

Mrs M Baya

# Kingston House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Kingston House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 11 older people, some of whom may be living with dementia related needs.

Kingston House is situated in a quiet residential area and is close to the seafront and amenities. The premises are on two floors with each person having their own individual bedroom and communal areas are available within the service. At the time of our inspection, eight people were using the service.

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.

At our last inspection in April 2016, we rated the service 'Good' with the key question 'Is the service Safe?' requiring improvement. At this inspection, we found that the service was no longer rated as 'Good.'

At this inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Improvements were needed to ensure that all risks from the environment and to people's health, safety and welfare were effectively assessed and action taken as required.

People's needs were met by sufficient numbers of staff, however their deployment required review to ensure that people were stimulated and engaged.

The environment required further development to ensure that it was appropriately designed and adapted to meet people's needs. We have made a recommendation that the service explores current guidance from a reputable source on improving the design and decoration of accommodation and the engagement of people living with dementia.

Care plans had not been reviewed and updated as people's needs changed and did not reflect peoples' current support needs. We have made a recommendation that the service consults guidance to further develop the Accessible Information Standard (AIS).

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, however staff would benefit from additional training to develop their understanding.

End of life planning required further improvement. We have made a recommendation that the service consults a reputable source to further develop end of life planning.

Audits of the service were not being completed to check that the service provided high quality care and that records were up to date.

People were cared for by staff who had been recruited and employed after appropriate checks had been completed. There were systems in place to minimise the risk of infection. Medication was administered safely and by staff who had received training to do so.

People were cared for and supported by staff who knew them well and who had received training to support people to meet their needs. Staff had a good understanding of people's preferences. People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required.

Staff, people and their relatives spoke very highly of the registered manager.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Some risks had not been identified or managed.

Staffing levels were adequate to meet the needs of those living at the service, however required further review to ensure staff were effectively deployed.

There were suitable control procedures in place to protect people from the risk of infection.

Medicines were stored and administered safely.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

The design and decoration of the accommodation and the engagement of people living with dementia could be further improved.

People's rights were protected under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards; however, staff would benefit from additional training.

Staff received an induction when they came to work at the service and attended training courses to support them to deliver care and fulfil their role.

People were supported effectively with their nutritional needs and had access to healthcare professionals when they needed to see them.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff knew people well and what their preferred routines were.

**Good** ●

People were treated with dignity and respect by compassionate staff.

### **Is the service responsive?**

The service was not consistently responsive.

People's care records did not always detail their preferences and choices for end of life care.

Care plans contained inaccurate information and did not reflect people's current needs.

People had some opportunities to engage in activities to ensure their wellbeing.

A complaints policy was in place.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well-led.

Audits had not been completed recently and areas that required improvement had not been identified or addressed.

People's views and experiences of the service were gathered and used to make improvements.

People, relatives and staff were complimentary regarding the registered manager.

**Requires Improvement** ●

# 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. □

This unannounced inspection took place on 10 October 2018 and was undertaken by two inspectors.

Before our inspection a Provider Information Return (PIR) was submitted by the registered manager. This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority. We received feedback about the service from two professionals.

During our inspection, we looked at the care records of three people, recruitment records of two staff members and records relating to the management of the service and quality monitoring. We spoke with five people living at the service, one visitor and two relatives. We spoke with five staff including the registered manager and we also observed how staff interacted with people.

# Is the service safe?

## Our findings

Safe was rated as 'Requires Improvement' at our last inspection in April 2016. There were no Personal Emergency Evacuation Plans (PEEPs) in place and we found concerns with medicines management. At this inspection, while some improvement had been made in these areas, we found further areas of concern and safe continues to be rated as 'Requires Improvement.'

Risk management of the environment required improvement. In some bedrooms, the wardrobes were not secure and items were stored on top which could result in the wardrobe toppling over if someone tried to reach up. One person's bedroom was very hot as it housed a boiler in a cupboard. The cupboard was not locked and exposed hot pipes were surrounding it which posed a risk of scalding. The temperature of the bedroom or the exposed hot pipes had not been identified as a potential risk to the person in that bedroom.

The fire risk assessment process had not identified potential concerns. People now had PEEP's in place, however some of these contained inaccurate information about people's mobility and had not been updated as people's needs changed. Sledges to be used for fire evacuation were stored in a locked cupboard and not easily accessible in the event of an emergency.

The lounge and dining area was cluttered with excess furniture, numerous walking frames and a hoist that was not currently in use. One person walked with a frame and regularly accessed the back garden. The exit to the back garden was partially blocked by another person sitting in front of it. This posed a risk of falling to the person accessing the garden as they manoeuvred around that person.

