

# Caring Homes Healthcare Group Limited

## Kingsclear

### 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

Kingsclear is a care home with nursing and accommodates up to 97 people in a new adapted building. The first floor provides care and support to people who are living with dementia, this area is called Windsor. At the time of our inspection there were 31 people living at Kingsclear.

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

At our inspections of Kingsclear in March and May 2018 we identified a number of breaches of regulations and two warning notices were issued in respect of Safe care and treatment and Good governance. At our inspection in August 2018 we found improvements had been made in all areas of the service and no breaches of regulations were identified. The service was rated as Requires Improvement overall as we wanted to ensure systems were fully embedded into practice over time. At this inspection we found the provider had failed to ensure that improvements were sustained in all areas of people's care.

People, relatives and staff told us they did not feel sufficient staff were deployed in order to meet people's needs consistently. Risks to people's safety were not consistently managed and known to staff. Accidents and incidents were not always clearly recorded in order to ensure that appropriate referrals to the local authority safeguarding team had been made. We have made a recommendation regarding this. People's needs and life histories were not always available for staff to refer to and staff told us they did not always get the opportunity to learn about people's lives.

A new manager was in post and felt they had the support they required from the provider to ensure the action plan to address the above concerns was implemented. The provider informed us staff had been recruited and were awaiting recruitment checks to be finalised prior to their employment starting. Staff told us they felt supported by the new manager and additional resources had been made available to ensure staff received a smooth induction and their competence was monitored.

People lived in a well-maintained environment. Medicines were managed well and people received them in line with their prescriptions. People had access to healthcare professionals as required. People 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.

Staff were caring in their approach to people and ensured people's dignity was respected. There was a range of activities available and people told us they felt this area of the service was continuing to improve. Further improvements in this area were planned to ensure people living with dementia consistently received meaningful activities. Complaints were responded to and people told us they felt comfortable in sharing any concerns.

### Previous Inspection

The last rating for this service was Requires Improvement (Report published 19 October 2018)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to the management of risks to people's safety and well-being, staffing levels, person-centred care and the management oversight of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

#### 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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** ●

# Kingsclear

## 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 two inspectors, a nurse with specialist knowledge of a service of this nature, 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:

Kingsclear 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.

The registered manager had left the service in April 2019. A new manager was in post who supported us to access information during our inspection. The manager was in the process of registering with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

#### Notice of inspection:

The inspection took place on 31 July 2019 and was unannounced.

#### What we did before the inspection

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider

Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

As part of our inspection we spoke with eight people who lived at the service and four relatives. We observed the care and support provided to people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with the provider, registered manager and seven staff members. We reviewed a range of documents about people's care and how the home was managed. We looked at nine care plans, five staff files, medication administration records, risk assessments, policies and procedures and internal audits that had been completed.

#### After the inspection

Following the inspection, the registered manager sent additional information and updates relating to staff training, meeting minutes, care records and survey results.

# 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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Staff supporting people in Windsor were not always aware of risks to their safety and well-being. One person had been assessed by the Speech and Language Therapy (SaLT) team as requiring a pureed diet due to the risk of aspiration. This information had also been transferred to the guidance document for staff to follow when serving meals. Despite this, the person was provided with a non-pureed meal at lunch time and staff told us they were unaware of the guidance. The manager told us the person had indicated they preferred a standard meal and believed a second referral had been made to the SaLT team to request a reassessment. However, this referral had not been made at the time of our inspection.
- People's mobility risk assessments were not always followed. One person's records stated they required staff to observe them when using communal areas due to the high risk of falls. We observed the person walking around and sitting in communal areas where they could not be seen by staff. Another person's records stated they required support from one staff member when mobilising. The person was observed walking around without support on numerous occasions during our inspection. We spoke to staff about the support they person required. They told us they believed the person was able to mobilise independently and were unaware of the information with the persons' care records.
- Guidance was not always available to staff regarding how to support people with behaviours which may impact on others. Incident records showed one person had entered other people's rooms to gain access to the staff supporting them. The person had shown aggression towards staff on a number of occasions which had also been distressing for the other people present. There was no guidance within the persons records regarding how the person should be supported with their behaviours.
- Another person was expressing anxiety vocally throughout the day. The person's care plan stated this was something they did this when tired and described how to support them with this. The staff member supporting the person was unaware of this information and told us it was something the person always did. The manager informed us they would ensure all guidelines relating to people's anxiety and behaviours would be reviewed.

