

Black Swan International Limited

Kings Lynn Residential Home

Inspection report

Kettlewell Lane
King's Lynn
PE30 1PW

Tel: 01553769098

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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

About the service:

Kings Lynn Residential Home is a service that provides accommodation for up to 39 older people. At the time of our inspection there were 35 people living in the home.

People's experience of using this service:

- People received good quality care that made them happy. They were treated with kindness, compassion and respect.
- People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible. They received care from staff who had been well trained and supervised to enable them to provide people with good quality care.
- People were involved in running the home, they had a say and this was listened to.
- There were a variety of activities that people could take part in to enhance their wellbeing. This included accessing the local community.
- Relatives and friends were made to feel welcome and people were encouraged to maintain relationships that were important to them.
- People received their medicines when they needed them and were supported to maintain their health.
- Good quality food was served to people each day and they had a say in what food and drink appeared on the menu.
- Risks to people's safety had been assessed and action taken to keep them as safe as possible.
- When things had gone wrong, lessons had been learnt to improve the quality of care people received.
- Good leadership was in place that promoted a culture of treating people as individual and with respect. This was followed by the staff.
- The provider and registered manager had taken steps to ensure that staff were supported well which helped them enjoy working in the home.
- The management and staff in the home worked well with other services to ensure people received the care they required, at the time they needed it.

Rating at last inspection:

This was the first inspection since the home had been purchased by a new provider.

Why we inspected:

This was a planned inspection based on the date the service was registered with us (February 2018).

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Kings Lynn Residential Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

- The inspection team consisted of an inspector, an inspection manager 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.

Service and service type:

- Kings Lynn Residential Home 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. The care home accommodates up to 39 people over one floor.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- The inspection was unannounced.

What we did:

- Before the inspection we reviewed the information we held about the service and the provider. This included notifications the provider had to send us by law and information we had received from members of the public about the quality of care being provided.

- We reviewed the information the provider had sent to us in their Provider Information Return (PIR) in January 2019. Providers are required to send us key information about their service, what they do well and improvements they plan to make.
- During the inspection visit we spoke with five people and four relatives along with five staff which included care and kitchen staff. We also spoke with the registered manager, the deputy manager and the regional manager, operations director and managing director of the provider.
- We observed how staff interacted and provided support to people and viewed the premises for safety and accessibility.
- We looked at various records relating to the care that people received which included three people's care records and medicine records. We also looked at a range of records regarding how the registered manager and provider monitored the quality of care people received.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People continued to be safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the home. One person told us, "Oh yes I do feel safe here. It's a lovely place. I can't think of anywhere better." The relatives we spoke with agreed with this.
- The staff demonstrated they understood what abuse was and how to report any concerns they may have. Staff had received training in this area.
- The registered manager had fully investigated any concerns raised with them regarding possible abuse and reported them to the appropriate authorities.

Assessing risk, safety monitoring and management

- We found some items unsecure within people's rooms that have been associated with harm for people who lack capacity to understand what they are. For example, denture cleaner. The registered manager told us they had not considered whether these were risks to people's safety. They immediately assessed any risks associated with these items and acted to mitigate them where necessary.
- Other risks to people's safety had been assessed and staff had acted to mitigate those risks where necessary. For example, where people were at risk of developing a pressure ulcer, the relevant equipment was in place to reduce this risk.
- Staff respected people's right to take informed risks where it was safe for them to do so. For example, one person chose to consume normal food and drink against the advice of a healthcare professional.
- The registered manager conducted regular checks to reduce any risks associated with fire or legionella. Equipment that people used had been regularly serviced to ensure it was safe to use.

Staffing and recruitment

- People were mainly positive about staffing levels in the home although some commented they sometimes had to wait at night for assistance. One person told us, "Generally they are pretty good at turning up if I press my buzzer. But sometimes, particularly at night, they can be a bit slower."
- Staff gave us mixed views regarding their availability to consistently meet people's requests for support. However, they told us this had improved recently and that agency staff were used to cover any gaps in staffing levels.
- On the day of the inspection visit, we observed there were enough staff to meet people's needs, keep them safe and spend time with them.
- The registered manager told us they continually monitored staffing levels in the home and calculated them based on people's individual needs. They said they would continue to monitor these levels closely in view of the feedback we had received.
- Records showed staff had been subject to the required recruitment checks before they started working in the home to ensure they were of good character and safe to work there.

Using medicines safely

- People told us they received their medicines when they needed them. One person said, "They always bring my tablets on time and check that I have taken them."
- Oral medicines had been kept secure in line with best practice. However, some prescribed creams were not always kept secure within people's rooms. The registered manager advised they should have been and took immediate action to correct this.
- Medicine records showed that people had received their medicines in line with the prescriber's instructions.
- There was sufficient guidance in place to help staff give people their medicines safely.
- We observed staff giving people their medicines safely and in line with good practice. For example, staying with the person until they had taken their medicines.

