

Kingarth Limited

Kingarth

Inspection report

17 New Road
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Date of inspection visit:
20 September 2016
26 September 2016

Date of publication:
02 November 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This unannounced inspection took place on 20 and 26 September. We had previously carried out an inspection in September 2014 when we found the service to be compliant with all the regulations that were in force at the time.

The service is registered to provide 24-hour nursing and residential support for up to seven people with learning disabilities and associated mental health needs. During our inspection, there were five people living at the home with a sixth person visiting.

Kingarth is in a residential area of Radcliffe and has good transport links to Bury and Manchester.

The service did not have a manager who was registered with us. 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 and associated Regulations about how the service is run. We were aware that the home manager had recently left the service and that recruitment process for a new manager had begun.

We found one breach of the Regulations relating to good governance.

There had been no recent external quality assurance review of the service. This would give the service the opportunity to seek feedback from people who use the service, their families and relevant health and social care professionals about the quality of the service.

Systems were in place to assess and monitor the quality of the service however, we found that there were outstanding actions to be undertaken in relation to updating risk assessments as well as some training and supervision.

You can see what action we told the provider to take at the back of the full version of the report.

People told us that they felt safe at the home. Staff said they felt safe and comfortable working at the home and were able to demonstrate good understanding of safeguarding and whistle-blowing procedures. They knew what their responsibilities were and what action to take if an allegation of abuse was made to them or if they suspected that abuse had occurred.

Staff had been recruited safely and there were sufficient numbers available to meet people's required needs.

Medicines were managed safely and staff authorised to administering medicines had received training and had their competency to carry out the administration assessed.

We saw that the home was clean and tidy throughout and well maintained.

Although there were some shortfalls noted staff received the training and supervision they needed to carry out their roles effectively. Staff spoke positively about working within the staff team and were very complimentary about the acting manager.

People were able to tell us about the progress they had made in managing their behaviours whilst living at Kingarth. Staff had received training and had access to professional guidance on how to support people when they presented behaviour that might challenge others. People had access to health and social care professionals who worked in partnership with staff to help support them.

Independence was promoted and people were involved in undertaking daily living skills which included shopping for food and cooking meals for themselves and others. Maintaining a healthy diet was encouraged by staff.

People who used the service and staff spoke positively about Kingarth. They told us that management team was very approachable and supportive. We observed that interactions between people and staff were respectful and friendly and the atmosphere was calm and relaxed.

People participated in activities within the community with support where required. They were also able to pursue their own hobbies and interests.

People had the opportunity to influence the day-to-day running of the home and told us they could speak with any of the staff if they had any worries or concerns.

The service had notified CQC of any accidents, serious incidents and safeguarding allegations, as they were required to do.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Suitable arrangements were in place to help safeguard people from abuse.

Staff had been recruited safely and there were sufficient numbers available to meet people's needs.

The system for managing medicines was safe and people were supported to take their medications at the prescribed times.

Is the service effective?

Good ●

The service was effective.

A thorough assessment was undertaken before it was agreed that a person was able to move into Kingarth involving the person, their family and a range of health and social care professionals.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff received training in behavioural strategies to help support people in a positive way whose behaviours could challenge others.

People were encouraged by staff to eat healthy food options to help maintain a well-balanced and nutritional diet.

People had access to a wide range of health and social care professionals to support them.

Is the service caring?

Good ●

The service was caring.

Kingarth was the winner of specialist care provider award for the work they had undertaken to support people with learning disabilities and additional complex needs.

People who used the service spoke positively about the support

they received from staff. We observed that the atmosphere was calm, relaxed and friendly.

The staff were able to demonstrate they had a good understanding of the care and support people required.

People who used the service were encouraged and supported in maintaining links with family and friends.

Is the service responsive?

Good ●

The service was responsive.

The care records contained detailed information to guide staff on the care and support to be provided.

People who used the service were encouraged to be as independent as possible and supported with a range of suitable activities to meet their needs.