The failure to ensure risks were effectively managed was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other areas we found risks to people were managed safely. People living in one area of the service told us they felt safe with the staff supporting them and believed staff understood the support they required.
- Where people had been assessed as being at risk of skin breakdown, appropriate support was provided to prevent and manage this. People who were at risk of falls during the night had sensor mats in place to alert staff as soon as they got up.

- Accidents and incidents were reviewed by the manager and entered onto the providers electronic system. This meant senior staff were able to review the nature of the accidents and incident and monitor the action taken.
- The manager responded proactively to concerns regarding the supply of medicines from the local pharmacy. A meeting had been held with the pharmacy and protocols agreed regarding when and how medicines were provided. This had led to improvements in the system and ensured people received their medicines in a timely manner.
- People lived in a safe and well-maintained environment. Maintenance staff were employed to ensure any repairs were completed in a timely manner. Regular safety checks were completed and equipment was serviced at the required intervals

#### Staffing and recruitment

- People told us that although staff responded to call bells within a reasonable time they felt their care was rushed due to there being insufficient staff. One person told us, "They are very good at using the hoist with me but they are always in a rush. I would like to wash my hands after using the toilet but they never have time for that." Another person told us, "They are so busy I often don't see staff around at all. You don't feel as though you can ask things of them; they already have too much on." One visitor to the service told us, "Sometimes there is a lack of staff. I sometimes have to get involved in the care, things like get people to sit back down so they don't fall or get cups of tea for them."
- Staff told us they did not believe there were sufficient staff deployed to meet people's needs. One staff member told us, "I arrive early and leave late in order to do my job. There are not enough staff. Its putting pressure on us. We don't get proper breaks and we can't give people our time." The service had needed to use agency staff for several months which both people and staff told us presented difficulties with providing continuity in people's care. One staff member told us, "Having agency staff can be problematic because you have to spend time showing them what to do, checking that they have done what you have asked them to do only to discover that they have not done it to the required standard and then you have to do it yourself."
- Staff were not always appropriately deployed. On two occasions during our inspection we observed staff taking their breaks at the same time. This meant on one occasion a member of the inspection team had to inform the nurse in charge there were no staff in a lounge where people required staff to be available due to the risk of falls. In a different area one person requested support from an inspector by saying, "Oh please help, I have been waiting ages." They told us they needed a staff member and had not been able to summon assistance due to staff being on their break.
- The manager acknowledged there had been a number of staffing issues which had taken time to address. A number of new staff had been employed and were waiting to start once recruitment checks had been completed. Whilst waiting for start dates and staff to complete their induction the manager had started to use a new agency. This had enabled them to rota more regular agency staff to provide people with more consistency.

The failure to ensure that sufficient staff were appropriately deployed to meet people's needs was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Safe recruitment processes were in place. Checks were completed on prospective staff to ensure as far as possible they were suitable to support people. These included references and Disclosure and Barring Service (DBS) checks and obtaining references.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Kingsclear. One person told us, "I think I'm safe here. It's very secure and I have my own key to lock the patio door." One relative told us, "We've never worried about the safety

aspect of it here." We observed people appeared relaxed in the company of staff.

