



Inspection Report on

Kington House

**Kington House
Old Village Road
Barry
CF62 6RA**

Date Inspection Completed

12/05/2023

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About Kington House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	11
Language of the service	English
Previous Care Inspectorate Wales inspection	30 April 2019
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People experience a good standard of care. People told us they are happy living there; we saw people settled and at ease in their environment. People are treated as individuals and are supported to make daily choices. Personal plans provide an overview of peoples care and support needs, are accurate and kept up to date.

Care staff are compassionate, respectful, and support people to achieve their goals. Care workers understand the needs of the people they care for and show kindness and respect when delivering care and support. Care staff are recruited following recruitment checks, receive supervision and training, and feel supported in their work.

The responsible individual (RI) has settled into the role well and demonstrates good oversight of service provision. The service has auditing systems and meets the legal requirements. Management is active in the day to day running of the service. Policies and procedures offer information underpinning best practice but are not always kept under review.

The environment is clean and supports people to meet their needs. The home is comfortable and safe. There are ongoing refurbishment plans to decorate throughout.

Well-being

People are supported to do the things they want to do. Activities are varied and include activities within the home and wider community. The service listens to people's wishes and supports decision making. People are clear how to make their views known and report staff listen to them. People say they can decide where they spend their day, either in their rooms, one of several communal spaces or outside patio area. Bedrooms can be personalised to reflect individual tastes. People tell us they are part of the review process and are routinely asked if they are happy with the care they receive. The RI conducts three monthly visits to gather views on the service provided.

People are supported to be as healthy as they can by getting the right care at the right time. The service works with external health professionals to refer any concerns and follows appropriate guidance. We saw evidence of correspondence with professionals, with personal plans reflecting direction given. Personal plans are very detailed and reviewed regularly. We saw the management of medication is in line with the service's medication policy.

There are systems in place to help protect people from abuse and harm. Care workers are recruited safely and receive training, support, and guidance to help them understand their responsibility to protect vulnerable people. Policies and procedures support good practice and can assist staff to report a safeguarding concern or 'whistle blow', should this be needed. Care staff report they feel confident if they raised an issue with the manager, it would be responded to. Incidents and accidents are logged, and appropriate actions taken by the service. Ongoing quality assurance audits ensure systems remain effective and improvements are identified and addressed. The service acts in an open and transparent way.

The environment supports people's well-being. Routine maintenance and testing of equipment and utilities ensures the environment is as safe as it can be. The home is clean and tidy throughout with suitable furnishings and décor. People are encouraged to exercise choice in relation to their personal space by decorating their rooms in a way which reflects their tastes and interests.

The service employs one staff member with Welsh language knowledge. Some consideration has been given to providing Welsh language documentation upon request. There are currently no Welsh language speakers living at the service.

Care and Support

People can follow their own routines as they wish and say the staff team support them well. The manager carries out initial assessments before people move into the home and consider a range of information to ensure they can meet people's needs: they take information from various sources, including family knowledge and social worker reports. Risk assessments help to ensure people retain their independence as much as possible.

People feel safe. Care workers treat people with dignity and respect. When people first arrive, they have a service user guide that describes what they can expect from the home as well as details of the complaints process should they need to use it. Care workers have regular safeguarding training updates and are aware of current best practices. They told us senior staff members support them well and are always available if necessary. People feel they are treated with kindness by a stable and supportive team of staff.

People's physical and emotional wellbeing is supported. Personal plans support staff to understand individual care needs. Some plans including positive behaviour support (PBS) plans are developed using a multi-disciplinary team approach. This is done to ensure behaviours considered to be challenging are managed safely and effectively. Daily records are detailed and show care and support is delivered in accordance with people's personal plans. Care documentation is reviewed every three months to ensure it remains relevant and people are receiving the right level of care and support. Regular contact with health professionals and the monitoring of people's physical health and mental health, ensures care is received in a timely manner. Medication is recorded, stored, and administered safely.

