Inspection Report

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

Kingsley Court Care Home

28 Dorchester Road, Weymouth, DT4 7JU

Tel: 01305782343

Date of Inspection: 19 October 2013

Date of Publication: December 2013

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

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Management of medicines	✗ Action needed
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	M.A & M.E Fry
Registered Manager	Mr. Michael Fry
Overview of the service	Kingsley Court Care home is registered to provide care and accommodation for up to 18 people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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 19 October 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, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

People told us that staff help them with the things they find difficult to do themselves. One person told us "I like to do as much as I can, the staff support me rather than interfere.".

We found that people's individual needs were assessed and recorded. There was guidance for staff to follow to ensure these needs were met.

People we spoke with told us the food was very good and they had a variety of choices each day. One person told us, "They use wonderful ingredients, nothing wrong with the quality of the food." We found that people's nutritional needs were monitored when required.

The people we spoke with told us that the home was kept clean at all times. One person commented that "It always smells fresh here."

We looked at the arrangements for the dispensing of medication and found that there was insufficient recording of the medication administered.

The staff were supported by the management to deliver care and treatment safely.

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

What we have told the provider to do

We have asked the provider to send us a report by 20 December 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare

Reasons for our judgement

People told us that staff helped them with the things they found difficult to do themselves. One person told us "I like to do as much as I can; the staff support me rather than interfere."

People's needs were assessed and care was planned and delivered in line with their individual care plan. We looked at the care records for six people. We found that their needs were assessed before they moved into the home. We spoke with two people who had moved to the home in the last six months. They confirmed that they had been involved in the assessment of their needs. The care records evidenced this.

Care plans were based on people's assessed needs. For example, one person needed regular support to move around, their needs had changed from the time they had moved in. The care plan recorded their needs and the action to be taken to ensure the person was safe. Following concerns that the person had fallen out of bed, a risk assessment was carried out, and with the consent of the person, bed rails were introduced to reduce the risk of harm.

Care plans identified people's changing needs. For example, a person who had a mental health problem and suffered from mood swings had two care plans for staff to follow depending on the person's observable mood. These were detailed and described to staff what changes in the person's behaviour would indicate what mood they were in. This meant that staff were able to meet the person's needs effectively and consistently. We spoke with staff about this person. They told us that when the person was in a low mood they could be resistive to care and explained how they overcame this. Staff also told us that at times the person was able to make decisions but sometimes they required support. The care records also evidenced that on two occasions the person had refused treatment. The care records did not contain a Mental Capacity Act Assessment. The provider may find it useful to note that where a person has fluctuating capacity this should be formally acknowledged.

People's nutritional needs were assessed. We looked at three people's care records that were at risk of not eating enough for their needs. We could see their nutritional needs had been assessed and action had been taken. For example, there were concerns about one person gradually losing weight over a period of three months. During this period the monitoring of the person's weight had increased and their food had been fortified. We spoke with the chef who told us how this was achieved. They told us they would add cream to mash potatoes for example. The records also evidenced that the person's doctor had been consulted at an early stage when concerns had been identified. These actions ensured the person's risk of malnutrition was reduced.

Concerns over risk to people living at the home were assessed and monitored. Risks were assessed when people moved into the home and reviewed each month. Staff we spoke with told us that where people had health risks such as weight loss, skin damage and risk of falls, information was communicated between staff each day. This kept staff up to date with changing needs. For example, one person had lost a small amount of weight and ; staff were advised to encourage them to eat and drink and to watch for any further weight loss.

People's care needs were reviewed when changes happened. We looked at four care records. Reviews took place each month, changes were clearly recorded and the care plan updated. Staff we spoke with were aware of changes. One member of staff told us, "We communicate well as a team."

Concerns over risk to people living at the home were assessed and monitored. Risks were assessed when people moved into the home and reviewed each month.

Advice from healthcare professionals was asked for when needed. In the four care records we looked at we could see people were able to see their GP when asked for. We spoke with four people living at the home. They told us that if they felt unwell then staff would arrange for them to receive help from the appropriate health care professional.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs. People we spoke with told us the food was very good and they had a variety of choices each day. One person told us, "They use wonderful ingredients, nothing wrong with the quality of the food." Another person told us they were a vegetarian and that they received a good variety of choice.

People made choices about where they ate their meals. We noted that people in general ate their breakfast in their rooms. We looked at four people's care records which illustrate that this was not by choice. We spoke with three people living at the home about the breakfast routine. Two people told us that they knew they could have breakfast in the dining room but chose not to. Another person told us" I like to have time to eat my breakfast in my room, it gives me time to wake up and catch up with the news on the television." The provider may find it useful to note that if people's daily routines were recorded this would help ensure consistency and evidence choice.

People were supported at meal times. We spoke with staff about people's support needs during meal times. They told us that where needed, they would provide one to one support. They also told us that they try to support people to be as independent as possible. An example of this was the support to a person who had a weakness in one side of their body. Whilst the staff told us they had considered special cutlery and plates it was assessed that the did not require any aids. The staff told us that all the person required was to ensure that, where necessary, food was cut up before the person received it. This meant that the person was able to eat independently of staff and aids.
We observed staff assisting people to eat in their rooms, engaging them in conversation, making eye contact and checking they were assisting at the right pace for the person.