- Staff had received safeguarding training and were aware of how to report any concerns. One staff member told us, "It is our primary duty to keep them safe. We must report anything we are worried about or if people start behaving differently so it can be investigated." Staff told us they would initially report concerns to the manager and were aware of how to contact the local authority safeguarding team where appropriate.
- Records showed that concerns were forwarded to the local authority safeguarding team and any additional information provided. However, we discussed two incidents with the manager which had not been reported to the safeguarding team. The manager told us the way in which some incident forms had been completed gave the wrong impression of what had taken place although this was not explained on the review section of the form.

We recommend all incidents are accurately recorded and reviewed to ensure all safeguarding concerns are appropriately actioned.

#### Using medicines safely

- People's medicines were administered safely. Medicines were stored securely and systems were in place to check that all the prescribed medicines were in stock.
- Each person had a medicines administration record in place which included a photograph, details of any allergies and GP contact details. MAR charts showed people received their medicines in line with their prescriptions. Medicines were administered promptly where it was important people received them at specific times. One person told us, "The usual nurses who know me are very good and prompt with my meds."
- Staff responsible for administering medicines had received training and their competency assessed.

#### Preventing and controlling infection

- Safe infection control practices were followed. A team of housekeeping staff were employed and ensured all areas of the service were cleaned to a high standard. Staff had access to protective gloves and aprons and staff were observed to wash their hands regularly.
- The laundry area was designed to adhere to good infection control practices. Clean, dirty and soiled laundry were separated and washed appropriately to prevent cross contamination.

# 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 now 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 needs had been assessed prior to them moving to Kingsclear to ensure the right care could be provided. Assessments contained information relating to people's medical history, mobility, emotional needs, sleep pattern and personal care needs. The information gained was used to form the basis of initial care plans.
- The service used recognised clinical assessment tools to monitor risks and provide effective care. Assessment tools were used to measure people's skin integrity, their risk of falls and their nutritional needs. Information and guidance to deliver effective care and treatment was displayed within the office areas.

Staff support: induction, training, skills and experience

- People told us they felt that permanent staff were well trained and aware of their responsibilities. One person told us, "They are all very good with the hoist, I think sometimes over careful."
- Permanent staff told us they received an induction which gave them time to get to know people's care and the routines of the service. One staff member told us, "My induction was good. I came and did e-learning then started shadowing for two weeks. I feel it was enough as my background was care." Staff new to care were supported to complete the Care Certificate, a set of agreed standards that health and social care staff should demonstrate in their daily working lives.
- We observed nursing staff were knowledgeable regarding their role and the people they supported. However, nursing staff told us their induction and mentoring into the service had been difficult due to changes in management. This had left some nursing staff feeling they were not receiving the support they required to gain confidence in their role. The manager and deputy manager acknowledged these difficulties but gave assurance regarding the changes to how nurses were being supported by providing daily mentoring in their roles. We will monitor the effectiveness of these changes during our next inspection.
- Staff told us they received supervision to monitor their performance and professional development. Staff told us this was more regular since the new manager had been in post. One staff member told us, "I have mine with (manager). They are useful because I can talk to her about training and any issues."

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

- People told us they received the support they required with their food and were provided with a choice. One person told us, "I only have to ask and they will cut my meat up for me." A second person said, "They will always offer something else if I don't like what's on the menu."
- There was a relaxed atmosphere in the dining areas and staff were attentive to people's needs. A visual choice of meals was offered and people received the support they required to eat. When one person refused

their meal, they were brought an alternative which they enjoyed.

- Food required to be of a modified consistency this was presented well and a choice still offered. With the exception of the person referred to within the safe area of this report people's food was prepared according to their needs. People weight was monitored regularly and action taken where significant changes were noted.
- People were offered drinks and snack throughout the day.

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 had access to consistent healthcare. One person told us, "The nurses come and bandage my legs, they know what they're doing, they put the cream on first. If I want to see a doctor I can do." Another person told us they felt in control of their own healthcare needs, "If I had any health problem I would chat with the nurse and we decide together what is best to do. The nurse always listens to my suggestions because I know what works for me."
- The GP visited the service on a weekly basis and additional appointments could be made outside these times where required. Relatives confirmed they were updated on people's health and any appointments as required.
- Records showed that referrals were made to healthcare professionals when needed and that advice provided was followed. One person was living with diabetes and had found it difficult to maintain stable blood sugar levels. Staff supported the person to follow the advice from the community diabetic nurse which had led to their levels stabilising. The person was also supported to attend a specialist diabetic eye appointment and had regular visits from the chiroprapist.