Preventing and controlling infection

- People told us the home was always clean and the relatives we spoke with agreed with this.
- The staff we spoke with demonstrated a good understanding of how to protect people from the risk of infection.
- We observed staff using good practice in this area.
- The home and equipment people used was clean.

Learning lessons when things go wrong

- Staff understood the need to report any incidents or accidents that occurred.
- Records showed the registered manager had fully investigated any incidents or accidents that had occurred.
- Lessons had been learnt where required. For example, following a recent incident new locks were being fitted to communal toilet doors to help staff gain access if they needed to.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Records showed people's individual needs and choices had been holistically assessed before they moved into the home to ensure staff could meet these needs.
- Care plans had been developed for each identified need people had and staff had clear guidance on how to meet those needs.
- People's needs had been regularly reviewed to ensure staff could continue to meet people's changing needs.

Staff support: induction, training, skills and experience

- People told us they felt the staff had the knowledge and skills to provide them with effective care. One person told us, "They most certainly know what they are doing and are absolutely well trained here. They know how to do things gently and they will offer extra help if its needed."
- The staff told us the training and support they received was very good and gave them the skills they needed to provide people with effective care.
- We observed staff using good and safe practice throughout the inspection visit.
- Records showed that staff had completed training in many different subjects. This included training to people's individual needs. For example, in epilepsy or Parkinson's Disease.
- Staff were supported to complete appropriate qualifications within Health and Social Care such as the Care Certificate or Diplomas.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food, that a choice was offered and their cultural and individual dietary requirements were respected and provided. One person said, "The food is good here and I can make a choice and they will do individual choices."
- The kitchen staff were very knowledgeable about people's food likes and dislikes and provided them with food and drink in line with their individual choice.
- The kitchen staff told us feedback had been regularly obtained from people about the quality of food and the menu adjusted in response to people's feedback.
- The lunchtime meal was observed to be a pleasant and social occasion for people.
- People received regular hot drinks and various snacks including a fruit platter throughout the day of our visit.
- Where people required assistance to eat and drink, this was received and delivered by staff in a kind and friendly manner.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People told us they were supported with their healthcare. One person said, "I can see the doctor when I need to. In fact, I saw one this morning. The service we get from the doctor is very good." A relative said, "They keep a close eye on [family member] and if they need the doctor it can be arranged straight away."
- When concerned about people's health, staff had referred them to the relevant professionals in a timely manner.
- People were supported in line with best practice to access appropriate healthcare to monitor certain conditions. For example, eye tests, food care and medicine reviews for diabetes.
- Staff had supported people to experience positive outcomes in respect of their health and wellbeing. For example, staff had worked closely with a person to improve their mobility so they were now walking independently rather than being assisted by staff using equipment.

Adapting service, design, decoration to meet people's needs

- The home had been designed so people could move freely around it. This included access to a garden area that was undergoing landscaping at the time of our inspection visit.
- There were a variety of bright and pleasant rooms that people could reside in if they wished to, including communal and private areas where they could either be with people or alone.
- People had been involved in making decisions about the décor of their own rooms.
- One area of the home has been converted into an old style sweet shop for people to enjoy.
- Good signage had been placed around the home to help people find their ways to communal areas.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People told us staff always asked for their consent before performing a task. One person said, "They always make sure I am happy with what they are doing and always chat to you while they are doing things which I really like. It makes me feel more at home."
- The staff we spoke with demonstrated they had a good knowledge regarding consent, the MCA and DoLS. They said they always offered people choice and acted in their best interests where needed. We observed this to be the case during our inspection visit.
- Where necessary, records showed that people's capacity had been assessed to see if they could make certain decisions. Where they had not been able to, the registered manager had followed the required process to ensure actions had been taken in the person's best interest. For example, one person had a falls alarm in place to help reduce the risk of injury from falls.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with kindness and respect. One person said, "They are very caring and they always think of me. Nothing is too much trouble for them. They are all so polite and always find time to have a chat with me." One relative told us, "I would not have [family member] anywhere else. They treat them so well and as one of their own family. They are always very respectful."
- Staff were observed to be consistently caring, polite and respectful during our inspection visit. We observed lots of smiles and laughter in the home from both the staff and people living there.
- The staff we spoke with demonstrated they knew people very well and had taken time to build up caring and trusting relationships with them.
- Extensive information about people's personal histories and what was important to them had been compiled. This information was used by staff to strike up meaningful conversations and to assist people to reminisce to aide their wellbeing.
- Some innovative ideas had been implemented such as 'Magic Moments' and a 'Wish Tree'. This was where the provider and staff supported people to take part in activities or to do things that were important to them. For example, two people had been treated to afternoon tea at a local garden centre. Another person had visited the Christmas lights in the local town and had a meal of their choice.
- Staff told us how they encouraged people to be as independent as possible. For example, one person had been given the task of growing some vegetables that could be used in meals prepared in the home.

