

Mrs M Lane

Kingsley House Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Kingsley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Kingsley House provides accommodation and personal care for up to 3 older people who were living with the experience of dementia. There were 3 people living at the service at the time of our inspection.

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

The provider did not always effectively operate quality assurance systems to oversee the quality and safety of the service. These systems had not identified shortfalls in the quality and safety of the service or ensured that expected standards were met.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests. Staffing levels did not support activities and people using the service did not always have access to activities inside and outside of the home.

The provider did not ensure consistent actions were taken to reduce risks to people and plans were not in place to minimise those risks. Staff were not appropriately supported in their role and they did not receive regular supervisions; spot checks and team meetings were infrequent.

There were infection prevention and control policies in place, however the provider did not always follow these. We found that the environment was not designed in line with best practice guidance for supporting people with dementia and we have made a recommendation about this.

Safe recruitment procedures were followed. Staff knew how to respond to possible safeguarding concerns. The staff were happy working at the service they knew people well.

The individual who was also the manager owned the care home. They worked with staff providing support for people using the service. They had a good knowledge of the individual needs of the people who were living there and had good relationships with them and the staff. People using the service and staff told us they felt managers were approachable.

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

Rating at last inspection and update

The last rating for this service was good (published 17 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingsley House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We identified breaches in relation to safe care and treatment, good governance, staffing and need for consent. We have also made 3 recommendations for the provider to review best practice guidance to promote person centred care; supporting and involving people to maintain a balanced diet and follow best practice and guidance for providing an environment which meet people's needs.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Requires Improvement ●

Is the service effective?

The service was not effective.

Requires Improvement ●

Is the service well-led?

The service was not well led.

Requires Improvement ●

Kingsley House Residential Care Home

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This focused inspection was carried out by 1 inspector.

Service and service type

Kingsley House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kingsley House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

As the provider was an individual there was no requirement to have a registered manager as they managed

the service themselves.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the provider. This included the last inspection report, information we had received since the last inspection, such as notifications of incidents and other contact with the provider. We sought feedback from the local authority who work with the service. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met the 3 people who lived at the service. We also met the registered manager and 1 staff member. We spoke to one relative of a person living in the home. We reviewed a variety of records relating to the management of the service, including policies and procedures. We looked at records used by the provider to manage the service which included the care plans for 3 people, records of audits and checks, and management records. We conducted a partial tour of the environment, which included an audit of infection prevention and control. After the inspection we continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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, learning lessons when things went wrong

- The provider did not always manage risks to people safely. The provider did not always have assessments for identified risks. For example where a person had a complex health condition such as epilepsy, the provider had not ensured management plans had been developed to help mitigate risks associated with the condition.
- Care workers were not provided with training and guidance to support people with specific medical conditions, for example epilepsy, so they could mitigate risks.
- The provider did not always have a record of how they investigated accidents and incidents, or lessons learnt. For example, there was no review of a recent fall for one person. The assessments to guide staff how to protect the person from the same incident reoccurring had not been updated.
- People had personal emergency evacuation plans (PEEPs) in place, however the risk plans did not have detailed information, for example one person did not speak English as their first language. The PEEP did not include details of how best to support the person in the event of a fire.
- During our check of the environment the door to a shed was open. The contents included hazards such as boxes. We also saw the garden hose was on the ground of the pathway which was a falls hazard should people decide to go for a walk in the garden.
- One person who was at risk of falls had a sensor mat by their bed. However, the provider did not complete checks to monitor if the mat was working appropriately to alert staff if the person was getting up.

Failure to assess and plan for risks was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Using medicines safely

- Medicines were not always managed in a safe way. Some medicines which had been prescribed to be taken 'when required' did not have protocols available to explain when it would be appropriate to administer these medicines. We also saw some protocols were not person centred and did not have specific details on exactly when the medicines should be administered. This meant there was a risk people might not receive their medicines in a consistent manner. For example, one person had received a pain relieving medicine for 5 days in a row, the provider had not sought further medical intervention from a GP to see what the underlying issue was.
- The provider had not ensured regular medication audits were carried out, the audit we saw on the day of our inspection was from a year ago. This was discussed with the provider on the day of our inspection. This meant that any medicines discrepancies were not always identified.
- The provider did not have a system to accurately record and check the amount of each type of medicine

they held. This presented a risk because they would not know if there had been a discrepancy between administration of medicines and medicines records.