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

- Kingsclear is a modern, purpose-built service designed specifically to cater for the needs of those living there. Lifts were available to all floors and doors and hallways were wide to enable easy access. Adapted bathrooms were available to people.
- Communal areas were open plan to enable greater interaction with people. There were a range of facilities available including a cinema room, activities room and bistro area. A private dining room was available should people wish to hold a private function.
- Windsor had been designed to meet the needs of people living with dementia. Consideration had been given to the use of colour and patterned fabrics and flooring were kept to a minimum. There was clear signage to support people with orientating around the building. Memory boxes were placed outside people's rooms and contained items important to them to aid them in recognising their room. Staff acknowledged there was a lack of sensory items for people and told us they were looking to introduce items which would offer people stimulation and relaxation.

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.

At our last inspection we found capacity assessments were not always completed in line with requirements. We made a recommendation regarding this. At this inspection we found improvements had been made

- People's legal rights were protected as the principles of the MCA were followed. Capacity assessments had been completed for areas including key padded doors and people consenting to their care. Where it was found people lacked the capacity to make these decisions, best interest meetings were held with people's relatives and others involved in their care as appropriate. People's current preferences and previous views were also considered as part of this process. For example, within one person's best interests record staff had recorded they preferred being supported by female staff during their personal care.
- Where restrictions on people's freedoms were in place DoLS applications had been submitted to the local authority. Applications gave a description of the restriction, why it was required and why it was considered to be the least restrictive option to keep the person safe.

# 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 now 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 and their relatives told us staff were caring and treated them with kindness. One person told us, "The treatment here is very good and the carers are very caring." "We love coming here, (family member) is happy here, staff are always ready to listen, and it's nice to see her so settled. (Staff member) is lovely and always stops to talk to the residents."
- Staff were gentle in their approach with people, ensuring they were comfortable. One staff member sat with a person gently rubbing their back and offering reassurance to them. Before leaving them, they ensured their drink was close by and asked if there was anything more they needed. Another person told staff they had lost their glasses. When the staff member had found them, they ensured they were clean before returning them to the person.
- Visitors told us they were made to feel welcome when visiting their family members. One relative told us, "The staff always say hello and most of them will have a chat. We always get offered a coffee." There were no restrictions on the times people could receive visitors.
- People were asked about their religious and cultural views as part of the assessment process. The manager told us arrangements would be made for people should specific requests be made. A regular church service was held at the service and positive links with the local church were being developed.

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

- People told us that staff always asked for their consent prior to providing care. One person said, "They say things like 'Would you like me to...' or 'Do you mind if..'. They would never just do something."
- Records showed that people and where appropriate, their relatives were involved in developing and reviewing care plans. One relative told us, "They always involve us in everything now."
- People were provided with choices regarding their care and how they spent their time. One person told us, "They always go through the wardrobe and pull out a few clothes, hold them up for me to choose something." Staff were heard to offer people choices throughout the day such as where they wished to sit, if they wished to join in activities, what they wanted to eat and drink.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their dignity and privacy was respected. One person told us, "They knock on the door, they always close the door and curtains, cover me with a large towel and wash me a bit at a time."
- We observed staff approached people discreetly when asking them about their care needs. Staff knocked on people's doors prior to entering and greeted people by name. Staff told us they understood the

importance of treating people with respect. One staff member said, "We should treat everyone with the kindness and dignity we would want shown to our own family."

- People were supported to maintain their independence. People were encouraged to maintain their mobility with the use of adaptations as required. Adapted crockery and cutlery were available to people to support them in eating independently.