Water temperatures within the service had been checked and the temperature record stated that the temperature of the hot water should not exceed 43 degrees to avoid the risk of scalding. However, the temperatures taken at the basins in all of the bedrooms between June and September 2018 recorded temperatures up to 47 degrees. The registered manager assured us that they had adjusted the water temperatures to a safe level after each check, however this was not recorded and temperatures continued to be recorded as higher than the guidance stated.

Two people had bed rails and there were gaps between the mattress and the bed rail which posed a risk of entrapment. The risk assessment that was in place for one person was not fully completed and the risk of entrapment had not been identified by the registered manager. It had not been reviewed since 2016. The risk assessment for the other person had identified a potential risk but the action documented to address this was not in place.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

The registered manager assured us that the safety issues would be addressed and that risk assessments would be updated. They took immediate action to secure the wardrobes, had a lock fitted to the cupboard

housing the boiler and reduced the risk of entrapment. The registered manager also assured us that people did not use their basins independently which reduced the risk of scalding.

People's records contained some assessments of risks to their safety and well-being. These covered risks associated with mobility, from developing pressure ulcers and from not eating or drinking enough. However, information had not been updated as people's needs changed. This did not impact on people living at the service because staff knew people very well.

Staffing levels were sufficient to support people effectively and staff were often present within the lounge and dining area to be able to support people with their practical needs. However, the deployment of staff required review to ensure that people were engaged, stimulated and supported with their social and emotional wellbeing. We received feedback from a professional that one person spent most of their time sitting in a chair and this was observed during inspection. One person commented, "I would like to go out more often but they [staff] do help me if they are not busy." The service had retained the same staff for many years which meant people were supported consistently.

People were protected from the risk of the spread of infection and had received infection control training. Staff were cleaning throughout the day and had access to Personal Protective Equipment [PPE] such as gloves and aprons. One relative said, "They [staff] are forever cleaning. We say every time that we come that it smells clean and fresh and the linen is changed every day."

Medicines were managed and administered safely. People told us that they got their medicine on time and when they needed it. One person told us, "Staff put cream on my legs morning and night and they are getting better." Only trained and competent staff administered medication which was stored safely in a locked cabinet. Medication administration records were completed correctly and where people received 'As and when required' medicines, there was clear guidance in place for staff to follow.

Staff were aware of their responsibilities to safeguard people from abuse and told us they felt comfortable reporting concerns to the management team. They told us that they had received training and could describe the different types of abuse and the actions they would take if they had any concerns someone may be at risk.

Safe recruitment practices were in place to ensure staff were of good character and suitable to work with those living at Kingston House. Relevant checks had been completed prior to new staff starting work at the service. These included undertaking a criminal record check with the Disclosure and Barring Service (DBS), obtaining references, and proof of identity.

# Is the service effective?

## Our findings

Effective was rated as 'Good' at our last inspection in April 2016. At this inspection, we found areas for improvement and effective is rated as 'Requires Improvement'.

Additional development was required to ensure people's needs were met by the design and decoration of the premises and that it was following best practice in providing a suitable environment for people living with dementia related needs. The colour scheme was dull and communal areas required decorating. One relative said, "It could do with some decoration." Bedrooms were personalised with people's possessions. However, there were no photographs on people's bedroom doors to personalise these or to aid as a prompt for people to find their bedrooms and there were a lack of visual prompts for people to help orientate them and to promote independence within the service.

The lunchtime experience required improvement. The dining area was being used as an office and there were documents on the walls and folders of information on tables. Two people used the dining area to eat their meal and the table that they sat on was facing the wall. The dining area did not provide a relaxing and homely environment in which people could enjoy their meal.

Staff had received training in dementia awareness and had taken part in a dementia virtual tour to understand how it feels to live with dementia. Despite this, there were limited sensory and comfort items available such as scarves, handbags or old newspapers that people could pick up and use to stimulate thoughts and memories, which are important when caring for people with dementia. Although some people were looking at picture cards of famous people from past eras, they were mostly left to do this independently and an opportunity for engagement and interaction was missed. Books and games were tucked away behind chairs and not accessible to people.

We recommend that the service explores current guidance from a reputable source on improving the design and decoration of accommodation and the engagement of people living with dementia.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 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 had the appropriate legal authority and were being met. The registered manager had made applications to the local authority as required. Mental capacity assessments were in place and where people lacked capacity, decisions had been made in their best interests. Staff had received basic training in the MCA, however had a mixed understanding of what this

meant in practice. While some staff had a good understanding, some staff did not and would benefit from additional training. Despite this, staff understood the importance of giving people choices and gaining their consent before providing care.

People had their health effectively monitored and action was taken if further input from other professionals was required. For example, where one person had lost weight, a referral had been made to the district nursing team and the person was being supported with additional food supplements. One person said, "If I need a doctor, the staff get one for me." Where one person had difficulties with their mobility, hand rails had been put in place to provide additional assistance. One person who was being supported to lose weight told us, "Staff put the right things on my plate to help my diet."