We found no evidence people were being harmed. However, the failure to operate safe systems for managing medicines was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a medicines policy in place.
- Staff received medicines training and had completed competency testing to help ensure they administered medicines safely.

Preventing and controlling infection

- Systems to prevent and control infection were not always implemented. On the day of our inspection, we found the two toilets had open bins one of which had personal protective equipment (PPE) disposed of incorrectly.
- There was a strong odour of urine on entry to the home, and throughout the downstairs living area. There were no windows open or doors for fresh air. We discussed this with the provider on the day of our inspection.
- Another toilet had no paper towels to enable people to dry their hands effectively.
- We found food in a freezer bag with no date of when it was put there and no detail of the contents. We also found cheese and cold meats in the freezer in their original packaging with no dates of when it was put there. This was discussed with the provider.

Failure to assess the risk of and preventing, detecting, and controlling the spread of infections was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The service did not deploy enough staff to support people with their individual needs.
- During our inspection we identified from the rotas there was only 1 staff member on shift during the day.
- We observed and records showed during our inspection people were not accessing any activities in the home or outside of the home, on most days.
- One staff member told us "One person goes out when their relatives come to visit to the local park". Another staff member told us "It would be good if people could go out in more maybe twice a week as due to current staffing levels they can't".

Failure to ensure there were sufficient numbers of suitably qualified and experienced staff to meet people's needs was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider followed safe recruitment practices to help ensure only suitable staff were employed to care for people using the service.
- Staff received an induction when they began working in the home. Staff received training and supervision.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to help safeguard people from harm or abuse.
- The provider had systems for safeguarding people from abuse. The staff had basic training in about this.
- The provider had systems for reporting and investigating suspected abuse. The provider knew how to raise safeguarding concerns with CQC and the local authority to help protect people from further harm.

- Staff knew what to do if they thought someone was at risk of abuse.

Visiting Care Homes

- People were able to have visitors in the service when they wanted, and visits were carried out safely and in line with best practices.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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.

- The provider was not always meeting the MCA principles. The requirements of the MCA and the need to consider the least restrictive options when developing people's plans of care had not been implemented. Consent to care was not always obtained, evidenced or effective. For example, a gate at the top of the stairs was locked, when we discussed this with the provider, they said the people had capacity to open it and it was not currently being used. However, on accessing upstairs during our visit the gate was locked. People had not been involved in any discussion around restrictions in the home and there was no clear reason why there was a gate at the top of the stairs.
- We saw no documentation in place to support that people were involved in decisions about their own health care, risk assessments or care plans or that they had consented to these.

People's consent to care and restrictions had not been assessed. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People also did not have DoLS authorisations in place where there might have been restrictions amounting to a deprivation of liberty. Following our inspection visit the provider submitted relevant applications to the local authority for people to be assessed for DoLS authorisations.

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

- People were not always able to make informed choices about the food and drink they ate. During the inspection food menus were not available, we observed lunchtime and we found staff did not involve people in choices about their meals. The food was then presented to people with no communication from staff. Some people at the home did not have the capacity to express their preferences for food and drinks

using words. The staff did not use alternative ways to help people understand and communicate choices.

- The provider did not keep records to monitor how much people ate and drank. This meant they may not be aware if people's intake was reduced over a period of time.
- There was limited evidence that people were offered choices or could choose what they ate or drank. Consequently people's wishes and preferences in relation to eating and drinking had not been considered so their right to make choices were respected.

We recommend the provider follow guidance on supporting and involving people to maintain a balanced diet.

- The provider sent us evidence where people were supported to have their weight managed. One relative said "[Person] had put on weight since moving into the home which was a positive outcome".

Staff support: induction, training, skills and experience

- Staff were not always supported appropriately. They had not received the supervision they needed to discuss their work and to ensure they had the knowledge and skills to care for people safely. Staff did receive informal support and the manager agreed to help ensure there were more formal systems for recording discussions in the future.
- We saw the training records showed care workers had completed the Care Certificate as part of the mandatory training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The staff told us they felt well supported and had the information needed for their roles.
- Relatives of people at the service told us the care workers had the skills needed to care for them well. One of their comments included, "[Care worker] is very good [they call] us with any concerns and always spends time with us when we visit."

