

Caring Homes Healthcare Group Limited

Kingsclear

Inspection report

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Ratings

| | |
|---------------------------------|--------------------------------|
| Overall rating for this service | Inspected but not rated |
| Is the service safe? | Inspected but not rated |
| Is the service responsive? | Inspected but not rated |
| Is the service well-led? | Inspected but not rated |

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. At the time of our inspection there were 50 people living at Kingsclear.

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

We found the atmosphere and culture within the service had improved. However, further work was required to ensure the care people received was person-centred. Staff were not always aware of people's life histories, hobbies and interests and care plans were not always completed in a personalised manner. People had not been supported to record how they wished to be cared for at the end of their life. Records of people's needs were not always comprehensive and up to date. The registered manager was working closely with the staff team and provider to address these concerns.

Staff spent time with people and took opportunities to engage with people when appropriate. Risks to people's safety and well-being were known to staff and systems implemented to mitigate these risks. People were supported by a consistent staff team which meant they were able to develop trusting relationships. Staffing levels and deployment had been reviewed and agency staff were now rarely used. This meant people did not have to wait for their care.

The changes implemented by the management team had had a positive impact on both the care people received and the morale of the staff team. Communication systems had improved and people and staff were able to contribute to the running of the service.

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

Rating at last inspection

The last rating for this service was requires improvement (25 October 2019). Four breaches of regulations were identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in the majority of areas. The provider was still in breach of one regulation.

Why we inspected

We undertook this targeted inspection to check if the provider had met the requirements of the breaches of regulations identified at our last inspection. The overall rating for the service has not changed following this targeted inspection and remains requires improvement. This is because we did not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to coronavirus and other infection outbreaks effectively.

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 monitor the service.

We have identified a breach in relation to the need for increased personalisation of people's care. 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question Requires improvement. 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.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question Requires improvement. 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.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question Requires improvement. 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.

Inspected but not rated

Kingsclear

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check if the provider had met the requirements of the breaches of regulations identified at our last inspection. These included the safety of people's care, the way staff were deployed, personalised support and the management oversight of the service.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Kingsclear 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We announced the inspection the day before we visited to discuss the safety of people, staff and inspectors with reference to the COVID-19 pandemic.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included safeguarding information and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We sought feedback from professionals who work with the service. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what they do well and improvements they plan to make. This information helps support our inspections

During the inspection

We spoke with five people who used the service and one relative about the care they received. We spoke with 10 staff members including the registered manager, regional manager, unit managers, nurses, care staff and housekeeping staff. We looked at infection prevention and control systems and reviewed a range of records which included five people's care records, accident and incident monitoring and complaints records.

After the inspection

We spoke with four relatives to gain their views of the service provided to their loved ones. We reviewed additional documentation requested from the provider including quality audits, cleaning schedules and policies and procedures.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the breaches of regulations identified at our last inspection. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

At our last inspection in July 2019 the provider had failed to ensure risks to people's safety were effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, further work is required to ensure that records are regularly updated.

- People and their relatives told us they felt staff were aware of risks to their safety. One person told us, "I feel confident and safe because there are staff here for anything I need." Where concerns arose, relatives were informed and felt appropriate action was taken.
- Staff understood and monitored risks to people's safety and well-being. Staff were able to describe the support people required in areas such as mobility, dietary needs and moving and handling.
- Accidents and incidents were reported and appropriate action taken to minimise risks. One person who had a history of falls had monitoring equipment in place and was always supported by two staff members when mobilising. The person had not experienced any falls with these measures in place.
- Regular clinical risk meetings were held to review people's care. Risks such as falls, skin integrity and weights were monitored and action taken reviewed. The meeting was also used to look at any possible trends in accidents or incidents.
- Records regarding how risks should be managed were not always updated. This risk was minimised by having a consistent staff team who communicated effectively. For example, one person's records contained contradictory information regarding how their food should be prepared to reduce the risk of them choking. However, the kitchen had prepared the person's food to the consistency they required. Both the staff serving food and staff supporting the person to eat were aware of the person's needs in this area.
- The management team acknowledged that records required continued development. An action plan was in place to achieve this and we saw progress was being made. We will review the effectiveness of this during our next inspection.