# 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 Requires Improvement. At this inspection this key question has remained the same. 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; End of life care and support

- Information regarding people's needs and life histories was not always available or known by staff. This was particularly evident in Windsor, the area of the service supporting people living with dementia. Staff told us that due to staffing levels they did not always have time to spend with people or to read and update people's care records. We asked one staff member about people's lives, occupations and family. They told us they were unaware of this information, saying, "I don't get time to read the care plans. It would help if we had time." A second staff member told us, "The workload does not allow us the luxury of spending one to one time with residents to get to know them."
- Information regarding people's needs was not always consistent. We observed staff did not interact with one person for long periods of time, on two occasions, for over an hour. The person's care plan stated they had difficulty mixing with others although their engagement information said they enjoyed conversations with others and, 'I am mostly a very sociable person'. We observed when staff did interact with the person they responded positively. The person had experienced a significant bereavement within the past 12 months. Their care plan did not guide staff on how to offer support in this area and the review of this need observed the person, 'Remains in low mood' with no additional guidance on how this would be addressed.
- Staff did not always respond proactively to people's needs. One person was assessed as being at high risk of falls and their care plan detailed they required a staff member to accompany them when walking. We observed the person regularly tried to stand-up to move around. On each occasion staff prompted the person to sit back down rather than walking with the person. It was clear from the persons gestures they found this frustrating.
- Information regarding the care people wanted at the end of their life was not always available. Where information was recorded this was not personalised to include details of how they wished to be cared for. The manager told us they were aware this was an area which needed to be reviewed and they were looking at how this information could be gathered sensitively.

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 relating to people's communication needs varied. Some care records did not clearly describe how to ensure information was provided in a way the person would understand. For example, one person's records stated, 'Staff to approach me with kind and positive way using communication techniques to allow

me to perform my care needs.' This did not provide staff with clear guidance on how to effectively communicate with the person.

The failure to ensure people consistently received person-centred care was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other people's records were detailed and contained information on people's sensory needs, communication styles and how to approach them. Guidance was also available on how information should be shared with relatives where appropriate. One person's communication care plan guided staff on where to position themselves to aid the persons hearing and the tone and speed they should use when speaking to them.
- In other areas we found people's care was personalised and staff were aware of their needs. This was more evident where people were able to converse with staff. One person told us, "I speak to the nurses about my care and they involve me in my care plan."
- One person told us they came to live at Kingsclear due to poor health. They told us staff had supported them well and they now felt more in control of their health. The person's records showed staff had worked closely with a number of health and social care professionals in order to support the person's diverse range of needs.

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 told us that activities available to them had improved. One person said, "We have a very good activities lady, who makes the quizzes interesting." A second person said, "I like the Tai Chi sessions. It relieves a lot of the joints, keeps them mobile. The activities are improving all the time."
- A range of activities were available to people although continued development was required. During our inspection we observed that with the exception of a musical entertainer during the afternoon there was little activity provided in Windsor. The manager told us this was due to one activity staff member being away who would normally spend their time in this area. They told us they were working with the activity team to plan more personalised activities in Windsor which were meaningful for people. Activity staff confirmed to us this was the case, "Although they have got better, more organisation is needed with activities and we're working on this."
- There was an activity programme in place which showed a range of different activities were offered including trips out, musical entertainment, quizzes, films and exercise groups. In addition, the service were working with various community groups who planned to hold meetings at the service which people could join.
- The manager and activities team had developed an action plan which was in process to ensure this area of the service continued to develop. We will review the effectiveness of this during our next inspection.

Improving care quality in response to complaints or concerns

- People had access to information on how to make a complaint. They told us when they mentioned anything they weren't happy with to staff they received a response and that the service was improving.
- A complaints policy was in place which highlighted how concerns would be dealt with and gave set timescales for complaints to be responded to.
- There was a complaints log in place which showed that concerns had been responded to in line with the providers policy. Where required, investigations were completed and responses provided to the complainant.