Staff were knowledgeable about people's needs. For example, staff were able to tells us what people liked to eat, who they liked to sit with and what aids they needed.

People were given choices about what to eat. We spoke with the chef who told us that they visited the people regularly and discussed with them the forthcoming menu. The also told us that people were asked daily what they would like to eat from the choices available. There was evidence that the provider had recorded what people's choices had been and also where a person wished for something different than what was planned, alternatives

were provided.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

The people we spoke with told us that the home was kept clean at all times. One person commented that "It always smells fresh here".

The home was clean and hygienic. We found that all bathrooms and en suites were clean and maintained in good condition. There was liquid hand soap, paper towels and pedal bins in each bathroom. Staff had access to aprons and gloves and were observed wearing them when appropriate. Staff told us there was always enough.

We spoke with cleaning staff who told us they were responsible for cleaning rooms and en suites each day. We observed the cleaning staff clean the lounge areas. We noted that furniture was moved to ensure the areas were thoroughly cleaned. All ledges and surfaces were wiped down. The cleaning staff told us they had received training in subjects such as infection control, health and safety and the control of substances hazardous to health regulations.

Staff were able to tells us about the cleaning schedules and equipment checks which took place each day. We looked at the aids and equipment in use at the home, such as hoists and slings, and found they were in clean. There was anti-bacterial hand gel available throughout the home.

The staff rota showed that cleaning staff were on duty during the week and at weekends.

The provider had a policy in relation to infection control. This policy referenced the The Health and Social Care Act 2008: Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance (Department of Health 2009) which meant that they were working with due regard to current legislation. An infection control audit had been carried out in September 2013 had not identified any issues

Management of medicines ✖ Action needed

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines administered..

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Medication was stored safely. We looked at the storage arrangements in place for medication. We found that in the main the medication was stored in a suitable medication trolley. There was also separate storage for controlled medication. We also noted that a fridge was available for the purpose of storing medication that was required to be storage at or below a certain temperature. This meant that the provider had ensured that drugs were kept at the correct temperature.

The recording of medication into the home was not safe. We looked at the records relating to the receiving and administration of controlled drugs. We found that the quantity and date that medication was received was not being consistently recorded. We also noted that the date that controlled drugs been administered was not recorded appropriately. For example, the records stated that a person had been given their medication on the "13/10 or 3/9". As there was no year recorded it was not possible to establish what year the records related to.

The recording of staff giving medication was not safe. The provider had developed a system where staff who administer medication write a number in the medication administration record (MAR) instead of signing to say they had given the medication. This meant that any staff member could write the number in the box where a signature is required.

We looked at seven people's MAR and found that hand written entries made by staff were not signed to indicate who had changed the records. In one case a person's prescription had been altered by staff changing the prescriber's instruction from "when required" to "three times a day". We check the person's care records and could not find evidence that staff had made these changes on behalf of the prescriber.

Staff who administer medication were not given guidance on when to administer medication on a "when required basis". For example, in one person's MAR it was recorded

that a sedative was to be given when required. We looked at the medication profile and care plans to establish what guidance staff had been given but could find none. We spoke with staff who told us that the medication was for agitation but as they had never given it could not tell us under what circumstances. The person's care records did not indicate what the level of agitation should be before medication was to be considered. They did not give staff guidance on actions to take to alleviate the agitation before considering dispensing the medication. This meant that there was a risk that the person may receive medication inappropriately and put them at risk of harm.

The MAR did not consistently record when medication had been given. For example, four MAR stated that people required to have prescribed cream applied. There was guidance for staff explaining where the creams should be applied but there was no recording this had been done. However staff told us that no one at the home was suffering from pressure ulcers or skin damage associated with soreness.

The staff told us they had received training in the safe administration of medication. The training records supported this. The provider had carried out an audit in August 2013 which had not identified these issues.

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 had received training in the roles they were to carry out. Staff told us they considered they received sufficient training to carry out their roles. Staff told us they had received training in areas such as moving and handling, health and safety and infection control. We looked at the training records. We saw that staff had received training in a number of relevant topics and there was a plan for them to receive additional training in subjects such as dementia awareness and care planning.

There was management support for staff. The staff told us they had monthly staff group meetings where they could make suggestions to improve the service, the most recent had been held on 9 October 2013.

The staff told us they had appraisals on a yearly basis. The provider had a plan in place to ensure staff received one to one support from a senior colleague but the staff we spoke with could not remember the last time they had attended one of these sessions. The staff told us they could talk with the registered manager at any time and felt supported. We were also told that sometimes it can be difficult to talk with the registered manager alone without other staff being present. This meant that opportunities for staff to raise issues and discuss concerns could be limited.

Staff management roles were not clearly defined. For example, when we started the inspection we asked who was in charge of the home. The staff identified a staff member. This staff member who assumed responsibility for the shift confirmed to us this was through staff consensus rather than design. This meant that there was no one with delegated responsibility to take management decisions.

The staff member told us that they could contact the registered manager at any time. However this also presented problems as when we tried to speak with them, at the start of the inspection, their mobile signal was insufficient to maintain contact. This meant there could be undue delays in making management decisions. The provider may find it useful to note staff roles and responsibilities should be clearly defined to ensure decisions are taken by those trained and to do so.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines administered. Regulation 13.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 20 December 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.