Environment

People receive support in a suitable environment. The home is safe, warm and clean and people say they feel comfortable. People's rooms are reflective of their tastes and preferences. People can choose where to spend their time, be it in their own rooms or with others in communal areas or the back yard and garden. We saw people in communal areas during this inspection. They appeared to be relaxed and comfortable, suggesting they are pleased with the environment. We conducted a visual inspection of the home and found it is clean throughout.

People benefit from a well-maintained environment. Environmental checks and routine maintenance and servicing ensures the environment, it's equipment and facilities are safe. Fire exits are free of obstructions. All COSHH (Control of Substances Hazardous to Health) materials are stored correctly, in line with the COSHH Regulations 2002 and there are clear instructions displayed in the home on what to do in the event of a fire. People have a personal emergency evacuation plan (PEEP) in place detailing the best ways to support people to evacuate the building in an emergency situation.

People are safe from unauthorised visitors entering the building, as all visitors have to ring the front doorbell before gaining entry and record their visits in the visitor's book when entering and leaving. Care records are kept securely and only available to authorised care workers. The kitchen has been awarded a score of five by the food standards agency which is the highest possible score. The laundry facilities are well maintained and are suitable to meet the needs of people living at the service.

Leadership and Management

Overall, the provider has a clear vision of the support it wants to provide, and a positive regard to each person in the home. There is good management oversight of the service: the RI is in regular contact with the home and provides good support to the manager. The staff team hold regular discussions with people, their representatives and healthcare professionals involved in their care. Six monthly quality assurance reports consider if the care provided supports peoples wellbeing and identifies possible areas of improvement.

Written information such as organisational policies and procedures are available to view. We examined a cross section of these documents and found some polices and procedures had not been reviewed for some time. Other written information we saw included the 'Statement of Purpose' and 'Service User Guide'. These documents give people detailed information about the service and contain all the required information.

Safe recruitment processes make sure care workers are suitable to work with vulnerable people. We examined several personnel files and found they are well organised and all necessary pre-employment checks have been completed. These checks include employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. Existing staff are registered with Social Care Wales, the workforce regulator and newly appointed staff receive support to achieve this. The service ensures care staff receive adequate training prior to starting in post. The training matrix viewed showed a range of core and specialist training is provided to ensure positive care practices are followed.

An experienced staff team is in place. Turnover of care staff is low, with some having worked for the service for many years, helping facilitate continuity of care. Care staff told us they feel sufficiently trained to undertake their role. They have supervision and yearly appraisals to reflect on their performance, identify support they might require, and discuss any issues. The manager told us staffing levels are worked out based on people's level of need using a dependency tool. We saw appropriate staffing levels during our inspection.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
20	Regulation 20 (1)(a)(b), (2) - The service provider must ensure that every individual are given a signed copy of any agreement relating to the care and support provided to the individual, any other services provided to the individual and receive support as is necessary to enable them to understand the information contained in any such agreement	Achieved
33	Regulation 33 (2)(b)(c)(d) - A service provider to whom this regulation applies must put arrangements in place for individuals to be placed under the care of a registered practitioner and able to access treatment, advice and other services from any other health professional as necessary	Achieved
58	Regulation 58 (3) -The service provider must have a policy and procedures in place in relation to the safe storage and administration of medicines and must ensure that the services provided in accordance with the policy an procedures	Achieved
57	Regulation 57 – the service provider must ensure that any risks to the health and safety of individuals are identified and reduced so far as reasonably practicable	Achieved
7	Regulation 7 (1) (2) (b) - The service provider must provide the service in accordance with the statement of purpose - The service provider must where appropriate, revise the statement of purpose	Achieved
19	Regulation 19 (1) (2) (a)(b)(c)(d), (3) (a)(b), (4)	Achieved
15	Regulation 15 (c) The service provider must prepare a plan for the individual that sets out the steps that will be taken to mitigate any identified risks to the individual's well being	Achieved
71	Regulation 71 (1)(a)(b) - Duty to report appointment of manager to the workforce and service regulators	Achieved

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Date Published 18/07/2023