Staffing

At our last inspection in July 2019 the provider had failed to ensure sufficient staff were appropriately

deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People told us they felt there were enough staff available and they did not have to wait for their care. One person told us, "I don't need to wait for staff if I call."
- We observed staff were available in communal areas and had time to sit with people. Support was provided at people's own pace and staff did not appear rushed. Staff communicated well with each other to ensure people received the support they required.
- The use of agency staff within the service had greatly reduced with no agency staff employed over the last four months. Staff told us this had led to improvements in team work and staff deployment. One staff member told us, "We now have a really solid team and we can rely on each other. If there's a problem we can discuss how to approach it and work together."
- The registered manager told us the provider had been supportive in addressing any staffing issues. This included the appointment of key management roles within the service. The registered manager told us, "We've increased staffing and management roles since I've been here. I can go and discuss the needs of the service with my managers and we've worked out together what's needed."
- Where concerns regarding staffing levels were identified action was taken to address this. For example, nurses had reported they did not feel able to complete medicines rounds in the time required. The systems were therefore under review with additional training for senior care staff to help with this process.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the breaches of regulations identified at our last inspection. We will assess all of the key question at the next comprehensive inspection of the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection the provider had failed to ensure people consistently received person-centred care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst progress had been made in a number of areas, not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- Staff supporting those living with dementia were not aware of people's life histories, past hobbies or things that were important to them. This information was available for some people although not all staff were aware of this so had not accessed it. This meant staff were unable to prompt conversation and engage people in things that were personally meaningful to them.
- Care plans did not always provide guidance to staff about how to support people in a person-centred way. Staff told us of one person who experienced times of anxiety and we observed this to be the case. The person's care records stated staff should give reassurance and speak to them about their hobbies and interests. However, there was no information regarding what these were which meant staff were not able to follow this guidance.
- There were no plans in place regarding the care people wanted at the end of their life. The registered manager acknowledged these concerns had been raised in the last three inspections. They told us they had recently completed end of life care training with nursing staff and had a schedule to roll this out to all care staff. Once this had been completed, they would start to develop personalised plans in a sensitive manner.

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

- In other areas we found improvements had been made in the way people received their care. Staff were attentive to people's needs and understood how they communicated. For example, some people found it difficult to communicate when staff were wearing masks. Guidance was in place for staff to remove their masks but keep a safe distance when speaking. We saw staff follow this guidance where appropriate and safe to do so.
- There was a pleasant and relaxed environment throughout the service. Staff adjusted how they

approached people and provided choices regarding what they wanted to do or where they wanted to sit etc. Staff spent time with people doing puzzles, playing games and chatting. We observed people responded well to this.

- Changes were being made to the area supporting people living with dementia to better meet their needs. This included putting personalised pictures on people's doors to help them recognise their rooms, increased use of the activities area and creating a quiet reading area.
- The management team had recognised the need to support relatives when someone was nearing the end of their life. Overnight packs had been prepared for relatives to use. These contained items such as a blanket, phone charger, crosswords and toiletries. A personalised book of condolence for staff to write their thoughts to be passed onto relatives had also been introduced.

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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the breaches of regulations identified at our last inspection. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection the provider had failed to ensure robust management oversight of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further work is required to ensure that records are regularly updated.

- People and relatives told us they felt there was an open and positive culture within the service. One relative told us, "I am very happy with the home. They keep us informed and have always been flexible. The staff are always smiling."
- Staff told us there had been many positive changes within the service which had led to greater team work. One staff member told us, "The management now are really supportive and approachable. They take the time to listen and the atmosphere is so different. We're like a little family now."
- There was a stronger management presence within the service. The management team were very visible and had worked alongside staff during the lockdown period to ensure they were supported.
- The registered manager had facilitated a number of changes in the way staff worked and the culture of the service since their appointment. There was a clear commitment within the management team to continuously improve the service. The registered manager identified that monthly residents' meetings were not effective for discussing concerns and changes within the service. They therefore introduced weekly meetings with people for a coffee afternoon and quiz. This provided people with a regular opportunity to discuss any concerns they had.
- Staff told us they felt listened to and could influence the running of the service. Examples of this included how shifts were organised and working with people to re-design the layout of the lounge.

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

- An audit schedule was in place to review all areas of the service provided. Any concerns arising were added to the service action plan. This also included overall areas of improvement needed such as end of life

care planning and development of a more personalised approach through training and mentoring.

- The registered manager had been in post since March 2020 and despite the difficulties posed by COVID-19 had made a number of improvements within the service. They told us they felt supported by the regional team who they reported to on a regular basis.
- The regional manager acknowledged the service had experienced a difficult period since our last inspection due to changes within the management team. They told us they felt the overall team had now been strengthened and had the support required to ensure the changes required were made going forward.
- The registered manager told us they were aware that care plans and records required review and additional information. Additional training had been booked for staff in completing records and increasing understanding. Having achieved the recruitment of a full staff team they now intended to introduce electronic care records. They felt this would enable staff to access the most up to date information regarding people's needs and personalised information. We will review the effectiveness of these systems during our next inspection.

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. Reg (3) (a) (b) (c) (d) (g) |