

# Alliance Care (Dales Homes) Limited

# Kingston 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 responsive?

**Inspected but not rated**

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Kingston Care Home is a care home providing personal and nursing care for up to 67 people. At the time of our inspection, there were 61 people using the service. The home is arranged over three floors, each with their own separate adapted facilities.

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

We found evidence during our inspection of breaches of regulation and the need for this provider to make improvements.

People's care records were not consistently completed to ensure safe care delivery. Staff had not always attended the necessary training courses to update their skills and knowledge regularly. This meant that people had been put at risk of potential harm and their safety was compromised.

People's 'when required' medicine management procedures were not always robust which put people at risk of not receiving their medicines as prescribed.

Governance systems in place to monitor the quality and safety of the care delivery were not always operated effectively. This is because the provider had failed to pick up a number of issues we identified during our inspection. Processes in place to support staff on the job were not always used as necessary.

People felt safe supported by the staff team who knew their care needs well. Appropriate recruitment checks were carried out to ensure that suitable and fit staff were employed for the job. Staff had the necessary support related to the COVID-19 so that they could ensure good infection control practices during the pandemic. Records showed that actions were taken to make improvements related to incidents and complaints that took place.

Care plans included information related to people's end of life wishes and how they wanted to be supported when the time comes. Staff had advice from the healthcare professionals to improve the end of life care at the service as needed.

The service had a new manager in post who staff described as supportive and approachable. Communication systems were in place to ensure good information sharing between the staff team. People felt that staff were caring and had been kind to them. Healthcare professionals were requested when people's health needs deteriorated. People and their relatives were encouraged to feedback about the service delivery as necessary.

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

### Rating at last inspection

The last rating for this service was good (published 11/04/2018). We also inspected the service for use by a Local Authority as a designated community care service in response for people discharged home from hospital who had previously had COVID-19, but we did not rate the service during this inspection (published 13/01/2021).

#### Why we inspected

We received information of concern in relation to a number of safeguarding investigations taking place. As a result, we undertook a focused inspection to review the key questions of safe and well-led and targeted inspection to end of life care only in responsive.

We reviewed all the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for the key questions of Effective, Caring and Responsive were used in calculating the overall rating at this inspection.

We undertook the targeted inspection to check on a specific concern we had about the end of life care provided by the care home. Rating for the key question of Responsive has not changed following this targeted inspection and remains good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

The overall rating for the service has changed from good to requires improvement because we found evidence that the provider needs to make improvement.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We identified two breaches of regulations in relation to safe care and treatment and good governance. Please see the action we have told the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingston Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 the relevant local authorities to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our responsive findings below.

**Inspected but not rated**

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Kingston 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 Care Act 2014.

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 inspection was carried out by two inspectors, a nurse specialist advisor and 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

Kingston Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the CQC, although a new manager was appointed in April 2021 and was in the process of registering with us. A registered manager similar to the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the regional support manager, who was covering before the new manager was appointed, would be in on the day to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and healthcare professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with 13 members of staff including the regional support manager, manager, nurses, care workers, activity co-ordinator and domestic staff. We also received feedback from three healthcare professionals.

We reviewed a range of records. This included people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas, training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- ☐ We found that people's care records were not always fully updated and/or completed and lacked information which could affect people's safety. Fluid charts were not always being totalled at the end of the day which suggested that there was no oversight or checks to ensure sufficient fluids were given to people. For one person a care record did not mention what the pressure relieving airflow mattress setting should be which meant there was no clear instructions to staff on how to support the person safely. An other person did not have risks associated with diabetes adequately assessed in relation to skin integrity and footcare. Records also showed that some people did not have risk assessments in place in relation to catheter care and that information related to catheters' output was not consistently recorded to ensure safe care delivery.
- ☐ Recent safeguarding investigations completed by the local authority highlighted the issue of poor recording and documentation in relation to on-going monitoring of people's care needs where they required support with their medical conditions. The safeguarding team also found that the setting of the pressure relieving airflow mattress was wrong for one person which contributed to the pressure ulcer.
- ☐ A healthcare professional told us, "Pressure ulcer risk assessments are often out of date when requested, skin assessments often not documented and repositioning regimes are often not recorded."
- ☐ Records also showed staff training gaps, for example in safeguarding, falls prevention, dementia care and fire safety. Some nurses were not up to date with the training for pressure area prevention and medicines management. There was a risk that staff lacked knowledge and skills to ensure safe care delivery. The manager told us that staff were urgently requested to attend the missed training courses and they planned to complete these in the next few weeks.

This meant that risks to people's safety were not managed appropriately. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ Staff told us they could access care plan files to find information about people. One staff member said they always looked at the care plans for any new admissions to make sure they knew how to support people.

