and copies of inspection reports can be obtained from the home or through the organisation's website. Inspection reports can also be seen on the Commission's website at www.cqc.org.uk

Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:	one star adequate service

Our judgement for each outcome:



How we did our inspection:

Before visiting Kingston House, we asked the home to complete an Annual Quality Assurance Assessment known as the AQAA. This was their own assessment of how they were performing. It told us about what has happened during the last year and about their plans for the future. We sent surveys to the home which could be given out to the people who use the service, to staff and to healthcare professionals. This was so that we could get their views about the home. We had surveys back from nine people who use the service, eight staff members and ten healthcare professionals.

We looked at all the information that we have received about the home since the last inspection. This helped us to decide what we should focus on during an unannounced visit to the home, which took place on 26th June 2009.

During the visit we talked with people who use the service and with staff. We went around the home and looked at a number of records. The registered manager, Ms C. Grainger was on planned annual leave at the time and we met with the home's deputy manager.

The judgements contained in this report have been made from all the evidence gathered during the inspection, including the visit.

The previous inspection of Kingston House took place in June 2007.

What the care home does well:

People who are thinking about moving into Kingston House are given good information about the home. This helps them to make an informed choice about whether the home will be suitable for them.

The people who use the service were mostly very positive when we asked them about the care they receive and how they are treated. We saw a 'Thank you' album in the home, which contained letters and cards from relatives passing on their appreciation of the care that the home had provided. When we asked people what the home did well, one person commented 'Good Food, Great Care', and another 'Very good staff and food'.

There is a well planned menu, which provides people with a choice of courses. The home has an experienced cook who has got to know people's individual needs well. The meals are served in pleasant surroundings.

Regular activities are arranged and the home looks at new ways of providing people with choice and interests in their lives. One person likes photography and they have been supported with taking pictures of the home and the grounds. There were also photos displayed in the home of the different social events and outings that have taken place. The home has a variety of communal rooms, which provide people with a choice of sitting areas and places for different activities. The accommodation generally looks clean and well maintained.

Training through National Vocational Qualifications is being promoted, which helps to ensure that people are supported by competent staff.

What has improved since the last inspection?

People have been asked about the breakfast arrangements and changes made, such as having a choice of cereals and the occasional cooked breakfast. We were told in the AQAA that this was part of a process called 'Edenising'; a new initiative designed to improve people's quality of life in care homes.

The home has bought a new minibus. Staff had taken part in sponsored events, which contributed greatly to the funds that were needed. The project created a lot of interest and entertainment in the home. The new minibus meant that there was more flexibility in when people could go out.

Work has continued on the replacement of the original windows with new double glazed units, which are more efficient and easier for people to use. We were told in the AQAA that there was an on-going programme of decoration.

We were told in the AQAA about other improvements that had been made, such as producing a new newsletter, and providing people with more information about fee levels and the service that they receive.

What they could do better:

Some people who use the service need support with their personal care and safety

throughout the day. We had made a requirement at the last inspection that people's individual plans, including risk assessments, must be kept under review. This requirement has not been met. We saw that one person needed support to ensure that they were safe and did not get lost. However they were at risk because their assessment and care plan had not been reviewed following some recent incidents.

Other risks, for example in relation to falls, and to the use of bedrails, are not being well assessed. This means that there is a lack of information about the measures that are needed to keep people safe. We had made a recommendation about this at the last inspection.

We had also recommended at the last inspection that the care records are more detailed, and have better information about the support that people require. The home still needs to improve in this area. We saw comments in people's assessments such as 'sees well for her age', which lack an individual approach and are open to different interpretation.

Some changes need to be made to the home's medication procedures, to ensure that the people who use the service are well protected.

Building work started in the home's grounds about three months ago. The home needs to ensure that there is good information about the risks arising from this work, and that appropriate measures are in place to ensure people's safety.

We have made other recommendations, including one that the arrangements and facilities in place for maintaining personal hygiene are reviewed. This is with the aim of reducing the risk of cross-infection within the home.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are provided with a good range of information, which helps them to make an informed choice about whether to live at the home.

People's needs are assessed before they move in, so that a decision can be made about whether the home will be suitable for them. However there is a lack of information in certain areas, which means that some people's individual needs may not be fully met.