Supporting people to express their views and be involved in making decisions about their care

- People told us they could freely express their views and felt involved in making decisions about their care.
- People could express their views in many ways. This included via annual surveys, at reviews of their care or at regular meetings.
- Where people were unable to express their views or they had no family available, staff had ensured that people had access to an appropriate advocate to support the person to have a voice.
- Staff were observed to always involve people in decisions about their care. For example, people were asked what food or drink they wanted to eat and whether they wanted to join in with activities that were taking place.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People consistently told us they received personalised care that met their needs. The relatives we spoke with agreed with this. One person said, "The care I get is very individual. Its first rate." Another person said, "The carers are all lovely here and know exactly how to look after me."
- People had contributed to the assessment and planning of their care. Staff had clear and up to date information on how people wanted to receive their care.
- There was a varied activities programme in place each day for people to participate in if they wished to enhance their wellbeing. This included trips outside of the home.
- We saw people taking part in various activities during our inspection visit. These included listening to and reading poetry, playing card games and having a visit from local children. People were seen to enjoy these activities.
- Care had been taken to ensure people had been provided with equipment to enable them to regularly carry out activities they enjoyed. For example, the provider had purchased a shed for one person in line with their wish. This enabled the person to spend time potting up plants and doing other gardening activities. The registered manager told us that other people also enjoyed this activity.
- A regular bible study group has been set up to meet people's individual spiritual needs.
- Staff were aware of people who were at risk of social isolation and ensured they were visited each day and encouraged to participate in activities where they were able.
- People's relationships with those special to them were promoted and encouraged.
- People's individual communication needs had been assessed in line with the Accessible Information Standard. This standard was introduced in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.
- Other systems for communication were in place to meet people's individual and diverse needs such as large text books and audio books.
- Technology was in use to help people keep in touch with loved ones and friends. This included having access to telephones, mobile phones and tablets.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain but had not needed to make any. One person said, "I have no complaints or have ever needed to complain. Everything is just right."
- One complaint had been made in the past 12 months. The registered manager had fully investigated this and acted to resolve any concerns raised.

End of life care and support

- The staff had received many compliments from relatives regarding the care provided when people reached the end of their life. These compliments included; 'Thank you to all you kind people for making me feel part

of the family. The support I got helped me deal with a difficult situation' and 'A heartfelt thank you for taking care of my precious [family member] in his and our time of need.'

- People's wishes at the end of their life had been discussed with them, recorded and honoured. The registered manager told us of one example where they had ensured a person had been visited from a music artist to play their favourite type of music before they passed away.
- Staff had worked with relevant healthcare professionals to ensure people would have a comfortable and pain free death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The people and relatives we spoke with consistently told us they were happy with the standard of care they received. They were very complimentary about the registered manager, her team and the provider. One person told us, "I'm very happy here and I am really enjoying my time here. The care is first rate. The manager is like a friend with whom you can share anything." A relative said, "We are extremely happy that our [family member] is here. The manager is so helpful. Any change with our [family member] and she keeps us up to date."
- The registered manager demonstrated they were passionate that people living in the home received care that was person-centred, inclusive and that enhanced their well-being. This culture was evident through our discussions with staff and our observations on the day of the inspection visit.
- The staff told us they felt valued and enjoyed working in the home. They all spoke highly of the support they received from the registered manager and had confidence in the leadership of the home.
- The registered manager and staff could tell us about their roles and responsibilities and how this contributed to people receiving good quality care.
- The registered manager told us they were provided with regular support from the provider to run the home.
- Many audits were conducted each month to monitor and improve the quality of care being provided. These were conducted by the registered and regional managers. Where shortfalls had been identified, these had been acted upon. We found the registered manager acted quickly to resolve any shortfalls we had found during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in the running of the service. One person told us, "They do a survey every six months and we have a monthly meeting with the regional manager where we can make suggestions of things we might like to be made. It is really good as they listen to us."
 - The registered manager had engaged people when recruiting new staff into the home and asked some of them to actively contribute to this decision.
 - The kitchen staff had engaged people in the development of the menu and food that was on offer within the home.
 - Links with various organisations within the community had been established for the benefit of people living in the home. For example, schools, a local nursery and people living in the community. One person told us, "I enjoy the trips to the pub where we have a meal. It's as though nothing has changed for me."
- Continuous learning and improving care; How the provider understands and acts on the duty of candour

responsibility

- The registered manager and provider demonstrated a strong commitment to continuous learning and improving care.
- When things had gone wrong, the registered manager and staff had learnt from this to improve the quality of care people received.
- Several improvements had been made within the home in the last 12 months. These included an increase in the provision of activities, improvements to the environment and the addition of extra staff. The registered manager told us that further improvements were to be made in areas such as the garden and communal facilities.
- The registered manager had meetings with other representatives of the provider's homes so that best practice could be shared. For example, the registered manager told us they had recently received training in the new dysphagia diet framework which they would be introducing into the home. This is a national framework for supporting people who have difficulty swallowing food and drink.
- The registered manager had a full understanding of the duty of candour and had apologised and consulted people fully when things had gone wrong.

Working in partnership with others

- Strong links had been developed with various healthcare professionals and there was a robust system in place to ensure effective collaboration took place for the benefit of people living in the home.