



*Making Social Care  
Better for People*

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### **Kingsmount Residential Home**

**30 Kingshurst Drive  
Paignton  
TQ3 2LT**

*Lead Inspector*  
**Margaret Crowley**

*Key Unannounced Inspection*  
**31<sup>st</sup> January 2007      10:00**

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Kingsmount Residential Home
<b>Address</b>	30 Kingshurst Drive Paignton TQ3 2LT
<b>Telephone number</b>	01803 663460
<b>Fax number</b>	01803 663460
<b>Email address</b>	
<b>Provider Web address</b>	<a href="http://www.grayareas.co.uk">www.grayareas.co.uk</a>
<b>Name of registered provider(s)/company (if applicable)</b>	GrayAreas Limited
<b>Name of registered manager (if applicable)</b>	
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	32
<b>Category(ies) of registration, with number of places</b>	Dementia - over 65 years of age (32), Old age, not falling within any other category (32), Physical disability over 65 years of age (32)

# SERVICE INFORMATION

## Conditions of registration:

1. Only 32 older people over 65 years of age, who may also have a physical disability or dementia, may be accommodated.

**Date of last inspection** N/A. New Service

## Brief Description of the Service:

Kingsmount provides care for up to thirty-two older people who may also have dementia and/or a physical disability. The care home has been under the new ownership of Gray Areas Ltd since September 2006. The company also owns a care home which provides nursing services in Paignton.

Kingsmount is a large, detached, older property situated in an elevated position on the outskirts of Paignton. There is a spacious lounge situated at the entrance of the premises and a separate dining room. There are also two small lounges. Accommodation for residents is on the ground and first floors, with a passenger lift provided to assist access to the first floor. There are twenty-eight single rooms, twenty-one of which have en suite facilities; and two double rooms with en suite facilities. There is shower room on the ground floor, and a bathroom and separate shower room on the first floor. Aids and adaptations are provided to meet the assessed care needs of the residents

A small garden is situated at the rear of the premises and there is a parking area at the front.

Fees currently range from £325 to £445 per week. Written information regarding the home and the services provided is given to prospective and new residents.

# SUMMARY

This is an overview of what the inspector found during the inspection.

The inspection was unannounced and took place over 10 hours on 31<sup>st</sup> January and 1<sup>st</sup> February 2007. Mr Robert Gray, the responsible individual and a director of the company, was present for discussion and feedback on both days. The new acting manager was present throughout the inspection. A tour of the premises was made and all rooms were seen. Records were inspected, including care and staff records. Ten of the 26 residents in the home were spoken with, including 5 in more depth, regarding the lifestyle in the home and the care services they receive. Four staff on duty were observed and spoken with in the course of their daily duties. In addition, 4 relatives were spoken with during the inspection. Comment cards were received from a general practitioner and 6 relatives. Feedback questionnaires were also received from 6 staff.

## **What the service does well:**

Residents spoken with said " staff are very kind," " they take care of me well" and "its comfortable here and the food's good now". Relatives said "it's a calm and friendly home" and "staff are so caring and have a very special way". Residents and relatives commented on improvements made by the new owners of the care home. One resident said, "there's always more staff about, they look smart and the meals are much better." A relative wrote "the home and the atmosphere have improved greatly since the new owners took over". Residents live in a home that is spacious, comfortable, and clean. The proprietors have begun a plan of improvements to upgrade the premises. Additional staff have been employed which enable residents to receive a good standard of care and nutritious meals.

Staff were seen to be attentive to residents needs and to be respectful to them. Staff spoken with and those who responded to questionnaires were positive about the changes that have taken place in the home. Comments made included "since we've had new ownership and manager, improvements have been made drastically" and "our home gives excellent care and I'm proud to be a member of staff". Although the new manager has only been in post recently, she has initiated additional training for staff and clearer systems of working to ensure that residents receive a good standard of care.

## **What has improved since the last inspection?**

Not Applicable. This is the first inspection since the home has been under new ownership

## **What they could do better:**

Hot water outlets accessible by residents are not fitted with devices to control the water temperature and prevent the risk of scalds.

Residents' bedroom doors are not fitted with appropriate locks, to ensure residents' privacy and the security of their belongings should they be absent from the home.