### Using medicines safely

- ☐ Documentation related to people's 'when required' (PRN) medicines was not always completed appropriately. One person did not have a PRN protocol for the prescribed paracetamol to be taken as and when needed. Another person's PRN protocol included Paracetamol and Co-codamol where care needs to be taken when administering these medicines because they both contain Paracetamol. A nurse told us that the Paracetamol had been superseded by Co-codamol, but this was not made clear on the PRN protocol nor

the fact that they should not be taken together.

- We saw a person being prescribed a topical cream to be applied daily, but the cream application was not documented consistently by the staff who applied the cream.

We recommend the provider seek and implement national guidance on safe medicines management to ensure people always receive their medicines as prescribed.

- People's MAR charts were fully completed, and the prescribed medicines were signed for by staff when given to people. Information was available for staff regarding people's preferences on how they wanted to take their medicines. There were photographs of people to help ensure staff were giving medicines to the correct person.
- People's medicines were safely stored in locked cupboards and in each person's room. Medicines stock levels were appropriately recorded and correct.

### Staffing and recruitment

- Although some people felt there was occasional staff shortages, they said their care needs were still met. Comments included, "[Staff] are pushed. I don't think they have enough staff. They do look after me though" and "[Staff] are there for me, but there have been staff shortages recently (due to pandemic)."
- Staff told us that the staff team was stable and there were enough staff on duty to meet people's care needs. Comments included, "We have four or five on shift on each floor. That's enough to care for people" and "There are people working here who have been here a long time (we meet a staff member who has worked at the home for 18 years and another person who has been working for 10 years). Some people have left and then returned to work here years later."
- We looked at the staff rotas for two weeks and found that staffing levels were meeting the provider assessed staffing ratio required. The manager told us that staffing levels changed depending on occupancy and assessed people's care needs.
- Robust recruitment checks meant that the provider made every effort to ensure staff were safe to work with people using the service. Recruitment files seen were well organised and included the appropriate pre-recruitment checks such as completed job application forms, references, identity documentation and right to work in the UK checks. Staff also had to undertake Disclosure Barring Service (DBS) checks which is a criminal records check employers undertake to make safer recruitment decisions.

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

- People told us they felt safe and well looked after by the staff that supported them. Comments included, "I couldn't be in a safer place. I have a buzzer. If I need anything, [staff] come straight away and they say- "what's wrong?" and "I feel one thousand per cent safe here –and I mean that in every way."
- Staff told us they had no concerns about the quality of care and confirmed that people were treated with dignity and respect. Staff also said they felt able to raise any concerns with senior staff or the managers and were confident that these would be responded to. One staff member told us, "We have open and honest discussions with the managers." Another staff member said, "They listen to me. I feel able to speak to the manager and the deputy."
- Systems were in place to monitor any safeguarding concerns received, including the actions taken to address the abuse allegations reported to ensure people's safety. Staff had access to the safeguarding policy should they noticed an abuse taking place that needed to be reported as necessary.

### Preventing and controlling infection

- Staff confirmed that they had been well supported during the pandemic with adequate supplies of



personal protective equipment (PPE) and hand sanitisers. We saw that staff wore PPE consistently. One staff member said, "There is a lot of PPE available. We have three COVID-19 tests each week."

- ☐ Staff said they had received training around PPE and infection control through online training and face to face sessions with external health professionals.
- ☐ Each person's care file included a section around infection control. Risk assessments were in place around areas such as the persons dementia and how this may increase their risk of infection. Monthly COVID-19 testing was in place for people using the service.

#### Learning lessons when things go wrong

- ☐ Data showed that incidents and complaints that took place had actions recorded and the progress of action plan was reviewed to prevent further occurrences. For example, where there was a medicines error reported.

## 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 good. This meant people's needs were met through good organisation and delivery.

We have not changed the rating of this Key Question, as we have only looked at the part about the end of life care, which we had specific concerns about. We will assess all of the Key Question at the next inspection of the service.

#### End of life care and support

- ☐ The care plans seen included sections on death and dying. Assessments carried out before and after admission addressed people's wishes in relation to end of life care and further care planning took place once people had settled in. Conversations documented for some people included their views and those of family and/or representatives.
- ☐ Do not attempt cardiopulmonary resuscitation (DNACPR) decisions were recorded using the appropriate documentation. It was noted that some of these documents required review to make sure they were up to date which the service was taking action to address.
- ☐ The manager told us about a new project involving two junior doctors from nearby Kingston Hospital. This will look at improving end of life care at the service. Existing contacts with the hospice were also used to obtain advice and support when needed.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this Key Question was rated as good. At this inspection this Key Question has now deteriorated 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.