People were complimentary about the food. One person said, "The food is very good. I don't leave it very often." Another person commented, "Excellent food." Throughout the day, people were offered hot drinks and snacks and there was a jug of juice available in the lounge for people to help themselves to.

While there were some gaps in re-positioning, fluid and bowel monitoring records, this had not impacted on people living at the service because staff provided support as required which was confirmed by the registered manager. The registered manager assured us they would make improvements to record keeping.

Staff told us that they had received training which was relevant and beneficial to their role and had an induction when they first started at the service. One staff member said, "I had an induction which included moving and handling and safeguarding training." Another staff member told us, "It is good to keep having training as techniques change and move forward. I recently had moving and handling training and we used the different equipment like slide sheets." A relative commented, "We come regularly and training is always going on."

Staff felt supported in their roles and had supervision, however these had not been formally recorded recently. Supervision is a one to one meeting between a staff member and their manager and includes a review of performance and an opportunity for discussion around any problems and achievements. Staff confirmed team meetings took place and various subjects were discussed including future improvements to the service.

Staff communicated effectively by using a handover book to update each other on any specific change in people's needs although this information wasn't always updated into care plans and risk assessments. As the service was small, staff told us that they regularly discussed any issues and changes as they arose with the registered manager which ensured that people were well supported.

# Is the service caring?

## Our findings

Caring was rated as 'Good' at our last inspection in April 2016. At this inspection, we found that caring remained as 'Good'.

People and relatives told us that the staff were kind and caring and were complimentary about the service provided. Comments included, "I love it here. The staff, people and how I get treated is all nice." And, "The carers are all good. I like them all and can't say a bad word about any of them." One relative said, "The staff are kind and caring, and staff don't change the care because we are here. It's brilliant."

Staff had developed positive relationships with people and there was a friendly and relaxed atmosphere within the service. One staff member said, "It's wonderful working here. We try and create a second family for people and if they have a problem then we have a problem and we sort it out." People we spoke with told us that they had made friends at the service and we saw people sitting with their friends chatting with each other.

Staff knew people well including their preferences for care and their personal histories. Care plans contained information staff would need to know people; such as their life histories, what is important to them and their likes and dislikes, although some of this information required updating. People received individualised person-centred care and were supported to follow their routines.

People were supported to maintain their independence by staff. We observed one person being supported to walk to the dining area. The staff member who was supporting them gave them space and positive words of encouragement. Care plans provided guidance to staff on what the person could do for themselves and what they required help with.

People were involved in decisions about their care and treatment and their views were considered. Relatives told us that they often spoke with the registered manager when they visited about the care that was being received. Where appropriate, people had been involved in the writing of their care plan. One care plan had been signed by the person who had also written, 'I have had a lot of input with this plan.' People's right to privacy was mostly protected, however some people's personal records were kept on a table in the dining area. The registered manager assured us these would be locked away.

People were treated with respect and dignity. Where people required support with their personal care needs, for example, to go to the toilet, they were asked if they wanted support discreetly and staff checked that people agreed with any actions before taking them. People were supported to maintain their religious beliefs and one person told us that they attended social events with their local church. People were supported to take pride in their appearance. One professional said, "People are always clean and tidy." One relative commented, "People always looked well cared for." Another relative said, "Everyone is always so clean and fresh."

The service had held a 'Dignity day' which involved people, staff and relatives contributing their thoughts

about what dignity meant to them. Comments had been stuck onto a 'Dignity tree' displayed in the hallway and comments included, "Respect others and don't judge" and, "Don't assume that you know what a person wants because of their culture, ability or any other factor."

Relatives told us there was no restrictions on visiting and that they were always made to feel welcome. One visitor said, "I enjoy coming to visit and we have a laugh." People were supported to maintain relationships with their families and friends.

Compliments about the service were recorded and included comments like, 'Home is where you are safe, loved and looked after and [person] had all of those things at Kingston House' and, 'Thank you for all your kindness, care and compassion.'

## Is the service responsive?

### Our findings

Responsive was rated as 'Good' at our last inspection in April 2016. At this inspection, we found areas for improvement and responsive is rated as 'Requires Improvement'.

People were supported at the end of their life; however, people's care records did not always detail their preferences and choices for their end of life care. Some people had 'do not resuscitate' documents in place that had been agreed with them and their relatives. One person had a Preferred Priorities for Care [PPC] document in place which outlined very basic preferences regarding how they wished to be cared for at the end of their life. However, one person who was receiving end of life care did not have a PPC. The registered manager told us that they were unsure if this person would remain at the service or be cared for elsewhere as this had not been discussed with the person or their relatives. The person's relatives visited often and the registered manager assured us that this would be discussed and recorded.