Some toilets are not fitted with appropriate locks to ensure residents' privacy and to be accessible by staff in an emergency.

The flooring in the laundry was torn and could be a trip hazard.

The administration of controlled drugs must be recorded appropriately.

Staff should receive training in the Protection of Vulnerable Adults and have access to the local Alerters Guide for adult protection.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

# **DETAILS OF INSPECTOR FINDINGS**

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# Choice of Home

## The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

**The Commission considers Standards 3 and 6 the key standards to be inspected.**

## **JUDGEMENT – we looked at outcomes for the following standard(s):**

Standards 1,3

Quality in this outcome area is **good**

This judgement has been made using available evidence including a visit to this service.

Admission and assessment processes ensure that the needs of new service users admitted to Kingsmount can be met.

### **EVIDENCE:**

The relatives of a new resident, who has dementia, praised the care received by their relative. They said they had received helpful information and contact with the home prior to her admission. This had assisted them in the decision to choose Kingsmount in preference to other homes. They were confident that their relative's needs could be met. A resident who had been admitted recently said that staff had been welcoming and kind. She was "getting used" to the home, but preferred to spend time in the small lounge, rather being in the main lounge with other residents.

A sample of service users' records was examined and evidence was seen of pre-admission assessments undertaken with residents. Discussions with the manager showed that new admissions are planned. She visits prospective

residents and they and their relatives are given the opportunity to visit the care home.  
The home does not provide intermediate care.

## Health and Personal Care

### The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

**The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

Standards 7,8,9,10.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Service users can feel confident that their personal and health care needs will be met.

### **EVIDENCE:**

Residents and visitors spoken with and responses in questionnaires from relatives showed that residents feel they receive the care and support they need. Staff were described as "friendly and helpful" and "always polite". The inspector observed staff speaking to residents in an appropriate and friendly manner, and respecting their privacy by knocking on bedroom doors before entering. Residents said that staff were accessible and responded quickly if they called for help. They said this has improved since the change in ownership, because there are more staff employed. Relatives said that staff are always visible and approachable.

Evidence was seen of assessments and risk assessments, and care plans which are reviewed regularly. The manager has improved the communication systems to ensure that service users health and personal care needs are monitored on a daily basis and any concerns recorded and addressed. She

intends revising the assessment and care planning formats. The home is currently using those used by the previous proprietor. However, as the manager has only been in post for a month she recognised the need to pace the changes to be made. In discussion the inspector advised including more information regarding residents' former lifestyles, interests and preferences in the care plans. The records showed that some risk assessments should be more detailed and reviewed. These should include, for example, information regarding the use of bedsides for one resident, and the agreement of the resident, or their representative and professionals involved in their care.

There are procedures for the administration and storage of medicines. The manager said that no residents currently choose to administer their own medicines, but this is feasible subject to risk assessment. Medication records were inspected and it was found that the administration of controlled drugs had not always been recorded appropriately because some entries in the controlled drugs register had not been countersigned. The manager had already identified this problem and taken steps to address it. All staff administering medicines had previously received training. However, the manager had arranged two further training sessions from the pharmacist to be held within the following 2 weeks. She has also made the guidance from the Royal Pharmaceutical Society available for staff.

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

**The Commission considers all of the above key standards to be inspected.**

### JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 12, 13, 14, 15

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Residents are enabled to live a flexible lifestyle with activities available to provide interest for them.

Residents are provided with a nutritious and well-balanced diet.

### EVIDENCE:

Residents said that they can choose how they spend their time. Some like to spend time in their own room and enjoy informal time, individually with staff. Many of the more frail residents spend time in the main lounge, but some residents prefer the two small lounges, one of which is a television lounge, and the other is a quiet lounge, often used by visitors. One resident said she enjoys listening to classical music there. The manager has introduced a monthly activities programme, with activities taking place each day. The manager is to re-introduce residents meetings, which have lapsed, so that residents can have more opportunity to be consulted about their choice of activities.

One relative would like more opportunity for staff to accompany their relative on a short daily walk outside. Kingsmount has a very small, limited, garden at the rear, which is only accessible from the first floor. The proprietor said that they plan to make a new garden, which will be accessed via French doors from

one of the small lounges on the ground floor and will have facilities for residents to sit outside.

