

Aria Healthcare Group LTD

# Kingsclear

## Inspection report

Park Road  
Camberley  
Surrey  
GU15 2LN

Tel: 01276413700

Website: [www.caringhomes.org](http://www.caringhomes.org)

Date of inspection visit:  
25 January 2023

Date of publication:  
23 February 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Kingsclear is a care home with nursing for up to 97 older people, including people living with dementia. There were 61 people living at the home at the time of our inspection. The home is purpose-built and provides accommodation and facilities over 3 floors, although only 2 were occupied at the time of our visit. Facilities include a bar, café, cinema room, library and hair salon.

People's experience of using this service:

Potential risks to people had been assessed and measures put in place to mitigate any risks identified. For example, pressure-relieving equipment and repositioning regimes reduced the risk of people developing pressure ulcers. People were supported to eat and drink safely. People at risk of failing to maintain adequate nutrition were weighed regularly. The home was clean and hygienic and people were protected from the risk of infection. Medicines were managed safely.

Systems used to follow up accidents and incidents had improved, which helped managers identify any emerging themes and actions that could be taken to minimise risk. Staff were recruited safely and understood their role in safeguarding people from abuse. Any incidents involving unsafe care had been referred to the local authority and notified to CQC. The provider had investigated incidents and contributed to safeguarding enquiries when requested to do so.

People's care was designed and planned to meet their individual needs. Relatives had opportunities to be involved in planning and reviewing their family members' care. People had access to a range of activities and events. Staff encouraged people to engage with others to ensure they did not become socially isolated.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood people's individual communication needs and these were recorded in people's care plans.

Input from the provider's senior leadership team had improved the culture within the home and the support provided to staff and the home's management team. Systems and processes used to monitor quality and safety had improved. Staff and managers had developed effective working relationships with other professionals involved in people's care.

Whilst improvements had been made to address the concerns identified at the last inspection, these needed to be embedded and sustained over time to ensure people's experience of care remained consistently good.

People had opportunities to give their views about the home and these were listened to. Relatives told us staff kept them up to date about their family members' welfare and wellbeing. People knew how to complain and told us they would feel comfortable doing so if necessary. Any complaints received had been managed in line with the provider's complaints procedure.

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 and update:

The last rating for this service was requires improvement (published 26 August 2022) and there were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected:

We carried out an unannounced comprehensive inspection of this service on 28 April 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Responsive and Well-led which contain those requirements. The inspection was also prompted partly due to concerns we had received about some aspects of the management of the home.

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 from requires improvement to good. 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 Kingsclear on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

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 COVID-19 and other infection outbreaks effectively.

#### Follow up:

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 safe.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Kingsclear

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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

Three inspectors and a specialist nurse advisor carried out the inspection.

#### Service and service type

Kingsclear 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. Kingsclear is a care home with 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

Inspection activity started on 25 January 2023 and ended on 2 February 2023. We visited the home on 25 January 2023.

#### Before the inspection

We reviewed information we had received about the home since the last inspection, including safeguarding records and notifications of significant events. We sought feedback about the home from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 spoke with 7 people who lived at the home, 4 relatives and a visiting healthcare professional. We talked to members of the management team including the registered manager, the deputy manager, the clinical lead, the provider's regional manager and a quality support manager. We spoke with 2 nurses, 4 care staff and a member of the wellbeing team. We observed the care and support people received.

We looked at care records for 8 people, including their assessments, care plans and risk assessments. We checked 4 staff recruitment files, medicines management, health and safety records, records of complaints and accidents and incidents and the home's business contingency plan.

After visiting the home, we spoke with 8 relatives by telephone to hear their views about the care their family members received. We received feedback from 2 healthcare professionals by email.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure risks to people's safety were well-managed, that appropriate infection control processes were followed, and that medicines were managed safely. This was a breach of regulation 12 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.