The provider had systems in place for receiving, handling and responding to complaints or concerns.

Is the service well-led?

Requires Improvement ●

The service was not always well- led.

There was no registered manager at the service

There had been no recent quality assurance review of the service. This would give the service the opportunity to seek feedback from people who use the service, their families and relevant health and social care professionals about the quality of the service.

Systems were in place to assess and monitor the quality of the service however, we found that there was outstanding actions to be undertaken.

Staff spoke positively about working at the service. They told us that management team was very approachable and supportive.

Kingarth

Detailed findings

Background to this inspection

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

This inspection took place on 20 and 26 September 2016 and was unannounced. As this was a small service, one adult social care inspector carried out this inspection.

Before this inspection, we reviewed the information that the service had sent to for example notifications of any incidents that had occurred. We also contacted the local safeguarding and commissioning teams who confirmed they had no concerns about the service.

During the inspection, we spoke with four people who used the service, the acting manager, the acting operations manager, the director of operations, a nurse and four support workers.

People who used the service invited us to look round parts of the house and their bedrooms. With permission of two people who used the service, we looked at their care records. We also looked at staff recruitment, staff training, medication and quality assurance records about the management of the home.

Is the service safe?

Our findings

People we spoke with said that they felt safe at the home. One person told us, "I feel very safe here." Staff we spoke with confirmed that they also felt safe and comfortable to work at the home. They said that if they had any concerns about providing support to a person they were encouraged to speak to the acting manager or one of the nurses so that suitable arrangements could be made.

We saw arrangements were in place to help safeguard people from abuse. Policies and procedures were in place. These provided guidance on identifying and responding to the signs and allegations of abuse. From the staff training record we saw that most staff had received training in the protection of vulnerable adults. We were also made aware that face to face safeguarding training was undertaken with the staff team during this inspection.

Staff we spoke with were aware of their whistle-blowing responsibilities if they witnessed poor practice by colleagues and knew who to contact if they felt their concerns were not being listened to and acted upon.

The care records we looked showed that risks to people's health and well-being had been identified, such as risks of leaving the home unaccompanied. However, we noted that people's risk assessments had not been reviewed since 17 May 2016 and that not all staff had signed them to say that they had read and understood the risks. This had been identified as an area for improvement on the provider's quality monitoring report and was yet to be addressed. Risk assessments in this setting are particularly important because of people's complex needs. We noted that the acting manager was in the process of updating the care records with people so that they were written in a more person centred way. Environmental risk assessments were in place and were under review by the acting manager. Contingency plans were in place in the event of an emergency and emergency contact numbers were readily available on a noticeboard. We were aware of a situation where the emergency plans had been used successfully to help relocate people temporarily following a loss of power to the home because of floods.

We saw the service kept records of any accidents or incidents and actions taken to prevent reoccurrence were recorded and logged into the monthly risk report.

We looked at three staff personnel files and saw that the recruitment process was sufficiently robust to help to protect vulnerable adults being cared for by unsuitable people. We saw that the files contained an application form, interview notes, references and terms and conditions of employment. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with vulnerable adults. Staff we spoke with confirmed that the provider had undertaken checks on them and carried out an interview before they started to work at the home. The acting manager told us that there were systems in place through human resources to check that nurses had a valid pin number to practice and that there were no conditions against them.

The acting manager for the service told us that they had plans in place to involve people who used the service in the recruitment and selection of applicants.

The service was staffed twenty four hours a day, seven days a week. There was always a nurse with learning disability or mental health qualifications on shift during the day and sleeping in at night. There was also waking night support staff on duty throughout the night. Staff were also supported by an 'on call' service by senior management.

Everyone who used the service required one to one support throughout the daytime. There were sufficient staff on duty to meet the support needs of people who used the service.

We were invited to look around the property by people who used the service. People were encouraged and supported to keep their rooms and the house clean and tidy, with support where necessary. We saw that a person was actively cleaning parts of the home. They told us that it was important to them to keep clean and tidy but this could be difficult sometimes living within a group. There was a cleaning rota in place.