# 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. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they did not believe the management of the service were visible enough and they didn't feel involved in the development of the service. One person said, "I don't know them. I think it wouldn't hurt them to walk round once a week."
- At our last inspection of the service on 29 August 2019 we found improvements had been made in all areas of the service and no breaches of regulations were identified. The service was rated as Requires Improvement overall as we wanted to ensure systems were fully embedded into practice over time. At this inspection we found the provider had failed to ensure that improvements were sustained. As reported, breaches of regulations were identified and people were not consistently provided with a safe, responsive and well-led service.
- Whilst audit information completed on behalf of the provider had identified concerns in a number of areas, action had not been taken promptly to address these concerns and minimise the impact on people's care. The provider's audit of Kingsclear completed in April 2019 had rated the service as requiring improvement in the areas of safe, effective, responsive and well-led. Whilst some areas had been addressed since this time, concerns including risks not being addressed when highlighted, care plan documents and end of life care plans needing additional review and increased management oversight of the service remained a concern.
- The manager told us they believed internal audits had not always been completed regularly which had led to issues not being identified and addressed in a timely manner. They told us since their appointment their priority had been to address staffing issues so people's care was provided by a stable and consistent staff team. They told us, "(Provider) did so many audits before I started I have a huge action plan which we are working through. Now our own staff are coming on board progress will be much easier to manage."
- Records were not always organised and updated as required. Some care plans were difficult to read due to the handwriting and information such as care reviews and updates were not always completed in line with the providers processes. This meant information provided to staff may not be up to date.

The failure to ensure consistent management oversight of the service and respond to shortfalls in a timely manner was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us they felt supported by the provider and felt this would enable them to make the improvements required. They told us, "They've been really brilliant, all of them. Whatever I've needed they've always been around." Additional support for the manager had also been provided from the training

and development team who were spending additional time at Kingsclear to ensure new staff were inducted and their competence monitored. Additional training programmes had been implemented to provide extra training sessions in areas including end of life care and dementia care.

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; Continuous learning and improving care

- The manager understood their responsibilities in relation to duty of candour. Where concerns had been raised or accidents or incidents occurred, apologies were provided to people and their relatives.
- There was evidence the manager had met with people and their relatives to discuss incidents and agree what would happen going forward to minimise the risk of them happening again.
- The manager had met with the local authority and quality assurance team to discuss issues which had arisen. This demonstrated an open and transparent approach to addressing concerns and learning from them in the future.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives told us they attended regular residents and relatives' meetings. Some people did not feel they were able to influence the service which was mainly reflective of the staffing concerns. With regards to other elements of the care provided, people told us their comments were responded to such as discussions regarding food and the range of activities available.
- Staff told us they felt supported by the manager. One staff member said, "She is very approachable. I can go and say to her I've got an issue and she deals with it straight away." Staff meetings were held regularly and used to pass messages on regarding any changes to systems and how things should be done. Staff told us they felt listened to and the manager would respond to concerns. One staff member told us concerns had been expressed regarding how staff duties were allocated. The manager had responded and a new system was being trialled.
- Survey's were distributed to people, relatives and staff to gain their views of the service provided. The manager told us this feedback was used when compiling and updating the action plan and updates provided within the various meetings held.
- The service had made links with a number of community groups who were using facilities within the service to hold groups and events which it was hoped people would join. For example, during the school holidays a weekly cinema club was being held for parents and children. The Oddfellows group who work within the community to combat loneliness and a group providing a safe space for to meet for people from the LGBT community, were both planning meetings at the service.
- Coffee mornings were also held regularly at the service where members of the public were invited to drop in. The manager told us, "We plan to work positively with our neighbours and open part of the home up to the community for the benefit of everyone."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider had failed to ensure people consistently received person-centred care
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure risks were effectively managed
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to ensure consistent management oversight of the service and respond to shortfalls in a timely manner
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had failed to ensure that sufficient staff were appropriately deployed to meet people's needs