

Kingly Care Partnership Limited

Kingly Croft

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Kingly Croft provides accommodation for up to six adults with acquired brain injuries and neurological conditions. The staff team includes a dedicated team of occupational therapists, a speech and language therapist and a physiotherapist to assist people with their support and rehabilitation. There were five people using the service at the time of our visit.

People's experience of using this service and what we found

The use of agency staff who didn't always know people well, placed them at potential risk. People were at risk of not getting the care and support they needed, when they needed it, or in a timely manner. This was because the staff at times, were required to support the staff at Kingly Croft's sister service, Kingly House.

The service was without a registered manager therefore the providers operations manager was acting as manager. Whilst some monitoring of the service took place, this was neither fully formalised or robust.

Comprehensive care plans were in place however, documentation within them didn't always correspond, providing inaccurate information to the reader. This compromised the support provided by agency staff.

People felt safe living at Kingly Croft and staff were aware of their responsibility to keep people safe from avoidable harm. People's medicines were managed safely and in line with manufacturer's instructions. Staff had received training in medicines management and their competency had been checked.

Risks associated with people's care and support had been assessed and managed and the providers infection control policy was followed. Lessons were learned when things went wrong to improve the service provided.

Staff were provided with relevant training and felt supported in their role. They were kind and caring and treated people with respect. They supported people to make decisions about their care on a daily basis.

People were provided with a comfortable and homely place to live. They were provided with a balanced diet and support from healthcare professionals was sought when required.

People's consent to their care was sought. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

When people had concerns or complaints, these were handled appropriately. Staff meetings and meetings for the people using the service had been held, though records of these were not always available. The management team worked in partnership with others for the benefit of the people using the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was outstanding (published 2 August 2017) Since this rating was awarded the provider has changed its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected: The inspection was prompted in part due to concerns received around staffing levels and the overall management of the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led section of this full report.

The overall rating for the service has changed from outstanding to requires improvement. This is based on the findings at this inspection.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Kingly Croft

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors 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

Kingly Croft is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our visit the service was without a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The providers operations manager was acting as the manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority and clinical commissioning group who monitor the care and support people received and Healthwatch Leicestershire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We spoke with three people living at the service. We also spoke with the manager, trainer, two rehabilitation support workers and an agency staff member. We reviewed a range of records about people's care and how the service was managed. This included one person's care records. We looked at associated documents including risk assessments and medicine records. We looked at records of meetings, both for the staff team and the people using the service and staff training records. We also looked at a sample of the providers quality assurance audits the management team had completed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Staffing and recruitment

Prior to the inspection concerns had been raised regarding staffing numbers at the service.

- During our visit we saw three members of staff on duty, one of which was an agency staff member. When we asked them if we could speak to one of the people living there, giving them their name, they couldn't tell us which person it was.
 - On day one of our visit, the agency staff member working at Kingly Croft was sent to support the staff at its sister service because of staffing concerns there.
 - On day two of our visit, one of the regular staff members on duty at Kingly Croft was, on more than one occasion, also requested to support people in the sister service next door. This meant there were times when there was one less member of staff available for the five people living there. This could impact on their safety and on the support they received.
- A comment in a survey received from one of the people using the service stated, "Feel ridiculous sitting watching TV all day with nothing to do." This was observed during our inspection.
- When asked 'what do you like least about the service' in a survey received from a relative, they stated, "Short staffing, [person] likes to be taken out and about but sometimes this is not possible because of staffing issues." And, "Recently had to ask three times for [person] to be taken [for a haircut]. I believe this is because the Croft is frequently short staffed."
 - Whilst some people felt there were enough numbers of regular staff to meet their needs, others didn't. One person told us, "No, [there's not enough staff] rotas change regularly and there are now lots of agency staff."
 - The staff teams' thoughts of the staffing levels also varied. Whilst some felt there were enough on duty, others felt more were needed. One explained, "It has been hard going, but everyone is putting in 100% to help. We've lost a lot of staff, but morale has picked up. [Kingly] Croft is ok we have three people [staff members]." Another told us, "We need more staff and I have made it clear and they are tackling it. They understand and say they are on it. They are very open about it."
 - When asked 'what do you like least about the service' in a survey received from a relative, they stated, "Short staffing, [person] likes to be taken out and about but sometimes this is not possible because of staffing issues." And, "Recently had to ask three times for [person] to be taken [for a haircut]. I believe this is because the Croft is frequently short staffed."
 - On checking a person's rehabilitation diary, it was evident some of the activities had not been completed. These included a pamper session and an ironing session. A member of staff stated, "They all have a planner and we get as much of that done as possible in the day."
 - Whilst the people living at Kingly Croft were more independent than its sister service, the use of agency

staff who didn't always know people well, placed people at potential risk.