The health protection nurse visited Kingarth on 13 May 2016 to carry out an infection control audit. The results of the audit showed that the home scored 95%. We saw that there were paper towels and liquid hand wash available for people to use in communal toilets, the kitchen and laundry. Directions for hand washing techniques were also seen.

People told us that they liked the communal areas of the house because there was plenty of space, they had large bedrooms with en suite bathrooms and there was a garden.

We checked to see how medicines were managed. People we spoke with told us that they always received their medicines on time. No one was self-medicating at the time of our inspection. The acting operations manager and the acting manager told us that plans were in place to put individual medicines cabinets in people's bedrooms as a start to help move towards self-medicating.

Medicines were stored in the main office, which was kept locked when not in use. The keys to the medicines cabinets were the responsibility of the nurse on duty. Nurses mainly took responsibility of administering medicines to people though a small number of support workers were also trained and authorised to do so. We saw that the acting manager had recently carried out an audit of the medication procedures and competency checks on the relevant staff to ensure they carried out the administration of medicines safely.

We saw that there was a thermometer in the cabinets to help ensure that the medicines were stored at the correct temperature. There was a controlled drugs register available for staff to use, however no controlled medicines were being administered to people at the time of our inspection. No-one was receiving depot injections. No home remedies were used by the home unless they were prescribed by the person's doctor.

Is the service effective?

Our findings

People who wanted to use the service were referred via the provider's referral team. The team included a member of the positive behavioural intervention team who carried out an initial assessment to ensure people were suitable to move to the service. Records showed that consideration was given to the person's presenting risks, how motivated they were towards moving to the placement and also their compatibility with the established group. This helped to reduce any anxieties, friction and disruption within the service.

If it was agreed to proceed then a thorough assessment was carried out before a person moved into the home. The assessment was carried out by the manager of the home, a member of the positive behavioural intervention team employed by the organisation and arrangements were in place to involve a support worker at the next assessment. There was a multidisciplinary team approach, which involved the person's family where appropriate and the health and social care professionals supporting the person.

The assessment also showed that people were able to visit the home on a gradual basis before they moved in.

The 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. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA. Staff members spoken with had some understanding of MCA and decision making processes. We saw that the service had applied for a DoLS authorisation for one person. This meant the service was acting in this person's best interest.

We asked about what arrangements were in place to enable the people who used the service to give their consent to any care and treatment. We were told that any decisions were discussed and agreed with people who used the service and other relevant professionals. The people we spoke confirmed this information was correct. People told us they were able to make decisions about their daily routines and activities they wished to participate in.

Staff we spoke with confirmed that the training they received was good and relevant to their role, which included induction training. This helped staff understand what was expected of them and what needed to be done to ensure the safety of the people who used the service. Staff told us that they had an induction when they started at the service. They said that they were supported well to settle in by the established staff team when they started at the home. They said, "Everyone was brilliant. No questions I had was seen as a daft question."

Staff told us they received both eLearning and face-to-face training. Training included, induction standards, infection control, information governance, emergency first aid, fire safety, medicines, manual handling, the MCA and DoLS and safeguarding.

We looked at the current 'mandatory training' report for the staff team, which showed that the service was not achieving the organisations target of 80% mandatory training priorities which related to medicines, safeguarding, fire safety and health and safety. The shortfalls related mainly to new and bank staff. We were also aware that the homes internet router had been problematic and a new router arrived during our inspection, which should help the service to complete the outstanding computer based training quickly.

Records showed that staff had not recently received supervision as regularly as required by the provider. Supervision meetings help staff discuss their progress at work and also discuss any learning and developmental needs they may have. The manager had started to take action to ensure this was undertaken more regularly. Staff we talked with spoke positively about working at the home and the support they received.

People who used the service sometimes presented behaviours that were challenging to other people. During our inspection, staff team were undertaking refresher training in physical and positive intervention techniques. The staff team could also access the providers positive behavioural intervention team (PBIT) for further assistance help them with strategies to help them support people effectively. People and staff told us about the ways behaviours were managed positively to prevent further escalation.