We recommend that the service consults a reputable source to further develop end of life planning.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. Care plans contained basic information about people's communication needs, however, these could be further developed to clearly indicate how to engage with people where communication was limited and for those with dementia related needs. There was limited information available in other formats to aid people's understanding.

We recommend that the service further develops the implementation of the Accessible Information Standard.

People told us they received personalised care which was responsive to their needs. One person said, "They [staff] will help you when you need help." A staff member commented, "We do not ignore people's needs. I think people get quicker attention because we are a small care home." Before people were admitted to the service the registered manager completed a pre-admission assessment to ensure people's needs could be met. Care plans were then developed identifying how people liked to be supported, however these did not always contain up to date information. Two people were cared for in bed. However, one person's care plan stated that they spent time in the living room during the day and the other person's care plan stated that they used a walking frame and needed assistance.

People had a key worker who was responsible for ensuring that their support was provided according to their wishes and for ensuring that care plans were up to date. Monthly reviews of care plans had been completed previously, however this had not happened recently. As a result, some care plans did not reflect people's current needs. The registered manager told us that there had not been enough time to do this and confirmed that some care plans required updating. Despite our findings, there was no impact on those receiving care as the staff team knew people so well.

Despite our concerns regarding the effective deployment of staff to ensure engagement and stimulation, some people felt there was enough to do at the service. One person said, "The art lady comes sometimes and I go shopping with staff. There is enough to do and I have a television in my room. I can go out when I want to." Another person said, "I watch television mostly but I am quite happy."

An activity calendar was displayed on the wall of the lounge and there were photographs of previous activities that people had participated in. These included arts and crafts, Easter egg basket making, winter bouquets and there had also been a visit from an Elvis impersonator. Activity feedback forms had been completed which documented people's engagement in the activity and whether they had enjoyed it. This information was used by the registered manager to determine whether to arrange the activity again.

People were encouraged to pursue areas that interested them. One person had a passion for birds and had been supported by the staff team to take part in the 'Big garden bird watch.' Photographs of the different birds that they had spotted were on display.

The registered manager had a complaints process in place and complaints were dealt with effectively. The complaints process was on display and people said if they had any concerns or complaints they would raise these with the registered manager.

# Is the service well-led?

## Our findings

Well-led was rated as 'Good' at our last inspection in April 2016. At this inspection, we found areas for improvement and well-led is rated as 'Requires Improvement'.

The provider was also the registered manager at the service. A provider is a person who has registered with the Care Quality Commission. 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. The registered manager continued to be very visible in the service and worked alongside staff as part of the shift. The service had a small staff team and issues or concerns were dealt with promptly, however not all the concerns and areas for improvement that we found during this inspection had been identified and addressed. For example, concerns with the environment, risk assessment, the lunchtime experience, dementia related best practice and inaccurate care plans.

Audits had been completed in areas such as medicines, care plans and the environment. However, some areas had not been audited since 2017. Whilst we acknowledge the registered manager responded and acted during and after our inspection to rectify some of the shortfalls found, the current arrangements for monitoring the quality of the service need to be reviewed and embedded. This is to ensure all areas for further development are identified, and a clear action plan is put in place to address concerns and evidence continuous improvement.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations: Good Governance

People benefited from a staff team that worked well together and who understood their roles and responsibilities. Staff told us that they were happy working at the service and felt they had a good team, with plenty of support from the registered manager. One staff member said, "[Registered manager] listens to me. They are a fantastic person because they care. They are wonderful with the residents and caring with the staff." Another staff member commented, "Everything about [registered manager] is brilliant. They try to do their very best for everyone. They are very special and I know I can trust and respect them. They deal with the most important, high priority things."

Relatives were very complimentary of the registered manager and how the service was run and comments included, "The registered manager is very honest and doesn't hide anything. If there has been a problem, they will tell you. The registered manager has a laugh and a joke with people. It's brilliant and everyone is 100% approachable."

People's views and experiences of the service were gathered through the completion of questionnaires and covered areas such as personal care, activities and food. The responses were analysed by the registered manager and an action plan put in place to address any areas for improvement. Questionnaires had also been sent out to people's family and friends and to the staff team and the responses to these had been positive.

The registered manager understood their role and responsibilities and explained how they kept up to date with changes in the care industry which included accessing the CQC website. However, they told us that due to time constraints they had not been able to attend as many meetings, training courses and networking events as they would like to.

Since the last inspection, the registered manager had been working closely with the local commissioner's quality improvement team who were providing support to the service. The registered manager had completed an action plan to make improvements to the service. However, we found some shortfalls at this inspection which demonstrated that action was still needed to ensure that systems were robust, embedded and sustained.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Environmental and individual risks had not been effectively assessed or action taken to mitigate the risks.  12 (2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Monitoring and audit systems were not effective in highlighting or addressing issues within the service.  17 (2)