- Assessments had been carried out to identify any potential risks to people, including risks associated with mobility, skin integrity, and eating and drinking. Where risks were identified, measures were put in place to mitigate these. For example, sensor mats had been installed in the bedrooms of people identified as at risk of falling when alone. People at risk of developing pressure ulcers had been referred to a tissue viability nurse, pressure-relieving equipment had been obtained, and a repositioning regime put in place.
- People were supported to eat and drink safely. Referrals to speech and language therapy had been made if people were at risk of choking or aspiration. People who needed thickened fluids or texture-modified meals received these in line with professional guidance. People at risk of failing to maintain adequate nutrition were weighed regularly. Where necessary, referrals to a dietician had been made and food and fluid recording charts put in place.
- The new senior leadership team had improved the systems used to follow up accidents and incidents, such as falls, to identify themes and actions that could be taken to minimise further risk. This included identifying learning from incidents and sharing lessons learned with staff.
- There was a fire risk assessment in place for the home and staff carried out regular checks of the fire alarm and emergency lighting systems, fire doors and firefighting equipment. Equipment such as hoists, slings and mobility aids were checked and serviced at regular intervals. The provider had developed a business continuity plan to ensure people would continue to receive their care in the event of an emergency.

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.

#### Visiting in care homes

- The provider had followed government guidance regarding visiting during the COVID-19 pandemic. Since the relaxation of restrictions, people told us their friends and families could visit whenever they wished.

#### Using medicines safely

- Medicines were managed safely. People told us staff helped them take their medicines when they needed them, and relatives confirmed their family members were supported to take their medicines as prescribed.
- People were supported to manage their own medicines if they wished to do so. Appropriate procedures had been followed where people received their medicines covertly (without their knowledge).
- Staff who administered medicines received appropriate training and their practice was assessed before they were signed off as competent. Staff who administered medicines during our inspection demonstrated good practice.
- Medicines were stored securely. The temperature at which medicines were stored was monitored on a daily basis. Following feedback at the end of the inspection, the provider took steps to ensure this included where medicines were stored in people's bedrooms.
- There were appropriate arrangements for the ordering and disposal of medicines. The home had set up 'proxy access', a scheme which enables care home staff to order people's repeat prescriptions online. The scheme is recommended for care homes as it has been found to reduce errors associated with ordering, collecting, and dispensing repeat prescriptions.
- The sample of medicines administration records (MARs) we checked was up-to-date and accurate. Medicines stocks and MARs were audited regularly. When errors had occurred, these had been identified through internal audits and appropriate action taken in response. This included making safeguarding referrals in line with the local authority's policy on medicines errors.

#### Staffing and recruitment

- There were enough staff on each shift to keep people safe. Staffing levels were calculated based on people's needs and were reviewed regularly to take account of any changes in dependency levels.
- Most people told us staff were always available when they needed them. They said staff responded quickly when they used their call bells. Some people told us staff did not always respond promptly enough when they needed them quickly. For example, 1 person told us staff did not always respond quickly enough when they needed the toilet. With the person's permission, we shared this feedback with the provider. In response, the regional manager agreed to deploy additional staff and the quality support manager spoke with the person to establish what outcomes they wanted from their support.
- The provider's recruitment procedures helped ensure only suitable staff were employed. The provider obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check in respect of staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

- Staff attended safeguarding training and understood their responsibilities in protecting people from avoidable harm. They were able to describe the signs of potential abuse and the action they would take if they observed these.