People told us about the support they received from staff and about the progress, they thought they had achieved in managing their behaviours during their time at Kingarth. One person told us, "The staff help me out if I am stressed. Talking to staff is important. I am not an angry person anymore because I can talk about how I feel now. My family have seen a big change in me and they are really pleased." Another person said, "The staff are good. Sometimes I disagree with them so we talk about options and consequences. I have changed since when I first came. I can talk to them better if I disagree."

The acting manager was also introducing ways to help free up the nursing staff from their managerial responsibilities so that they could spend more time utilising their skills and experience working directly with people who use the service and the staff team.

We were told by people who used the service and staff that people were encouraged to maintain a healthy diet. Staff supported people with shopping for food and offered advice when purchasing and preparing meals. People we spoke with told us that they were responsible for cooking a main meal each week for the group. One person told us that it was their responsibility to do the menu planning for the house for the week.

From what people told us and the support records we looked at we saw that people who used the service had access to external health and social care professional such as GPs, psychiatrists, psychologists and forensic support services.

Is the service caring?

Our findings

We observed that interactions between staff and people who used the service were respectful and friendly. We saw people were laughing and smiling with the staff. People spoken with told us that they liked the staff. They said, "Yeah I like the staff they know what they are doing and they help us." "I am doing well." "I could speak to any of them if worries or concerns" and "You can have a laugh with them."

We saw that in October 2015 Kingarth was the winner of specialist care provider award. This award was received from Independent Healthcare Apex Secure and Specialist Care Sectors for providing exceptional care and support to individuals with learning disabilities and additional complex needs in the community who might otherwise be placed far away from their families and to help commissioners to meet their responsibilities under the 'Transforming Care' agenda.

We saw a copy of the providers leaflet entitled Safe from Abuse and Fear of Exploitation (SAFE), which was on display. This was a guide to people who use the service and staff about their roles and responsibilities to safeguarding and protect people who from abuse.

The SAFE leaflet gave clear direction to staff about the provider's expectations and what staff must always do and never do. This included ensuring that the person was treated as an adult and with respect and involved them in decisions about them. It also made clear that staff must never, bully, tease, shout at or make fun of people or force them to do something they did not want to do.

When we arrived at the service, we spoke with the nurse on duty. The nurse was able to tell us in detail about the needs of the people who used the service and how they were supported and how their complex needs were managed.

People who used the service were self-caring and did not require assistance of staff for any personal care apart from occasional prompts. People appeared well dressed and cared for.

People who used the service were encouraged and supported in maintaining links with family and friends.

Independence in daily living skills was promoted and encouraged. People were supported to budget, keep their rooms clean and tidy, do their own laundry as well as shop for food and cook meals. People with support as required used public transport such as buses and the tram.

To protect people's rights to privacy we saw that people's records were held in an office which was always kept locked when not in use.

Is the service responsive?

Our findings

With their permission we looked at the care records for the two people living at Kingarth. The records contained detailed information to guide staff on the support to be provided. There was good information about the individual's social needs and preferences and their routines had been incorporated into the care records. The care plans were in the process of being updated by the acting manager so they were written in a person centred way.

There was an activity board in the office, which showed who each person's support worker was and what activity was being undertaken in the morning, afternoon and evening. People took part in a range of activities, which included going to college, attending football matches, out for meals that met their cultural needs and shopping in pound shops. We saw that a group trip to Blackpool Illuminations had been planned. People also had their own hobbies and interests, which included, watching sport on the television, playing on a games console or electronic gadgets.

We spoke with the person who was preparing to move on from Kingarth. They told us that they would miss Kingarth but were looking forward to moving on. They said that they had been supported by staff to make the move to their new home and people who used the service had wished them best wishes for the future. Another person told us about their plans to move on to a more independent setting. They told us that they had developed the skills they needed to move on successfully to more independent living. They told us they were looking forward to moving on but with a mixture of excitement and apprehension as it would be a test of how far they had come. It was mentioned in discussion with the acting manager and the acting operations manager about in the future developing peer support arrangements with people who had successfully moved on from Kingarth to help share their experience with other people.