Evidence:

All nine people who completed surveys confirmed that they had received enough information to help them decide if the home was right for them before they moved in. We were told in the AQAA about the information that was given to all the people who use the service. This included a Service User's guide, which contained a copy of a contract and information about fee levels.

Evidence:

We saw a lot of information in the home's entrance hall that would be of interest to the people who use the service and to their visitors. This included the home's Statement of Purpose, photographs of the home, and information about social events and daily routines. The Statement of Purpose had been reviewed in October 2008, but included details for the previous regulator and for a local office that was no longer used. This was brought to the deputy manager's attention, so that the information could be updated.

Information about the Greensleeves Home Trust, and the home's brochure, could also be seen on the organisation's web site.

We were told in the AQAA that a full and comprehensive assessment was carried out prior to admission, and confirmation given to people that their identified needs could be fully met.

The Trust had produced a range of forms for the recording of care plans and assessments. This included a form for pre-admission assessments. We had recommended at the last inspection that the assessment forms are completed in full, to ensure that there was good information about people's individual needs and preferences.

We looked at examples of assessments on people's personal files. There continues to be inconsistency in the completion of the records. We were given some statistical information in the AQAA about diversity, for example in relation to people's faith, and to their sexual orientation. However not all this information was reflected in people's assessment records in the home. This meant that staff would not have the information they need to fully meet people's diverse needs.

We saw an example of where a 'Life History' section had been well completed with the involvement of a family member. However another person's 'Life History' had not been completed and a section on 'Religious observance' was blank.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Many of people's needs are being met and people feel that they are treated with respect. However some needs are not being well managed, which is putting individuals at risk.

People are protected by most aspects of the home's arrangements for dealing with medication. However one area in particular is not yet meeting the required standard.

Evidence:

In the surveys, we asked the people who use the service whether they received the care and support that they needed. Seven people responded 'Always' and two people 'Usually'. We also asked people if staff listened to them and acted on what they said. Five people responded 'Always', three 'Usually' and one person 'Sometimes'.

During our visit we met with people who spoke positively about the care and support that they received from staff. There was a 'Thank you' album in the home's entrance. This contained letters and cards that the home had received during the last year from

Evidence:

relatives expressing their appreciation of the care that had been provided.

A number of healthcare professionals mentioned the care when we asked them in the surveys what the home did well. Their comments included 'Caring environment. Request GP house visits appropriately for residents, The staff all appear to be very caring and respectful of privacy and confidentiality at all times' and 'Treat everyone with care and respect'.

We saw staff supporting people in a friendly and attentive manner. For example, one staff member took care to ensure that the foot plates on a wheelchair were in place and adjusted for somebody who they were moving the short distance from a lounge to the dining room.

In their survey, one staff member commented that the home 'cared well for people within the staff levels and capabilities'. They also mentioned that some people needed one to one care, which had an impact on the service that other people received.

Each person who uses the service had an individual file, which included a range of assessment records and care plans. We looked at five people's files and saw that the home was supporting people who had different levels of dependency. We had recommended at the last inspection that more detail is recorded in people's care plans, in order to give better guidance to staff about the type of support that people should receive.

Care plans were written based on people's assessed needs, but there continues to be a lack of consistency and detail in the information recorded. An assessment of one person's sight stated that they 'sees well for her age', and of their hearing that they 'hears well for her age'. These comments lacked an individual approach and could be open to different interpretation.

People's care plans covered a range of care needs, and some people were assessed as needing support throughout the day with their personal care and safety. Areas of risk were highlighted in people's care records, which included 'Risk reduction plans'. One person's care plan mentioned the risk of them using bed rails, although the plan in response to this was limited to 'Ensure she has call bell and staff awareness'. There was no specific risk assessment for the use of bed rails, and it was not clear what 'awareness' meant in this context.

Another person's care records included a section on 'Mobility', which stated that they had a tendency to fall if left unattended. There was no risk assessment and plan in relation to the prevention of falls and how this person would be supported.

