

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: 21 November 2013

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Safeguarding people who use services from abuse

✓ Met this standard

Details about this location

Registered Provider	HC-One Limited
Registered Manager	Ms. Lynne Belinda Brewell
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

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Kingsthorpe View Care Home had taken action to meet the following essential standards:

- Safeguarding people who use services from abuse

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 21 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We carried out this inspection to follow up on a warning notice we issued to the provider in respect of the safeguarding people who use services from abuse. We had told the provider and manager that the service must be compliant with the notice by 20th October 2013.

We spoke with two people living in the service who both told us that they felt safe in the home. One person said, "It's all right here, the staff are alright."

During our visit we found 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.

The provider was fully compliant with the warning notice.

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

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

We carried out this inspection to follow up on a warning notice we issued to the provider about safeguarding people who use services from abuse. We told the provider that the service must be compliant by 20th October 2013. We told them about our concerns regarding people who had been assessed as having aggressive or challenging behaviour. In some cases their care plans and risk assessments were not up to date and did not record their needs, or how staff could best meet these needs. In others, despite plans being in place, care was not being delivered to meet their needs.

We spoke with two people living in the service who told us that they felt safe in the home. One person said, "It's all right here, the staff are alright." We spoke with two members of staff. They told us it was their responsibility to feedback to the manager any changes which affected people living in the home so that their care plans could be updated. One staff member said, "I've been here about nineteen months. There have been a lot of changes and they're all for the better."

We found that most of the staff had received additional training in supporting people with behaviour which challenged the service. We saw that plans were in place to ensure the rest of the staff team completed this training in the near future. We spoke with a member of staff and they told us they had received the training. They told us that it had been very beneficial and had helped them to refresh their knowledge on how they supported people with behaviours that challenged the service. They also told us they felt that incidents of challenging behaviour had reduced and this was because they had a better understanding of managing people's behaviour and they had additional support from the management team.

Another member of staff explained to us how they had distracted a person from a situation which could have escalated. The distraction techniques they described were in line with the person's care plan. This meant that staff were supporting people's needs appropriately.

The manager told us that plans to change the way the home was organised had been approved by senior managers. The changes involved developing two discreet units, one upstairs and one downstairs. The manager explained that this was to create environments which were more beneficial to people's health and wellbeing, by enabling people with dementia and mental health needs to live separately. They told us this was being discussed with people and/or their relatives, before the changes were implemented. This meant that people would be given the choice to live in areas of the home which may be more suitable to their needs.

During our visit we found that the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We found that people were protected from abuse or the risk of harm.

Some people using the service had behaviour which staff may find difficult to manage. We found there had been an improvement in respect of the level of information made available to staff about people's individual needs. We also found that care plans and risk assessments were now in place which offered staff guidance about the type of support a person may need when they were displaying aggression to other people. There was more information in respect of what may trigger the behaviour and how staff should respond to it. This meant that staff were supporting people with behaviours that challenged the service more successfully. We saw from incident recording systems that incidents of challenging behaviour had significantly reduced.

The manager told us that care plans and risk assessments were immediately put into place if people required support in managing aggressive behaviour when they first started using the service. This was to ensure that staff had sufficient information about people when they first started using the service. Staff we spoke with were able to discuss people's needs and the level and type of support they needed in respect of managing their behaviour. They were also able to describe measures which would keep safe the other people living in the home. This meant that other people were protected from the risk of harm as staff had sufficient information to support people as required.

We found there had been an improvement in staff completing 'ABC' charts (these charts record any incidents of challenging behaviour so staff can better understand why it had occurred and if the management of it had been successful). We found the manager had spent time with staff analysing these to ensure staff understood the importance of the charts. One member of staff confirmed that the manager had spent time with them to help them complete the charts as needed. Another staff member said, "We reflect on the ABC charts to see if they identify any triggers, or if we can remove any triggers for people." This meant staff were learning from incidents and taking action to prevent further incidents.

We also found there had been an improvement in respect of the care planning and the use of the Mental Capacity Act 2005 (MCA) and the best interest assessments in respect of people who may need medicines to support them with behaviours which challenged the service.

The MCA provides a legal framework to empower and protect people who may lack capacity to make some decisions for themselves. The MCA provides a non-exhaustive checklist of factors that decision-makers must work through in deciding what is in a person's best interests.

We found that care plans indicated potential triggers to behaviours that challenged the

service and the distraction techniques which may be used prior to staff administering the behaviour modification medication, identified to be in that person's best interest. This meant when staff were using the medication to manage people's behaviour, this had been assessed to be in their best interests.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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