Mr D & Mrs J Barnacle

Kingswood Lodge Residential Care Home

Inspection report

Kingswood Lodge
Long Street
Wigston
Leicestershire
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Tel: 01162812582

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Kingswood Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

We inspected Kingswood Lodge on 1 May 2018 and the visit was unannounced. This meant the staff and the provider did not know we would be visiting.

Kingswood Lodge provides personal care and accommodation for up to 21 older people. On the day of our inspection there were 16 people living at the service. At the last inspection in January 2016, the service was rated 'Good'. At this inspection, we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. 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.

People told us they felt safe living at Kingswood Lodge and felt safe with the staff team who supported them. The staff team had received training in the safeguarding of adults and knew their responsibilities for keeping people safe from avoidable harm. This included reporting their concerns to the registered manager and the management team.

People's needs had been identified and the risks associated with their care and support had been assessed and reviewed. Action was taken and lessons learned when things went wrong. This made sure safety across the service continually improved.

Checks had been carried out on new members of staff to make sure they were suitable to work at the service and relevant training had been provided. People felt there were enough members of staff on duty each day because their care and support needs were being met. Their relatives agreed with what they told us.

The staff team felt supported by the registered manager and the management team. They were provided with the opportunity to share their views of the service through, day to day discussion, supervision and appraisals. Team meetings were also held.

People on the whole received their medicines as prescribed. Appropriate records were being kept and systems were in place to regularly audit the medicines held.

People were provided with a clean and comfortable place to live and there were appropriate spaces to enable people to either spend time on their own, or with others. Training in the prevention and control of infection had been completed by the staff team and the necessary protective personal equipment was available to use.

The registered manager had assessed people's care and support needs prior to them moving into the service to make sure they could be met by the staff team. The staff team knew the needs of the people they were supporting because plans of care were in place which included people's personal preferences.

People's food and drink requirements had been assessed and a balanced diet was being provided. Records kept for people assessed as being at risk of not getting the food and drinks they needed to keep them well were kept up to date.

People were supported to maintain good health. They had access to relevant healthcare services such as doctors and community nurses and they received on-going healthcare support.

Staff members were aware of their responsibilities under the Mental Capacity Act 2005 and people had been involved in making day to day decisions about their care and support. The staff team understood their responsibilities with regard to gaining people's consent to their care and support.

A formal complaints process was displayed and people knew who to talk to if they had a concern of any kind. Complaints received by the registered manager and the management team had been appropriately managed and resolved.

The staff team were kind and caring and people's privacy and dignity was respected and promoted.

The staff team had received training to enable them to properly support a person at the end of their life.

Relatives and friends were encouraged to visit and they told us they were made welcome at all times by the staff team.

A business continuity plan was available to be used in the event of an emergency or untoward event and personal emergency evacuation plans were in place should people using the service need to be evacuated from the building.

Systems were in place to regularly monitor the quality of the service being provided.

Further information is in the detailed findings below.

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 remains safe.

Is the service effective?

Good

The service was effective.

People's needs had been assessed before they moved into the service.

Decision specific capacity assessments had been carried out when required and the staff team understood the principles of the Mental Capacity Act 2005.

People were supported to maintain a balanced diet and were assisted to access health care services when they needed them.

The staff team had the skills and knowledge they needed to be able to meet people's care and support needs.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service remains well led.

Kingswood Lodge Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 5 May 2018. Our visit was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was older people with dementia.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed information we held about the service such as notifications, these are events which happened in the service that the provider is required to tell us about.

We contacted the health and social care commissioners who monitor the care and support of people living at Kingswood Lodge to obtain their views of the care provided. We also contacted Healthwatch Leicestershire, the local consumer champion for people using adult social care services to see if they had any feedback. We used this information to inform our judgement of the service.

At the time of our inspection there were 16 people living at the service. We were able to speak with five people living there and four relatives of other people living there. We also spoke with the registered manager, senior care worker, four care workers, the chef, the housekeeper, a visiting hairdresser and a healthcare professional.

We observed support being provided in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included two people's plans of care. We also looked at associated documents including risk assessments. We looked at records of meetings, recruitment checks carried out for two care workers and the quality assurance audits the management team had completed.

Good

Is the service safe?

Our findings

People told us they continued to feel safe living at Kingswood Lodge and felt safe with the staff team who supported them. One person told us, "Oh yes, I feel very safe, I have never felt unsafe." Another explained, "I have people around me that I wouldn't have at home, that makes me safe."
A relative told us, "[Relative] is safe here and seems looked after. I have never witnessed anything untoward."