Many residents have lived in the Paignton area prior to moving to Kingsmount area. They are encouraged to maintain contact with relatives and friends.

Visitors said they are always made very welcome.

Residents said that they liked the food and that the quality had improved since the change of ownership. Meals seen during the inspection were of a satisfactory standard and nutritious. Residents confirmed they were given a choice of alternatives to the main meal.

## Complaints and Protection

**The intended outcomes for Standards 16 - 18 are:**

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

**The Commission considers Standards 16 and 18 the key standards to be.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

Standrds 16,18

Quality in this outcome area is **adequate**

This judgement has been made using available evidence including a visit to this service.

Residents can feel confident that there are systems in place to address issues of concern, complaints or allegations of abuse

### **EVIDENCE:**

There have been no concerns or complaints received by the Commission for Social Care Inspection since the proprietors have owned the premises. The complaints book was not accessible during the inspection. The new manager was not aware of any complaints having been made to the previous manager and had not received any complaints in the month since she has been in post. The manager was advised to devise a new complaints book.

The manager said she intends displaying the complaints procedure in the entrance and to have a comments/complaints box for residents and visitors. The company has an adult protection policy and procedure. No copy of the local alters guide was accessible. The manager is amending the policy/procedures manual so that it specifically relates to this home. Some staff received adult protection training while employed by the previous owners. The manager said she would include adult protection training in the training plan.

## Environment

### The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

### The Commission considers Standards 19 and 26 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 19,22,24,25,26

Quality in this outcome area is **adequate** .

This judgement has been made using available evidence including a visit to this service.

Service users are provided with accommodation that is warm, comfortable, and clean. The new proprietors are taking steps to upgrade the premises and to address outstanding matters to improve the safety of the environment for residents.

### EVIDENCE:

A tour of the premises was made and all rooms were seen. The proprietor said that they were considering methods to improve orientation in the building for residents by the use of colour and signage. The lounges and dining room were pleasantly decorated and comfortably furnished. There is a good range of communal areas within the home. Outside facilities are very limited as the garden is small and can only be accessed from the first floor. The proprietors plan to create a new garden accessible from the ground floor.

Most residents' rooms were comfortable and personalised to their taste. The proprietors intend to upgrade the premises and to make the rooms more attractive for residents. The manager said that some bedrooms will be redecorated when they become vacant and she identified those rooms that have been prioritised as needing new carpet.

Residents' bedroom doors are not fitted with locks to ensure residents' privacy and the security of their belongings should they be absent from the home.

The home has 2 shower rooms and one bathroom. There was no thermometer in the bathroom to test the water temperature in the bath to prevent the risk of scalds. The manager took steps to obtain a new thermometer on the second day of the inspection. Some toilet doors were not fitted with appropriate locks to ensure residents' privacy, but which staff can access quickly in an emergency. The manager said she would arrange for the new maintenance worker to address this.

Hot water provided to hand basins accessible to residents is not regulated to a safe temperature of 43°C. Although all residents have been risk assessed and there are warning signs above the hand basins, this may not be sufficient to protect residents who are mentally and physically frail from the risk of scalds. The proprietor said he would explore an appropriate system to address this.

There were various aids and adaptations to assist residents such as grab and handrails, and raised toilet seats. A new, electric, mobile hoist has been purchased recently and airwave mattresses and assisted beds are now available.

The home was clean and free from unpleasant odours. The manager has improved infection control procedures. New bed linen has been purchased and sheets are now sent to a commercial laundry. During the inspection commercial cleaners were in the process of deep cleaning the kitchen. The flooring in the laundry was torn and could be a trip hazard for staff.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

Standards 27, 28, 29, 30

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Sufficient staff are employed to meet the care needs of the current residents. Staff are provided with training opportunities to enable them to develop their knowledge and skills in caring for residents.

### **EVIDENCE:**

Residents spoken to and feedback from relatives said that staff were kind, accessible and available without undue delays.

There were 26 residents in the home on the day of the inspection. The proprietor and manager said that there was sufficient staff on duty to meet residents needs. The staff rota was inspected and it was confirmed that 6 care staff are on duty in the morning and 4 in the afternoon, with 2 waking night care staff, plus a cook and domestic staff. Additional staff have been appointed since the home has been in new ownership.