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

- The building layout and design met people's needs; however it required some refurbishment to furnishing and fixtures which showed wear and tear. The provider did not have a redecoration plan to ensure the home was always suitable for people.
- People's bedrooms did not reflect their individual needs. One bedroom we saw was sparse in personal items and in need of repainting.
- Some people were living with dementia, but the provider had not followed best practice guidance when creating dementia friendly environments. For example, there were no signs on toilet bathroom doors and no pictures on people's bedrooms doors to help with people's orientation.
- The provider had not ensured that the communal garden was maintained well for people to enjoy. The garden was overgrown and not welcoming to people.

We recommend the provider follow best practice and guidance for providing an environment which meet people's needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving to the home to confirm these could be met by the provider in line with legislation and guidance. This information was used to write people's care plans according to their assessed needs.
- Appropriate referrals to external services were made to help ensure people's needs were met.
- Relatives confirmed they were involved in the assessment of people's needs, care planning and review

meetings.

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 the provider had supported them to access other services when they needed. One family member said "Staff will notify us of appointments [person] needs to attend so we can support as English is not [person's] first language.
- When people had become unwell the staff had acted appropriately, informing medical professionals if required.
- People and their relatives said the care was reliable and consistent. One relative said, "[Person] has settled in very quickly, staff are very caring and helpful".

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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.

Continuous learning and improving care. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's systems and processes for identifying, monitoring and mitigating risks had not been implemented effectively. The provider had not identified care records did not always inform staff how to keep people safe when they had multiple needs. The provider had not undertaken recent audits of some areas of the service. For example, there had not been any medicine audits for over a year. This meant that the provider could not assure themselves that quality reviews would identify risks to people.
- The provider did not always maintain clear and legible records. Where the provider had quality audits in place, these were written down, but they were not always legible. Some monitoring records were hard to read due to the printing therefore could not be relied upon for accurate information.
- Care staff carried out cleaning on the site, however, weekly cleaning audits had not identified the strong odour of urine throughout the downstairs of the home. No actions had been identified to remedy this concern, although it made the environment unpleasant for people. Neither had the audits identified the state of decoration of the premises so this could be improved.

We found no evidence that people had been harmed. However, systems were not used effectively to monitor service delivery. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service is owned by an individual provider who also manages the service. They had a good knowledge of the people using the service and staff. One staff member said, "I know if we have any concerns the manager will be here to help us".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had not created a culture that was always promoted person centred care. There was a lack of stimulation and activities available to people. The culture was not always person centred. People were not offered a range of stimulating activities which reflected their individual needs and choices.
- Some people did not have relatives to represent them. The provider had not looked into how to offer external advocacy so people could be supported to make decisions.
- People's care records included information about their protected characteristics such as religion, however these did not always reflect people's current preferences. This meant people might not always be cared for

according to their wishes and preferences.

- Staff had not had regular meetings with the registered manager about the running of the service. Meeting minutes were over a year old. However, staff told us they enjoyed working at the service. They said they felt supported and had the information they needed for their roles.
- People and their relatives told us they could feedback to staff about the care they received. One person told us, "The staff listen to us". One relative told us, "Staff listen to us and always get things done for [person]."

We recommend that the provider review best practice guidance around creating a culture that promotes person centred 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

- The registered manager understood their responsibility around the duty of candour.
- They submitted notifications of significant events to CQC and informed other relevant agencies such as the local safeguarding teams when things went wrong.

Working in partnership with others

- The provider sought external health professionals' advice to meet people's physical health needs. This included the GP and pharmacist advice.
- The provider shared information with other relevant agencies, such as the local authority where there were concerns for people's safety.

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 11 HSCA RA Regulations 2014 Need for consent The registered person had not always ensured care and treatment of service users must only be provided with the consent of the relevant person.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not always provided care and treatment in a safe way for service users. Regulation 12
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not always ensure systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider did not always ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.

