Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Kingsthorpe View Care Home

Kildare Road, off the Wells Road, St Ann's, Nottingham, NG3 3AF

Tel: 01159507896

Date of Inspection: 05 December 2012

Date of Publication: January 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	HC-One Limited
Overview of the service	Kingsthorpe View Care Home provides accommodation for up to a maximum of 50 persons who require nursing or personal care in the Nottinghamshire area.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 December 2012, talked with people who use the service and talked with carers and / or family members. We talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We spoke with people who were using the service and relatives during our visit to Kingsthorpe View Care Home. To help us understand the experiences of people living in the home we also used our SOFI (Short Observational Framework for Inspection) tool during the visit. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time, the type of support they get and whether they have positive experiences.

The people we spoke with told us that they had been involved in the development of their care plans. One person said, "The staff always ask me what I need." Another person using the service said, "I love the staff here."

We spoke to relatives of people who use the service and one person said, "I am always made to feel welcome and there is a nice atmosphere here."

People using the service and relatives told us they felt safe with the support they were being provided. One person said, "I feel safe and I can talk to staff." People told us that they liked the staff and staff were able to meet their needs. They also told us they felt they could speak to the manager or staff and they would be listened to.

We found that staff were supported to provide care that met people's needs. We also found that the provider took steps to assess the quality of the service being provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

During our visit we observed staff talking with people, asking how they were, and offering them choices while supporting them to participate in daily life at the home. Staff assisted people with their meals and engaged in conversation with the people we observed. We observed staff speaking to people in a polite and respectful manner, supporting people at meal times and people appeared comfortable in their surroundings.

The people we spoke with told us that they had been involved in the development of their care plans. One person using the service showed us their care plan, which included photographs from their past and details of hobbies and interests. People had also been involved in choosing activities which were published on the notice board. We asked people if they felt staff treated them with respect and were told, "I love the staff here." During our visit we also saw a new minibus which was being used to support people who wanted to get involved with activities.

During our tour of the premises we saw several bedrooms and each one was personalised by the person using the service.

We looked at the care plans for three people who were using the service. Care plans contained information regarding people's likes, dislikes and preferences to support person centred care. Staff were also aware of the individual preferences of people using the service.

We saw a copy of the service user guide that was given to people as they started to use the service. This contained information such as the services provided, the complaints procedure and contact details for various members of staff. One person told us, "Before [my relative] came here I received a very useful brochure about the service and I had a look around the home."

Staff told us people who used the service were involved in the production of their care plans where possible. They told us the care plans provided sufficient information on how to

meet people's individual needs. Staff were also able to explain how they would ensure people's privacy and dignity were respected. One member of staff said, "I aim to treat people like they are my relatives. It is important that you speak to people in private if they need to."

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During our visit we observed staff were caring, good at engaging with people using the service and had developed positive relationships with individuals.

We spoke with three people who were using the service. The people we spoke with told us they felt they were generally well cared for. One person said, "The staff really help me here."

We looked at the care plans for three people who were using the service. A care plan should document a person's needs and how staff can meet those needs.

Care plans contained information regarding people's likes, dislikes and preferences to support person centred care. We saw sections on eating and drinking, daily records, personal hygiene, medical and weight records. The provider may wish to note that we did observe some sections of the care plan which had not been signed. During our visit we were informed Kingsthorpe View Care Home were in the process of migrating to a new care planning system, which we saw during our visit. As a consequence some sections of the care plan were difficult to locate within the indexing system. We also found some sections of the care plans had not been completed in full. In some cases this was due to the person using the service not having capacity to make decisions or the information not being known as the person was still relatively new to the service.

The Mental Capacity Act (MCA) 2005 protects people who lack capacity to make a decision for themselves because of permanent or temporary problems such as mental illness, brain injury or learning disability. If a person lacks the capacity to make a decision for themselves, staff can make a decision in their best interests once an appropriate assessment has taken place. We saw assessments within care plans where this was applicable.

Otherwise risk assessments were in place which linked to the care plans. There was also evidence recorded of the activities and medical appointments attended by the person using the service.

The staff we spoke with told us that the care plans provided sufficient information to provide person-centred care. They could access the care records at any time and completed records for any potential changes in needs which could affect care plans and

risk assessments. Staff also told us how they ensured that people's physical health needs were being met. Staff told us that care plans and risk assessments were reviewed regularly, every month if required.

The provider may wish to note that during our tour of the building we did identify a small office which contained confidential files which had not been locked. We brought this issue to the attention of the manager during our visit as the door did have an appropriate locking device.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The people we spoke with told us they felt safe and supported by the care they were receiving. One person said, "I feel safe and I would speak to staff if I were worried about anything." The relatives we spoke to also confirmed that the environment appeared safe and they knew who to report any concerns to.

We looked at the safeguarding policy that was in use at the time of our inspection. This contained relevant information for staff about how to recognise different types of abuse and their responsibilities to report this. We saw that there was clear guidance for staff about how they could report their concerns. The provider may wish to note that there were two notice boards at Kingsthorpe View Care Home, one on the first and one on the ground floor. Some of the information was not consistent across the two notice boards and some of the signage made reference to the name of the previous provider, this information may be confusing for anyone who wishes to elevate any concerns. All telephone numbers displayed were correct and an internal whistle blowing telephone line was available for staff to report concerns confidentially.

Staff told us they felt the people within their care were safe. They told us there was a safeguarding policy and were able to explain different types of abuse that could potentially take place and the actions they would take if they suspected abuse. They told us they had received safeguarding training and we checked staff training files to confirm this was the case.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Staff were able, from time to time, to obtain further relevant qualifications.

The people we spoke with told us that they liked the staff and staff were able to meet their needs.

We looked at three personnel files. We saw completed induction checklists. We saw regular supervisions were taking place with staff but some appraisals were overdue by four to six weeks in some cases. The provider told us that they would carry out appraisals.

We looked at Kingsthorpe View Care Home's electronic learning system which showed that staff had received a range of training including infection control, manual handling, first aid, medication, safeguarding of vulnerable adults, fire safety, health and safety, and equality and diversity. Some staff were fully up to date with their training requirements whereas others were behind schedule. For those who were behind schedule there was a chart displayed on the front of the staff file demonstrating key tasks for completion to be followed up at supervisions.

Staff told us they received an induction when they started at the service, they received regular supervision and a wide range of training. They felt well supported and listened to, however the provider may wish to note that all three staff we spoke to felt that the staffing levels could be increased to better support the needs of people using the service. Further to this feedback we did check and confirmed that minimum staffing levels were in place at all times.

Staff also told us that staff meetings took place every month.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The people we spoke with told us they felt they could speak to the manager or staff and they would be listened to.

We saw evidence that audits were being carried out to check the quality of service being provided. Where an area for improvement had been identified this was clearly marked along with the follow up action that had been taken.

People using the service and their relatives were sent a questionnaire to give their feedback about the quality of the service. We viewed a sample of the most recent surveys and the responses were generally positive. The provider may wish to note where areas for improvement were identified by people using the service and their relatives; it may be useful to keep records of what action has been taken in response to individual feedback.

A member of staff told us that audits were carried out by the manager. They were also aware of the complaints procedure and how to elevate complaints to a manager at the local authority if applicable. One member of staff said, "The manager will speak with service users and check that they are happy, they also go round the building every day to check things are in order."

On the ground floor notice board we also observed a notice board which had been designed in response to feedback from people using the service and what action had been taken in response to general comments provided. The board was entitled, "We asked, you said, we did."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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