The staff team had received training in the safeguarding of adults and were aware of their responsibilities for keeping people safe from avoidable harm. A staff member explained, "I would report anything to the manager or the senior, they would deal with it." Another told us, "I would go straight to [registered manager] and report it. She would deal with it."

Members of the management team knew the actions they needed to take to keep people safe including referring any safeguarding concerns to the local authority and CQC.

Risk assessments had been completed to assess risks to people's health and safety such as the risk of falls and the risks of not getting enough to eat and drink. These had been reviewed regularly and made sure any changes in the risks presented to either the person using the service or the staff team, were identified and acted on.

Appropriate checks had been carried out when new members of staff had been employed. This included carrying out a check with the Disclosure and Barring Scheme (DBS). This check provided information as to whether someone was suitable and safe to work at the service. References had been obtained and details of past employment had been explored. We did note whilst gaps in people's employment had been checked, this had not always been recorded. The registered manager assured us this would be recorded in the future.

Staff rotas were planned in advance and demonstrated there were enough care workers allocated on each shift to provide the care and support people needed. People felt there were enough staff members available to meet their needs. One person told us, "I have a call bell and I use it sometimes, I need help to go to the toilet and they come quite quickly usually. The longest I've waited is five minutes." A relative told us, "I come at different times and it is always well staffed."

Checks had been carried out on both the environment and on the equipment used to maintain people's safety. Fire safety checks had been carried out and the staff team were aware of the procedure to follow in the event of a fire. Checks had also been carried out on the hot water at the service to make sure it was delivered at a safe temperature.

A business continuity plan was in place for emergencies and untoward events such as loss of amenities, flood or fire. This provided the registered manager with a plan to follow should these instances ever occur. Personal emergency evacuation plans were also in place. These showed how each person should be assisted in the case they needed to be evacuated from the service.

Medicine records checked were on the whole up to date and accurate. We did note one occasion where a senior staff member had signed to say they had given a person tablet medicine yet this was still in its container. This was immediately addressed with the staff member in question to ensure there were no further errors. The medicine trolley was safely stored and secured when not in use. Protocols were in place for people who had medicines as and when they required, such as paracetamol for pain relief. These protocols informed the staff team what these medicines were for and how often they should be offered. We observed a senior care worker giving people their medicines. They explained what the medicine was and what it was for. They provided people with a drink to take their medicines with and waited until their medicines were taken. They only signed the MAR after the person had taken their medicine.

The staff team had received training on infection control and personal protective equipment such as gloves and aprons were readily available and used. The service was clean and tidy and regular cleaning had taken place. A relative told us, "I've been in other care homes that smell, it doesn't here."

The staff team were encouraged to report accidents and incidents and the registered manager ensured lessons were learned and improvements made when things went wrong. For example, one of the people using the service had fallen on a number of occasions. The registered manager sourced the appropriate assistive technology including a sensor alarm to alert the staff team when the person moved. This enabled the staff team to support the person more quickly reducing the number of falls they encountered.

Good

Is the service effective?

Our findings

At our last visit in January 2016 we found staff had assessed people's mental capacity to make their own decisions, however, their records did not show which decisions they were able to make independently or with support or not at all. We also saw records in people's plans of care to show staff members did not always follow instructions as advised by health professionals, including supporting people to take a recommended amount of fluids on a daily basis.

At this visit we found people's capacity to make decisions had been assessed in line with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff team understood their roles in ensuring people's capacity to make decisions was assessed and staff ensured they received people's consent before delivering care. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was working within the principles of the MCA. The staff team had received training in the MCA and DoLS and they understood their responsibilities within this.

People told us they had been involved in making day to day decisions about their care and support. One person told us, "They leave it to you as to when you get up and I go to bed when I'm ready." The staff team gave examples of how they obtained people's consent on a daily basis. A staff member told us, "We ask them, 'do you want a wash today? We make sure they are happy for us to help them."

People's individual needs had been assessed prior to them moving into the service. The registered manager explained an assessment of need was completed to make sure the person's care and support needs could be met by the staff team. Where healthcare professionals were involved in people's care, instructions had been followed. This included looking at the types of food offered and times of meals provided for someone at risk of losing weight. It was evident by speaking with the staff team they knew the needs of the people they were supporting well.