Feedback received from staff also said that staffing levels had improved. Care staff said that they have more time now to spend with residents, because additional kitchen and domestic staff are employed. Staff value their access to training. The manager has arranged a range of mandatory training courses including moving and handling, infection control, fire safety and first aid. Training in the administration of medication and dementia care is also taking place. Care staff are encouraged to undertake the National Vocational Qualifications in Care, with eight staff currently undergoing this training.

Staff recruitment records were inspected, which confirmed that two written references are obtained and a check made against the Protection of Vulnerable Adults (POVA) list and a Criminal Records Bureau (CRB) check obtained. The management was referred to guidance regarding CRB and recruitment processes available on the CSCI web site.

## Management and Administration

### The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

### The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 31,33,35,38  
Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The proprietors and the manager have a good understanding of where the home needs to improve and are working together to facilitate this.

### EVIDENCE:

The manager holds the Registered Managers Award and is working towards completing the National Vocational Qualification in Care at level 4. The proprietors intend submitting an application to register the manager with CSCI. She commenced working in the home at the end of December 2006 and has already made a positive impact which has been recognised by residents and staff. She has several years' previous experience in managing care homes for older people.

The manager is addressing communication processes with staff. She has begun to hold staff meetings and is introducing a staff supervision programme. The company has a quality assurance system that will be introduced in the home. Residents' views will also be sought via residents meetings.

Residents or their representatives manage their financial affairs. There were clear records seen of incoming and outgoing payments of any money held in safekeeping for residents.

Fire prevention measures were in place and the fire logbook was inspected. Checks and tests of fire safety equipment is now recorded regularly.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

<b>CHOICE OF HOME</b>	
<b>Standard No</b>	<b>Score</b>
<b>1</b>	3
<b>2</b>	x
<b>3</b>	3
<b>4</b>	x
<b>5</b>	x
<b>6</b>	n/a

<b>HEALTH AND PERSONAL CARE</b>	
<b>Standard No</b>	<b>Score</b>
<b>7</b>	3
<b>8</b>	3
<b>9</b>	2
<b>10</b>	3
<b>11</b>	x

<b>DAILY LIFE AND SOCIAL ACTIVITIES</b>	
<b>Standard No</b>	<b>Score</b>
<b>12</b>	3
<b>13</b>	3
<b>14</b>	3
<b>15</b>	3

<b>COMPLAINTS AND PROTECTION</b>	
<b>Standard No</b>	<b>Score</b>
<b>16</b>	2
<b>17</b>	x
<b>18</b>	2

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<b>19</b>	2
<b>20</b>	x
<b>21</b>	2
<b>22</b>	3
<b>23</b>	x
<b>24</b>	2
<b>25</b>	2
<b>26</b>	3

<b>STAFFING</b>	
<b>Standard No</b>	<b>Score</b>
<b>27</b>	3
<b>28</b>	3
<b>29</b>	3
<b>30</b>	3

<b>MANAGEMENT AND ADMINISTRATION</b>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	3
<b>32</b>	x
<b>33</b>	3
<b>34</b>	x
<b>35</b>	3
<b>36</b>	x
<b>37</b>	x
<b>38</b>	3

Are there any outstanding requirements from the last inspection? no

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	OP25	13(4)a	All parts of the home to which service users have access are so far as reasonably practicable free from hazards to their safety. Re Hot water provided to hand basins accessible to residents must be regulated to a safe temperature of 43°C.	01/09/07
2	OP19	23(2)b	The registered person shall ensure the premises are of sound construction and kept in good repair both externally and internally. Re The laundry floor must be repaired	01/03/07

**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP24	Residents' bedroom doors should be fitted with locks suited to their capabilities and accessible to staff in an

		emergency.
2	OP21	Bathrooms and toilet doors should be fitted with locks suited to residents capabilities and accessible to staff in an emergency.
3	OP10	The administration of controlled drugs should be recorded appropriately.
4	OP18	Staff should receive training in the Protection of Vulnerable Adults and have access to the local Alerters Guide

## **Commission for Social Care Inspection**

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