Evidence:

We made a requirement at the last inspection that people's individual plans, including risk assessments where appropriate, must be kept under review. This requirement was not being met. We saw from one person's care records that they were at risk of wandering and getting lost. This had been highlighted in their Risk reduction plan in February 2009. We read in the person's daily notes about occasions when the person had left the building without support, although their plan had not been reviewed in the light of recent events. The Risk reduction plans had a place for recording review dates, although these were not being entered consistently.

The deputy manager told us that nobody had any pressure sores. Details of appointments with healthcare professionals were being recorded in people's individual care notes. People who use the service were registered as patients with a number of local GPs. Some people also received support from the community nursing service.

In their surveys, we asked the people who use the service whether the home made sure that they got the medical care they needed. Seven people responded 'Always' and two people 'Usually'. We asked the healthcare professionals in their surveys whether the home sought advice and acted on it to meet people's social and health care needs. Six people responded 'Always' and four people 'Usually'. We also asked whether the home supported people to administer their own medication, or managed it correctly where this was not possible. Seven healthcare professionals responded 'Always' and one 'Usually'.

We looked at the arrangements being made for the safekeeping and administration of medication. The medication was kept in a designated room, which was quiet and away from areas where staff might be distracted.

The current medication was dispensed from a lockable trolley. There was a cabinet for the storage of other medication stocks. This included a separate facility for any controlled drugs that people might be prescribed, but this did not meet the standards required under current legislation.

Medication was only administered by staff who had received training, and it was usually the responsibility of senior staff. Most of the medication came to the home as part of a monitored dosage system. As part of this system, the home received pre-printed forms from the pharmacist. These forms listed the details of the medication that people were prescribed, and were being used for recording its administration. We saw that on occasions the details on the forms had been changed or added to with hand written entries. These amendments had not been signed or dated, or include a comment about the circumstances. This meant that it was not clear who had taken

Evidence:

responsibility for altering the record and for ensuring that the details, such as a change in dosage, were accurate.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People can take part in a variety of activities and make choices in their daily lives. They have benefited from the very positive approach and efforts of the staff team during the last year.

People receive support which helps them to maintain contact with relatives and with the local community.

People enjoy the meals. They benefit from the home's approach to catering, and to improving people's daily routines.

Evidence:

We went around the home and saw people using the communal areas and also their own rooms. There were two main lounges. One of the lounges was relatively busy, as it was a throughway to other parts of the home. The other lounge was quieter. The chairs in both areas were arranged so that people had different outlooks and could talk together in small groups. We saw people in the lounges reading, having conversations, and just relaxing. During the afternoon, some people enjoyed watching the tennis that was on television in one of the lounges.

Evidence:

People told us that they could choose where to spend their time. Some people mainly liked to be in their own rooms, where they had their own facilities, such as televisions and telephones. We saw people spending time with relatives who visited during the day. People could meet together in their bedrooms or find a quiet area in one of the communal rooms.

People also used the communal areas for specific activities. In addition to the two lounges, there was a library, and an art and activities room. There was usually a small kitchen and utility area available to people, but this was currently out of use. A religious service was regularly held in the home with a visiting minister. A piano was available.

A range of large print notices were displayed in one of the lounges. This included details of the home's activities programme and the days events. Regular activities included keep fit exercises, art, table skittles, music and quizzes. Meetings were being held regularly, when people could meet together and talk about new activities or changes in the daily routines.

In their surveys, we asked the people who use the service whether there were activities arranged by the home that they could take part in. Four people responded 'Always', three people 'Usually' and two 'Sometimes'.

When we asked in the surveys what the home did well, a number of healthcare professionals commented on the routines and the provision of activities. Their comments included 'Usually have planned activities for residents' and 'Supports people to maintain links outside the home. Provides activities within the home, i.e. art classes and excursions, outside. The home seems to integrate well with the local community'.

There was also information in the front hall, which would be of interest to the people who use the service and their visitors. There was a notice stating that Kingston House was registered with the Cinnamon Trust as a Pet friendly care home. One person liked photography, and they had been supported with taking pictures of the home and the grounds. There were also photos displayed of different social events and outings that had taken place. The home was a member of the National Association for Providers of Activities for Older People.

We read about the fundraising that had taken place since the last inspection to purchase a minibus for the home. Staff had taken part in a lot of sponsored events which contributed greatly to this. The whole project had created a lot of interest and entertainment in the home. The minibus was now being well used. When we arrived at

Evidence:

the home a number of people were getting ready for a trip out to a local garden centre. The new minibus meant that there was more flexibility in when people could go out.