- Since our last inspection, there had been incidents of people not receiving safe care. For example, in November 2022, a member of agency staff had not followed a person's moving and handling care plan when supporting the person to mobilise, which led to the person falling. Any incidents involving unsafe care had been referred to the local safeguarding authority and reported to CQC. The provider had investigated the incidents and contributed to safeguarding enquiries when asked to do so by the local authority.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection some relatives told us they did not have opportunities to be involved in planning and reviewing their family members' care. At this inspection we found this had improved. Relatives said their views about their family members' care were encouraged and they were able to contribute to care reviews. One relative told us, "They offer a review any time we need one, but always on a monthly basis. I will go in for half an hour and we will discuss any adjustments that need to be made." Another relative said, "Every month I get asked by [deputy manager] to go and have a catch up and if we have got any concerns."
- Relatives told us their family members' care plans were person-centred and reflected their individual needs. One relative said, "I went through the care plan when [family member] went into the home. I stipulated that [family member] only wants female staff, and it is all written in her care plan." Another relative told us, "I have had a look at the care plan to make sure [family member's] details are correct. I found it to be very thorough."
- A healthcare professional said, '[Deputy manager] who does the assessment is very thorough and caring to the individual's needs, finding out what the client's preferences are, and all the family is involved. A pre-planned visit to the home is made to home so the clients can familiarise themselves.'
- The care plans we checked were individualised and contained guidance for staff about how people preferred their care to be provided. They contained information about people's needs and preferences about their care, their life histories and interests. We found one person's records did not include a care plan for a specific health condition and discussed this with the provider at the end of the inspection. The provider took action to address this and sent us evidence that a care plan had been developed.
- Relatives told us staff understood their family members' needs and how to support them effectively. One relative said, "They have got to know [family member] very well; they are aware of his conditions. His behaviour is unpredictable due to his Alzheimer's; they manage that very well. If you speak to him, he will have good words to say about the staff." Another relative told us, "I think they have got a good grasp of what [family member's] needs are; what makes him happy, what makes him sad."
- A member of the home's wellbeing team said they would benefit from more information about people's needs. For example, the member of staff said when alcohol and/ or sweet foods were available at events in the home, they were unaware which people should avoid these. We shared this feedback with the provider at the end of the inspection. The quality support manager agreed to provide the wellbeing team with the information they needed to ensure people were supported to enjoy events safely.
- Relatives said staff had been proactive in identifying the care their family members needed to improve their quality of life. One relative told us, "[Family member's] package of care when she left hospital said she needed hoisting. I found they were really good at getting her reassessed and getting a physio to come in and do exercises with her. Her mental state is so much better now."

### Improving care quality in response to complaints or concerns

- At our last inspection some relatives told us they did not feel complaints were always fully responded to. At this inspection we found this had improved. People who lived at the home and their relatives told us they knew how to complain and would feel comfortable doing so if they were dissatisfied. People who had raised concerns said these had been resolved to their satisfaction. One relative told us, "I can be quite open with [deputy manager] if I am not happy about something. If I have complained about something, it has got sorted." Another relative said, "There have occasionally been some hiccups, but nothing they have not immediately addressed."
- The provider had a procedure which set out how complaints would be managed. The complaints log demonstrated that any complaints received had been managed in line with this procedure.

### Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a range of activities and events provided by the home's wellbeing team. The home's activities programme included in-house events such as quizzes, crosswords, film screenings, exercise classes and coffee mornings. Entertainers, including singers, visited the home regularly.
- People told us they enjoyed the activities on offer. One person said, "I like to keep busy, and I find there is plenty to do." Some people told us they would welcome opportunities to take part in trips and outings. We shared this feedback with the provider, who said they planned to purchase a minibus to enable trips to take place.
- Relatives told us their family members benefited from taking part in activities. One relative said, "There are a lot of things going on there to keep them stimulated. They try and keep people's minds active. [Family member] enjoys crosswords, quizzes, puzzles, they run a lot of those, and they have singers coming in." Another relative told us, "They produce a weekly activities sheet. They have singers coming in, which [family member] particularly enjoys. They do a decent job of engaging them and keeping them occupied."
- Relatives said staff helped ensure their family members did not become socially isolated. One relative said, "The people that do the activities do visit people in their rooms. They have a chat with [family member] and [deputy manager] comes and speaks to her." Another relative told us, "They encourage [family member] to come out [of her room]. She enjoys being around other people. She enjoys listening to the singers when they come in."

### Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and recorded in their care plans, including their preferred language and any needs in relation to eyesight and hearing. If people did not use speech to communicate, care plans included information for staff about their individual methods of communication.

### End of life care and support

- People's wishes about the care they received towards the end of their lives had been recorded. People's care plans contained information about where they wished to be cared for, whether they wished to be admitted to hospital should their condition deteriorate and any needs in relation to their religion or culture.
- The home had access to support from the local hospice in the provision of end of life care. Training in the provision of end of life care had been booked for February 2023 to develop and improve staff skills in this aspect of care.

# 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 requires improvement. At this inspection the rating has remained 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.

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

At our last inspection the provider had failed to ensure risks to people's safety were identified and robustly monitored. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Planning and promoting person-centred, high-quality care and support; Continuous learning and improving 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 provider's senior leadership team had changed since our last inspection and input from senior managers had improved the care people received and communication among the staff team.
- Clinical risk meetings were held weekly and clinical governance meetings took place each month. These were used to review accidents and incidents, medicines, infections, wounds, anyone who had lost or gained a significant amount of weight, and anyone receiving end of life care. The provider's clinical team had held workshops for nurses and staff practice had been observed in areas such as wound management and the application of dressings.
- Key areas of the home were audited regularly, including health and safety, medicines and IPC. A tool to observe and record engagement for people living with dementia had been introduced as part of the provider's dementia strategy. The regional manager spoke of a commitment to following up and learning from incidents, and the need to be open and transparent if adverse events occurred.
- Although we found improvements had been made in areas in which concerns were identified at the last inspection, these had largely been achieved due to significant input from the provider's senior leadership team in the last 2 months. These improvements needed to be embedded and to underpin working practices to ensure people's safety and their experience of care was sustained over time.

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

- People had opportunities to give their views about the home. Residents' meetings took place regularly and some people had been appointed 'resident ambassadors' to represent people's views. The provider's senior leadership team had responded to issues which people said they had been raising for some time, such as the purchase of a new coffee machine.
- Communication with relatives had improved since our last inspection. Relatives' meetings were held on a regular basis and relatives who had attended these told us their views were listened to. One relative said, "I think with the new regime that's taken over, things will only improve. They seem to be listening and taking a lot of interest in what is being said. They are very approachable."
- Relatives told us staff kept them up to date about their family members' well-being and any events affecting their welfare. One relative said, "I touch base with [deputy manager] quite often, which he is very open to. He is always willing to have a chat with me about any concerns." Another relative told us, "[Deputy manager] is very good; he keep us updated. He monitors [family member], which I appreciate."
- Input from the provider's senior leadership team had improved the culture within the home. Staff said they felt more able to speak up if they had concerns or suggestions for improvements. The regional manager said of staff, "They are embracing having their voices heard. They are being empowered. They have got more responsibility and accountability now."
- The registered manager and deputy manager said they had benefited from the support of the regional manager and quality support manager. The registered manager told us they felt more empowered to make decisions, saying, "If I have a decision [to make], I am asked, 'How are you going to manage it?' Before, it was, 'This is how you are going to manage it.'"

#### Working in partnership with others

- Staff and managers had developed effective working relationships with other professionals involved in people's care, such as speech and language therapists, community pharmacists and the community mental health team.
- The feedback we received from healthcare professionals was positive. One healthcare professional commented, 'I have always had good communication from the home and get a response immediately. They will contact me over any concerns or for advice. The staff will always follow our guidance and any PDS [post diagnostic support] plans that have been devised. The home manager, [deputy manager] and clinical lead always communicate well and are involved in every aspect of care. The notes are always up to date and the staff are aware of physical issues that arise and are always in contact with a GP or ourselves.' Another healthcare professional said, 'The home is very open to offers of guidance and support, they rely on up-to-date knowledge that I can provide. They will share any links or top tips with the staff and I will also attend individual family meetings if this is required.'