The staff team had received an induction into the service when they first started working there and relevant training had been provided. This included training in the safeguarding of adults, dementia awareness, health and safety and equality and diversity. A care worker explained, "I've done all my basic training like safeguarding, moving and handling and first aid." The staff team were supported through supervision and appraisal and they told us they felt supported by the management team. Supervision was used to advance staff members knowledge, training and development by regular meetings between the management and staff group. Supervision sessions included observations by the management team, for example on medicine administration. That meant supervision alternated between a face to face meeting and observing practice to ensure staff members adhered to their training. One member of staff explained, "I feel able to talk, If ever I

have a problem we talk about it and get it sorted."

People were supported to maintain a healthy balanced diet and they told us the meals served at the service were good. One person told us, "The food is good. You get a choice, sometimes two/three times a week we have roast days. I like the food very much. He [chef] has been up today, I'm having faggots. Yesterday he did me boiled potatoes." Where people had specific dietary needs, these were catered for. For example, where people had been assessed by a health professional as being at risk of choking, soft or pureed meals were provided. Where people required a fortified diet the chef fortified food with butter, cream and full fat milk. The meal on the day of our visit was homemade and looked appealing. We did note at lunchtime, people were not always reminded of the meal being served and care workers placed clothing protectors on people without first asking them if they wished to wear one. We shared this with the registered manager for their information and action.

People using the service had access to the relevant health professionals such as doctors, chiropodists and community nurses. A community nurse visiting at the time of our inspection told us, "The staff help me and I am always made welcome. I don't have to wait for them to answer the door. I feel people are safe here." One of the people using the service explained, "The doctor and chiropodist have both come and I have had an eye test."

People had access to suitable indoor and outdoor spaces. There were spaces available for people to meet with others or simply to be alone.

Good

Is the service caring?

Our findings

People told us the staff team were kind and caring and treated them with respect. One person explained, "They [staff team] are kind to me, yes. I've never come across an unkind one."

Relatives felt their family members were treated with dignity and respect. One explained, "All the staff give [relative] the respect they deserve."

The staff team were knowledgeable with regards to the people they were supporting. They knew people's preferred routines and the people who were important to them. They knew their likes and dislikes and personal preferences. This included the names people preferred to be called. A staff member explained, "We sit and have one to one chats with them [people using the service] and talk about their past. We have time to sit and talk to them." We did note whilst people's history was known to the staff team, it had not always been recorded in their plans of care. The registered manager explained they had commenced completing a document entitled 'This is me' to capture details of people's life history. This was evidenced during our visit.

People were encouraged to maintain relationships that were important to them. Staff had received training on equality and diversity and respected people's wishes in accordance with the protected characteristics of the Equality Act. For example people were helped to maintain relationships with friends and family members no matter their age, race or sexuality. The staff team supported relatives to continue to be involved in their family members care. One of the people using the service explained, "I have a bed bath or on the commode, they give me a good wash. I have a bath when I can manage it; they encourage me to have a bath. My husband helps me sometimes."

Staff members gave us examples of how they maintained people's privacy and dignity when they supported them with personal care. One staff member told us, "I always shut the door and the curtains. I always explain what I am going to do. If they say no then I go away and then come back later, it's their choice." A relative told us, "[Person using the service] quality of life is far better than they had at home."

We observed support being provided throughout our visit. Interactions were overall friendly and inclusive. We did see two occasions where communication was limited. This included during the lunchtime meal. We shared this with the registered manager who assured us the staff team would be reminded of the importance of positive communication.

For people who were unable to make decisions regarding their care and support, either by themselves or with the help of a family member, information on advocacy services was being sourced. This meant people would have information about someone who could support them and speak up on their behalf if they needed it.

A confidentiality policy was in place and the staff team understood their responsibilities for keeping people's personal information confidential. People's personal information was stored and held in line with the provider's policy. A staff member told us, "I wouldn't share information unless someone needed to know

such as a visiting professional."

Relatives and friends were encouraged to visit and they told us they could visit at any time. One relative told us, "I am made very welcome. They offer me dinner when I come." Another explained, "I have drinks offered and the odd pudding."

Good

Is the service responsive?

Our findings

People using the service had their care and support needs assessed. The registered manager explained an assessment of each person's needs was carried out prior to them moving into the service. This made sure their needs could be met by the staff team. A relative told us, "[Person using the service] had an assessment, I was involved." Another explained, "[Registered manager] did an assessment at the hospital, I was involved."

Plans of care had been developed when people had first moved into the service. Those seen were comprehensive and included personalised information in them. The plans of care checked were up to date. They covered areas such as, eating and drinking, mobility, and personal care. They had been reviewed on a monthly basis or sooner if changes to the person's health and welfare had been identified. Where changes in people's health had occurred, the appropriate action had been taken. This included for one person, making a referral to the occupational therapy team for a specialised chair.