In their surveys, we asked the people who use the service whether they liked the meals. Five people responded 'Always', two people 'Usually' and two 'Sometimes'. When we asked people what the home did well, one person commented 'Good Food, Great Care', and another 'Very good staff and food'.

Staff members also spoke positively about the meals. Their comments included 'the meals are always good' and 'a good choice of fresh cooked meals'.

There was a planned menu, which included a choice of courses. People were asked about their lunch preferences during the morning. We met with the main cook, who was experienced and spoke knowledgably about people's individual needs and preferences.

People have been asked about the breakfast arrangements and changes made, such as having a choice of cereals and the occasional cooked breakfast. We were told in the AQAA that this was part of a process called 'Edenising'; a new initiative designed to improve people's quality of life in care homes.

The home was a member of the National Association of Care Catering, which gave access to a range of guidance and information about nutrition and healthy eating.

There was a dining room in a central location, which was well furnished and a pleasant area for people to have their meals.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People know who to speak to if they are not happy with something. There is information in the home about how to make a formal complaint, but some people may not be familiar with the procedure.

There are procedures in place which help to ensure that people are protected from abuse.

Evidence:

People confirmed in their surveys that they knew who to talk to if they were not happy with something. However five of the nine people said that they did not know how to make a formal complaint.

A copy of the home's complaints procedure was displayed in the home. A copy of the procedure was also included in the information that was given to people when they moved into the home.

In their surveys, we asked the healthcare professionals whether the home had responded appropriately if they, or another person, had raised any concerns. Five people responded 'Always', two people 'Usually' and two 'Sometimes'.

We were told in the AQAA that no complaints had been made to the home in the last

Evidence:

12 months. The Commission has not received any complaints about the home during that period.

Staff members received guidance and training in the home about abuse awareness and the reporting of any allegations. In their surveys, all the staff confirmed that they knew what to do if somebody had concerns about the home.

The Greensleeves Homes Trust had produced polices and procedures, which were designed to promote good practice and reduce the risk of the people who use the service coming to harm. This included guidance for staff about whistle blowing, the prevention of abuse, and their involvement in the financial affairs of the people who use the service.

We were told in the AQAA that one improvement made in the last year had concerned the interviewing of staff. The interview questions had been developed with abuse in mind, and it was made clear to interviewees that abuse would not be tolerated in any form.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have accommodation which is meeting their needs. Overall, the environment is pleasant and well maintained. However, building work is having an effect on some parts of the home and the impact of this will have to be kept under review.

The home looks clean and tidy, but a change in facilities may help to reduce the risk of cross-infection.

Evidence:

Kingston House is in a quiet location in a residential area. There was level access to the home, with a parking area immediately outside the home's front entrance.

There were grounds around the home, although when we arrived we saw that a lot of the outside space had been fenced off because of building work that was being carried out on a new extension. The deputy manager said that this was going to be a new wing of the home, for people with dementia. As reported under the section 'Daily Life and Social Activities', the home had a variety of communal areas, which provided people with space for different activities. These areas were being well used during our visit.

People's individual accommodation was on two floors, with a passenger lift available.

Evidence:

The rooms that we saw looked well personalised with the occupants' own furniture and pictures. The majority of rooms had outlooks over the home's grounds. A small number of rooms had been affected by the building work on the new extension. Some people had scaffolding right outside their windows and there had been a reduction in the natural light to some rooms.

One room was particularly badly affected. The deputy manager said that this room would no longer exist as a bedroom when the extension was completed. The deputy manager told us that the people who use the service, and their relatives, had been consulted about the work, and the impact that this would have on some of the individual accommodation.

There has also been a loss of garden and outside space because of the building works.

Kingston House was purpose built as a convalescent home. Several facilities, including the passenger lift, have been upgraded over the years and the overall environment for older people has been improved. Work had continued during the last year on the replacement of the original windows with new double glazed units. We were told in the AQAA that a programme of redecoration was on-going.