We saw that a residents meeting was planned to take place on Wednesday 21 September 2016 to discuss ideas for the house, things that needed fixing, issues to discuss as a group and to check out how people were feeling. A review of the 'house rules' were also to be undertaken by the group to check they were still relevant, for example, respecting others opinions and not arguing.

It was decided from the meeting that a 'community meeting' would be held on Monday mornings to discuss the coming week. We observed the first community meeting attended by people who used the service and the staff on duty. We saw that people were able to participate in and raise any concerns they had openly during the meeting. For example, one person asked if people could be quieter until after 9am in the morning and plans were made for people to produce artwork that could be put up throughout the home.

We saw the provider had a clear procedure in place with regard to responding to complaints and these were recorded. People we spoke with told us they would feel able to raise any concerns with any of the staff and with the management team.

Is the service well-led?

Our findings

The service did not have a manager who was registered with the Care Quality Commission. 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 and associated Regulations about how the service is run.

We were aware that a person who had been identified to register with us was no longer working at the service. We spoke with the director of operations who was visiting the home for a planned meeting at the time of our inspection. They told us that they were moving quickly to ensure that the post of registered manager was filled and that there was a live recruitment process in place.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations.

We saw a copy of the last monthly management and risk report, which was completed on 8 August 2016. We saw that the report covered a wide range of areas, which included staffing, training, accidents and incidents, which covered a wide range of areas to support the monitoring of any trends and patterns, the environment, maintenance certificates, medication and highlighted any action that needed to be taken, for example, staff supervision.

We also saw copies of the last two monthly quality monitoring reports that had been undertaken on 13 July 2016 and 15 and 16 August 2016. A peripatetic manager within the organisation but external to the service carried them out. The reports were seen to be detailed and covered a range of areas, which included first impressions, complaints and compliments, person centred support planning and thinking, reviews, arrangements for food, activities, medication, staffing and health and safety. We saw that at the last visit an action plan had been put into place that identified a number of areas for improvement.

The acting manager showed us evidence that they had started to work through the action plan, for example, updating relevant records around medication. However, there was more to do and this included a review of people's individual risk assessments and ensuring that staff had signed that they had read and understood them as well as some outstanding training mainly for bank staff and supervision.

We saw no evidence to show that a quality assurance review had been carried out to gain feedback from people who used the service, their relatives and other relevant people such as health and social care professionals.

The lack of a robust monitoring of risk and quality that includes action being taken to make improvements to the service delivery was a breach of Regulation 17 (2) (a) Good governance.

The home was being managed by the acting manager who was a registered mental health nurse with experience of working with people with additional complex needs. The acting manager told us that the acting operations manager, who had previously worked at Kingarth, and a peripatetic manager (relief manager) from the organisation were supporting them to carry out the role.

People who used the service and the staff spoke positively about the acting manager. A person who used the service said, "I could definitely go to [the acting manager] he's a really good bloke." A staff member said, "[The acting manager] is well respected. He has a nice way and approach. You know where you are with him and he has everyone's best interests at heart." Another said, "I have a lot of trust in [the acting manager]."

We were aware that the home had recently been through a period of disruption and changes in the management team. However, both people who used the service and staff spoke positively about the home. A person who used the service told us, "I am happy again now." Staff said, "This is the best team I have worked with ever. We support each other and can be open and honest."

We checked our records before the inspection and saw that the service had reported, in detail, any incidents that the CQC needed to be informed about. This meant we were able to see if appropriate action had been taken by the management team to ensure people were kept safe.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	People who used the service and others were not protected from unsuitable and unsafe care, treatment and support because findings in quality monitoring reviews, for example, a review of people's individual risk assessments and shortfalls in training and supervision had not been fully addressed.