Whilst there was evidence people had been involved in the development and review of their plan of care, not everyone could remember this. The registered manager told us they would make sure people who wanted to be, were involved, and this would be recorded.

Staff members spoke about the people using the service in a person centred way demonstrating they knew people's individual routines, likes and dislikes and preferences. A staff member explained, "We have time to sit with people and chat and get to know them."

People were offered opportunities to be involved in activities. The registered manager had recently begun to introduce more activities which were provided by the staff team on duty. One staff member explained, "We play card games and loads of stuff in the afternoons." Records showed that people were provided with some sort of activity most days. This included arts and crafts, board games and film nights. Chair aerobics was provided every two weeks and a tea party had been arranged for the forthcoming royal wedding. One of the people using the service explained, "I don't do activities, I don't want to. They have exercise groups." A relative told us, "[Person using the service] watches the film showing and helped with the memory tree."

A formal complaints process was in place and this was displayed for people's information. People we spoke with knew who to talk to if they were unhappy about anything. One person told us, "No, I've never complained. I can't imagine myself wanting to complain. I'm satisfied with everything." Another explained, "If I thought something wasn't right I would complain, but I have had no cause to". A relative told us, "I made a complaint about the door. The manager was quite receptive and had it fixed."

The registered manager looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given .The provider understood their responsibility to comply with the AIS and was able

to access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how to communicate with them in a way they understood.

People's wishes at the end of their life had been discussed with them when they first moved into the service, though not all of the people we spoke with could remember this. A relative told us, "[person using the service] has been consulted about end of life, I was there." The staff team had received training on end of life care and a policy was in place. A staff member told us, "We keep their dignity and provide care in a way they want, making them comfortable. We take our breaks with them and have low lighting and music on in the background."

Good

Is the service well-led?

Our findings

There was a registered manager in place. 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.

People spoke positively about the registered manager and the staff team. One of the people using the service told us, "[Registered manager] is very good, I am very happy with her. I would say it's all well led." Another person explained, "I know what [registered manager] looks like. I have no complaints about her. She is trying to improve things. The staff are fine."

Relatives we spoke with told us the service was well led. One relative explained, "[Registered manager] is very nice and she has improved the activities. She's always got time for everybody and is quite transparent. She always asks if [person using the service] is alright." Another told us, "[Registered manager] and [senior on duty] are excellent, all the girls are."

Staff members told us they felt supported by the registered manager and the management team. One staff member explained, "I am very much supported by [registered manager] and [provider]. Since [registered manager] has taken over the place has improved and staff are happier and concerns are dealt with straight away." Another told us, "I feel supported. You can talk to [registered manager] she is brilliant, you can always rely on her."

Staff meetings had taken place. These provided the staff team with the opportunity to be involved in how the service was run. Minutes of the last meeting held on 18 January 2018 showed topics discussed included infection control and staff relations and communication.

It was evident the staff team were comfortable interacting with the registered manager and a positive and open working atmosphere was present. The staff members we spoke with were aware of their roles and responsibilities and understood what was expected of them.

People using the service and their relatives and friends were encouraged to share their thoughts of the service they received. Surveys had been distributed when the registered manager had first taken up their post to gather people's views. Some people remembered completing these, though others could not remember being given one. One of the people using the service explained, "They gave me a questionnaire, but I didn't complete it." A relative told us, "[Registered manager] gave us a questionnaire after Christmas." No issues or concerns had been raised through the survey process.

There were monitoring systems in place to check the quality and safety of the service being provided. Checks had been carried out on the paperwork held, including people's plans of care, medicine records and incidents and accident records. The registered manager had also carried out regular audits to monitor the environment and on the equipment used to maintain people's safety. These included audits on the nurse

call system to make sure calls were answered in a timely manner. Out of hours spot checks had been carried out to monitor the staff team and ensure they were working in line with the provider's policies and procedures and the aims and objectives of the service.

The registered manager worked openly with stakeholders and other agencies. This included raising safeguarding alerts and working with the local authority quality improvement team and other professionals when appropriate, to ensure people's safety.

The registered manager was aware of and understood their legal responsibility for notifying CQC of deaths, incidents and injuries that occurred for people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

We saw the ratings poster from the previous inspection had been displayed in a prominent position. The display of the poster is required by us to ensure the provider is open and transparent with people who use the service, their relatives and visitors to the service.