- Effective recruitment procedures ensured only suitable people were employed to work at the service.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Kingly Croft. One person told us, "Yes, [feel safe] they are pretty good here."
- The staff team were aware of their responsibilities for keeping people safe from avoidable harm. One explained, "I would raise the alarm and whistle blow. I would make sure it was handled in a safe way and if they [management team] didn't act correctly, I would go much higher, [directors]."

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been assessed, monitored and managed.
- People were provided with a safe place to live. Checks had been carried out on the environment and on the equipment used. Personal emergency evacuation plans were in place showing how people must be assisted in the event of an emergency.

Using medicines safely

- People's medicines had been appropriately managed. Records were completed to show medicines were administered regularly. One person told us, "Staff give me my medication on time every day."
- People were provided with their medicines in a safe way. Staff members had received training in medicine management and their competency was regularly checked.
- Medicines and the medicine administration records were accurate, and regularly checked for any mistakes.

Preventing and controlling infection

- Staff had received training on the prevention and control of infection and they followed the provider's infection control policy.
- Personal protective equipment (PPE) such as gloves and aprons were readily available, and these were appropriately used when staff supported people with personal care.

Learning lessons when things go wrong

- Staff were encouraged to report incidents and accidents that happened at the service and the management team ensured lessons were learned and improvements were made when things went wrong. This included changes to processes when supporting people with medicines prescribed for as and when required.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People's individual and diverse needs had been comprehensively assessed prior to them moving into the service. This enabled the management team to satisfy themselves that people's needs could be met.
- Expected outcomes for people had been identified and these were being monitored.
- Care and support was provided in line with best practice guidelines and national guidance, including guidelines on supporting people with an acquired brain injury.

Staff support: induction, training, skills and experience

- An induction into the service had been provided when new members of staff had started work.
- A dedicated training team ensured staff received the training required to meet people's individual needs.
- The provider had recruited staff with specialist skills to meet people's individual needs. This included Occupational Therapists, Physiotherapist and Speech and Language Therapist.
- Staff spoken with felt supported by the management team. One explained, "Things are going to take time but there's been a lot of improvement since [manager] has been on the floor, and I think it's going to get a lot better."

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

- Nutritional risk assessments and plans of care had been developed for people's eating and drinking requirements and people's weight was monitored regularly.
- Staff supported people to have sufficient food and drink when they supported them at meal times. They knew the importance of making sure people were provided with a healthy balanced diet whilst providing them with the food and drink they liked.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with external agencies including commissioners and GP's to provide effective care. This included providing key information to medical staff when people were transferred into hospital, so their needs could continue to be met.

Supporting people to live healthier lives, access healthcare services and support

- Any change in people's health was recognised by staff and prompt and appropriate referrals were made to healthcare professionals. One person explained, "Staff make all the arrangements regarding my health care appointments."

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

- The home environment was suitably adapted and designed to support people with their rehabilitation and independence. One person explained, "Yes, the living environment is very well adapted for all of us."
- People were encouraged and supported to personalise their own rooms. Those seen were highly personalised and reflected people's hobbies, interests and culture.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments and best interest decisions had been completed for individual decisions people were unable to make for themselves.
- The service was working within the principles of the MCA and restrictions on people's liberty had been authorised.
- People's consent to their care and support was always obtained. A staff member explained, "I always ask them first [for their consent] and explain what I am going to do."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff team were kind and caring and they looked after them well. One person explained, "I get on with most staff, they are very patient."
- Staff spoke to people in a kind way and offered support in a relaxed and caring manner. One staff member explained, "I don't see it as a job, I am very passionate about what I do."
- Staff had the information they needed to provide individualised care and support. The regular staff were knowledgeable about people's history. They knew people's preferred routines and the people who were important to them. They knew their likes and dislikes and personal preferences including what they liked to be called. The regular members of staff on duty did their best to explain this information to the agency workers, so they knew something about the people they were supporting.

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

- People were encouraged and supported to make decisions about their day to day routines and personal preferences.
- During our visit we saw members of the staff team supporting people to make choices regarding how they spent their day and what to eat and drink. One person explained, "Staff help me to express myself very clearly."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their privacy and dignity maintained. Staff gave us examples of how they promoted people's privacy and dignity. One told us, "During the morning routine I always make sure they are covered with a towel and nothing is on show. I always ask them what they would like to wear for the day and where they would like to go, that is important."
- People were supported to be as independent as possible. Staff supported people to do as much for themselves as possible, for example getting themselves ready for the day ahead.
- People's personal information was kept confidential and held in line with the provider's policy.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

Whilst people had been involved in the planning of their care with the support of their relatives and relevant healthcare professionals, they didn't always feel part of the review process. One person told us, "I do not feel involved with my care plan."