The accommodation overall looked well maintained and decorated. Some areas, including the replacement of carpets, were due to receive attention when the new extension was completed. We were told in the AQAA that the heating system, phone lines, aerials and call alarm system were also to be upgraded in the next 12 months.

In their surveys, we asked the people who use the service whether the home was kept fresh and clean. Six people responded 'Always' and three people responded 'Usually'. The areas of the home that we saw looked clean and tidy. There were no unpleasant odours.

The hand washing facilities in the public areas included cotton towels, rather than disposable paper towels or non-contact driers, which are recommended for effective hand washing that prevents the spread of infection. At the last inspection, one person who uses the service had suggested that hygiene would be further enhanced by providing visitors with a means of washing their hands when arriving at the home. We had discussed this at the time with the home's manager, and talked about the use of antibacterial hand gel.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People appreciate the support that they receive from staff, who go about their work in a positive and friendly way.

The home's arrangements for recruitment and training help to ensure that people's needs are met by suitable and competent staff.

Evidence:

Staff rotas were being kept which showed the deployment of care staff throughout the day. Care staff were not significantly involved in domestic duties. There were separate rotas for the cooks, and also for the house assistants who did the main cleaning work.

The deputy manager told us that staffing levels had not changed since the last inspection. The staffing levels during the day varied between three and five care staff. At least one member of the senior staff team was deployed throughout the day. Based on the home's own calculation, the number of care hours being provided was slightly in excess of the number required for a home of this size, as recommended in guidance produced by the Residential Forum.

There had been some use of agency staff in recent months, although this was not excessive.

Evidence:

In their surveys, we asked the people who use the service whether there were staff available when needed. Five people responded 'Always', three people 'Usually' and one person 'Sometimes'. People responded in the same way when we asked in the surveys whether the staff listened to them and acted on what they said.

One staff member commented in their survey that the staff 'got on really well', which meant that there was a 'good atmosphere'. Another staff member mentioned that there was good team work. When we asked in the surveys what the home could do better, other staff members commented 'Have more staff to cater for clients needs' and 'Sometimes need more staff'.

One healthcare professional commented in their survey that the staff appeared to be very caring and respectful of people's privacy and confidentiality. Another mentioned that they had concerns about the skill mix per shift, which 'seems to vary a lot'. They were concerned about how the home would be staffed when the new dementia wing was up and running. We will be looking at staffing levels, and the training that staff receive, as part of the approval process for the new extension. Since visiting the home, the Care Services and Training Manager from Greensleeves Home Trust has told us that the staffing levels and the proposed training for those to work in the new wing have been clearly thought through and planned.

There was a staff training plan for 2009 - 10. Staff induction and mandatory subjects were covered through distance learning and onsite courses provided by specialist training companies. The home's management team included a trainer in moving and handling, and more staff were due to do a 'train the trainer' course. This enabled the home to provide on-going training to staff in moving and handling. The deputy manager said that there was always a staff member on each shift who was an appointed person in relation to first aid. A first aid instructor visited the home annually to train staff. This meant that new staff might need to wait several months before they received training in first aid. Since visiting the home, the Care Services and Training Manager from Greensleeves Home Trust has told us that senior staff are all trained to First Aid at Work levels and First Aid at Work training takes place when required.

The current training plan included some specialist subjects such as dementia and end of life care. Training in the latter had been arranged with a local hospice. Other training events have included Therapeutic Activities and Dementia, Care of the Diabetic and a course titled Food for Thought. The home's main cook had undertaken courses in food hygiene and nutrition in care settings.

The deputy manager told us that the home had signed up with a new satellite TV

Evidence:

channel, which specialised in providing training to the care sector. Workbooks and other resources were to be used in conjunction with the television programmes. This was designed to provide staff with a new and flexible method of learning.

The home had achieved the Investors in People quality award.

Staff members were expected to follow their induction with a National Vocational Qualification (NVQ). The home has maintained over 50% NVQ qualified staff for a number of years, and has a good record of increasing the number of care staff with NVQ at level 2 or above.

The recruitment and employment files were looked at for three care staff who had started work since the last inspection. These files contained the required references and documentation in respect of Criminal Record Bureau (CRB) disclosures and Protection of Vulnerable Adults (POVA) list checks.