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

- ☐ An electronic audit system was in use to help monitor the care being provided. Audits took place across key areas such as medicines, health and safety, nutrition and infection control. Action plans were created when any shortfalls were identified, and these remained in place until the necessary improvements had been made.
- ☐ However, we found that governance systems in place had not always been operated effectively because the provider had failed to pick up and/or act on the issues we identified during our inspection. This included concerns identified relating to care records, staff training and medicines management.
- ☐ We viewed the recent audit carried out to check people's care records which showed that recording gaps were identified. The manager told us they had an action plan in place, aiming to review all people's care records and that they now regularly checked people's care records in their rooms when doing daily rounds.
- ☐ At the time of inspection, the management could not provide us with an accurate record to show staff's attended training courses as they used different systems to record this. We were also informed that there wasn't an audit in place to monitor staff's training needs. The manager told us they planned to change the system used for recording and monitor staff's training needs to ensure their compliance with the training requirements.
- ☐ Systems were also not in place to support staff in their role as necessary. Supervisions and appraisals were not carried out regularly which meant that staff lacked management's oversight to perform their duties well.

This meant that governance systems were either not in place and/or robust enough to effectively manage safe care delivery at the service which placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ Some staff said that they found the paper records to be time consuming to update and not easy to interpret due to the volume of information held. A senior manager told us that pilots were being carried out in other homes to look at the implementation of electronic records.
- ☐ Daily handovers, flash meetings and other weekly clinical meetings were used to support good communication and information sharing across shifts and their changing staff members. Nurses reported that they now just worked on one unit and they welcomed this change to help ensure consistency and assist in getting a more detailed knowledge of each person using the service.

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

- There had been recent changes in management and their role expectations had not always been met. A staff member told us, "Sometimes, if we ask the management for something, like equipment or if something needs replacing and it takes a long time for anything to happen. There are layers of management to go through before anything gets done." A healthcare professional said, "The management has been changed several times in the last approximate year- some have been perceptive and respond well when feedback is given, and some have not. It is evident on speaking with management that they are not very well supported from a higher level." Some people reported that they were not sure who are the managers currently.
- A new manager was appointed in April 2021 and was in the process to registered with the CQC. We saw them gradually taking over all the managerial responsibilities and putting actions in place to improve the service delivery where necessary. This included areas of concern identified during our inspection.
- Staff reported that the managers were visible across the service and they were able to approach them for advice and support. One staff member said, "The manager is very nice. I feel able to talk to her."

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

- People told us that staff were friendly and attended to their needs with care. Comments included, "I feel listened to. They're all kind to me", "They always ask if there is anything I need. If I need the window open or shut; give me my medication on time. They're good at things like that" and "It's absolutely wonderful here. I can't speak highly enough about the care."
- Staff showed pride in the work they did, an openness and keenness to improve. They wanted to make any changes needed immediately or ASAP if that were not possible.
- Staff members reported that the team worked well together and supported each other to make sure people were having their needs met on a daily basis. One staff member said, "We are doing very well." Another staff member commented, "It's good. Carers take on residents views and we help each other."

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

- Records showed and people confirmed that resident's meetings took place and that they were asked to feedback about the care delivery.
- People told us they currently didn't have any complaints, but that if needed, they felt confident to raise it with staff. One person said, "I've no complaints. If I have got something to say, I'll tell the nurses know. I didn't have any towels for a couple of days, and I told the nurse."
- People's relatives were provided with opportunities to feedback about the care delivery at the service. They were encouraged to complete the feedback questionnaires and the last time these were completed, the results were mostly positive. The home had also recently introduced a feedback booklet which is left in the reception where relatives can leave their comments.

Working in partnership with others

- There was evidence of appropriate input from healthcare professionals in the care and treatment of the people. Those included were the GP, tissue viability nurse, diabetic team and podiatrist.
- People told us they had the healthcare support when they needed it. Comments included, "The doctor visited throughout the pandemic. I've seen a physiotherapist too... There is a buzzer to ring if I'm not feeling well" and "If I don't feel well, I use a call-bell and they fetch a nurse. I don't think I could manage if I was still at home. I think I last saw a doctor before the pandemic. District nurses visit."
- Healthcare professionals told us they had good communication with the staff team. One healthcare professional said, "If there is anything clinically urgent between visits, the staff will get in touch with the

surgery to request either a phone or face-to-face consultation. In my opinion, this system is working quite well."

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use the service were not protected against the risk of receiving unsafe care from staff because the systems in place were not always effective in managing and mitigating the risks to people. Regulation 12(2)(b) and(g)</p> |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use the service were not protected against the risk of receiving poor quality or unsafe care because the providers governance systems were not always effectively managed. Regulation 17(1)(2)(a)</p>                                 |