- Comprehensive care plans were in place, providing staff with the information they needed to support people with their needs. However, we noted in one file checked not all documents corresponded with each other. For example, in one document it stated the person should have a break from wearing a piece of equipment for 90 minutes, whilst in another document it stated they should have two breaks of 60 minutes. A protocol showing how staff should handle their personal post also didn't correspond to other areas of their care plan. Whilst regular staff members on duty were aware of the person's needs, their care plan did not provide agency staff with the correct information.
- People had been involved in the planning of their care with the support of their relatives and relevant healthcare professionals.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests; however, it was evident they would benefit from more activities. One of the people using the service stated in a survey completed, "More choices to do activities." Another stated, "The choice of activities never changes. I would like the option to do different things." A staff member explained, "We could definitely do with more activities."
- Rehabilitation diaries were created each week identifying the activities people were to be supported with. These included speech exercises and physiotherapy stretches along with shopping, coffee out and games of dominoes. A staff member explained, "The welfare of the residents come first."
- Whilst planned activities were recorded in people's rehabilitation diary's, these were not always carried out. People didn't always get the choice of what they wanted to do during the day because of the lack of regular staff to support them. The manager was in the process of identifying an activity champion to improve and streamline the activities currently being offered.
- People were encouraged to maintain relationships that were important to them, both with family and friends.

End of life care and support

- People's wishes at the end of their life had yet to be explored though there was no one requiring end of life care at the time of our visit. The staff team had received training in end of life and further training had been arranged. This made sure the staff would be able to care for people appropriately at the end of their life

when the time came.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was made available to people in a format that met their needs. This included easy read styles and pictures.

Improving care quality in response to complaints or concerns

- People knew what to do if they had a concern or complaint. One person told us, "I would talk to my keyworker." (A keyworker is an identified member of the staff team who ensures a person's overall needs are met.)
- Complaints received had been handled in line with the providers policy and responded to appropriately.
- Staff knew what to do should someone share a concern with them. One explained, "If someone had a complaint, I would advocate on their behalf."

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was not always consistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

Prior to the inspection concerns had been raised regarding the overall management of the service.

- At the time of our visit the service was without a registered manager and the providers operations manager was acting as the manager. Whilst the manager informed us they were considering applying to be the registered manager, no formal application had been made when we visited. Post inspection we were sent evidence to confirm the manager had been offered and accepted the role of registered manager.
- A number of staff had left over recent months. During this time the management had tried to recruit with difficulty. This resulted in a higher use of agency workers being used.
- Whilst monitoring systems were in place to monitor the quality and safety of the service, these were not fully formalised or robust. The manager shared with us the providers governance framework developed to achieve robust quality monitoring systems in the future. It was noted this had been developed for some months but had yet to be completed for the service.
- Whilst people told us meetings with the people using the service and with the staff team took place, records were not always available to evidence this.
- Care plans had not been audited to ensure they were accurate or up to date.
- Staff understood their roles and responsibilities. The management team were accountable for the staff and understood the importance of their roles.
- Staff were held to account for their performance where required.
- The manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events. They were also aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display on the provider's website and within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff understood the provider's vision for the service and they told us they worked as a team to deliver the care and support people needed. One explained, "We are here to make a better life for the residents and make sure their wellbeing is at the forefront of what we do."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

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

- People using the service had been involved in how the service was run and their view's and thoughts were regularly sought. One person explained, "We have regular meetings." A staff member told us, "Meals are picked for the week on a Thursday. They [people using the service] buy their own food for lunch during the week and we have a take away once a month. Everyone gets to choose their own."
- Surveys had been used to gather people's thoughts of the service. We did note the most recent surveys from May and June this year had yet to be analysed. We were told once this piece of work had been completed, any actions from comments would be taken and the results would be made available to people for their information.
- Staff were supported through supervisions and team meetings and felt able to discuss any issues or concerns. One staff member explained, "We have staff meetings once a month. They [management team] make sure everyone comes to support the floor while we have our meetings."

Continuous learning and improving care

- The manager understood their responsibilities for learning lessons when things went wrong. They understood the importance of a consistent staff team and was actively recruiting staff, to improve the continuity of care provided.

Working in partnership with others

- The manager worked openly with stakeholders and other agencies. This included raising safeguarding alerts and liaising with social work teams and other professionals when appropriate, to ensure people's safety.
- The manager was working with the local authority quality improvement team to further improve the staff teams understanding around mental capacity and their responsibilities within this.