In their surveys, all the staff members confirmed that their employer had carried out checks, such as CRB and references, before they started work. We also asked staff in the surveys whether their induction had covered everything that they needed to know to do the job when they started. Six staff members responded 'Very well' and two 'Mostly'.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home does well in particular areas and there is an innovative approach to developing aspects of the service that people receive.

However, there are shortcomings, which mean that people who use the service can not always be confident about how the home and their individual needs are being managed.

Evidence:

Ms Grainger has over 25 years experience in the care of older people, and has been the manager of Kingston House since May 1997. Over the years, Ms Grainger has achieved a range of relevant qualifications including the Registered Managers Award, and NVQs at level 4 in Care and in Management.

Ms Grainger has undertaken training with Greensleeves Home Trust and through other agencies. This has included completion of an Open University course in Mental Health

Evidence:

Problems in Old Age.

The home's deputy manager has also achieved NVQ at level 4 in Care and in Management.

The home had arrangements in place for quality assurance which included the sending out of annual satisfaction surveys. People who use the service could also pass on their views at regular meetings that were being held in the home.

The Greensleeves Homes Trust had a system for auditing the standards being achieved in different areas of the home. An Annual Business Plan was produced which focused on developments and improvements for the year ahead.

We were told in the AQAA about some new developments, such as 'Edenising', which have taken place since the last inspection. However, there was limited information in the AQAA about some other aspects of the service and how the home needs to improve. The one requirement that we made at the last inspection, concerning risk assessments, has not been met, and some recommendations have not been actioned. The home has not improved in these areas. Hazards to some people were not being appropriately assessed, which means that they are at risk of being harmed.

The deputy manager told us that building work on a new extension had started about three months ago. There was no risk assessment for this in the home, although the deputy manager said that she thought that one had been completed by the contractor who was doing the work.

A representative from the Greensleeves Homes Trust was visiting Kingston House regularly. This was in order to check on the standard of care and to inspect the premises, as they are required to do under the Care Homes Regulations 2001.

The AQAA included information about health and safety, including the maintenance and servicing of equipment and the checking of the fire precaution systems. During our visit we saw that there was a fire risk assessment, which had been undertaken in May 2008 and reviewed in May 2009.

Are there any outstanding requirements from the last inspection?				
	Yes	☑	No	☐

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
1	7	15(2)	The service users' individual plans, including risk assessments where appropriate, must be kept under review to ensure that they set out all aspects of the service users' current needs and how these are to be met.	27/06/2007

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	7	13	The use of bedrails must be properly assessed, and clear guidance produced for staff when a decision has been made about their use. This is to ensure that the hazards associated with the use of bedrails are fully considered, and appropriate safety measures are put in place to reduce the risk of people being harmed.	15/07/2009
2	7	15	People's individual plans, including risk assessments where appropriate, must be kept under review. (Requirement outstanding from last inspection). This is to ensure that they set out all aspects of people's current needs and how these are to be met	06/07/2009
3	9	13	A cupboard that meets the current storage regulations for controlled drugs, the Misuse of Drugs (Safe	30/09/2009

			custody) (Amendment) Regulations 2007 must be installed. This is so that any controlled drugs that are prescribed can be stored safely.	
4	9	13	Any changes or additions to the printed instructions on the medication administration forms must be signed by the person who has made the entry. A comment should be recorded about why the original instructions have been changed. This is to ensure that it is clear who has taken responsibility for altering the record and for ensuring that the details, such as a change in dosage, are accurate.	15/07/2009
5	38	13	A risk assessment for the building work needs to be available in the home and kept under review. This is to ensure that there is good information about the risks arising from this work, and that appropriate measures are in place to ensure people's safety.	15/07/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations

1	3	That the assessment forms are completed in full, in order to ensure that there is good information recorded about the needs and preferences of the people who use the service. (Recommendation outstanding from last inspection).
2	7	That more detail is recorded in people's care plans, in order to give better guidance to staff about the type of support that people should receive. (Recommendation outstanding from last inspection).
3	16	That a check is made of whether each person in the home has a copy of the complaints procedure in a format that they can understand.
4	26	That the arrangements and facilities for maintaining personal hygiene are reviewed. This is with the aim of making changes which will help to reduce the risk of cross-infection within the home.

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