

Jem Care Home Services Limited

Kingsgate Care Home

Inspection report

22-24 Carnarvon Road
Clacton-on-sea
CO15 6QF

Tel: 01255879140

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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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kingsgate Nursing Home is a residential care home providing personal and nursing care for up to 40 people in one adapted building, over three floors. At the time of the inspection there were 35 people using the service. The home is situated in the town centre of Clacton on sea.

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

Medicines were not always well managed. People did not always receive their medicines as prescribed.

Staff had not always received training to support people with complex needs.

The service was not always well led. Management lacked regulatory oversight of the service. Systems were in place to monitor the quality of the service were not effective.

The registered manager had not always notified the Commission of safeguarding concerns or incidents of serious injuries to people.

Care plans and risk assessments were not always person centred. We have made a recommendation about this.

Staff were recruited safely, were visible in the service and responded to people quickly.

People could take part in a range of activities internal and external to the service and were supported to access the community.

People's health was well managed, and relationships had been developed to ensure that individual health and nutritional needs were met. People had end of life plans in place. Relatives and staff made positive comments about the management team at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

This service was registered with us on 03/01/2019 and this is the first inspection.

Why we inspected

This was a planned inspection

Enforcement

We have identified breaches in relation to medicines management and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority 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 effective?

The service was not always effective.

Details are in our safe findings effective.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring 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 ●

Kingsgate 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.

Inspection team

On day one, the inspection team consisted of one inspector, one assistant inspector, a specialist professional advisor and an 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. They had cared for a family member living with dementia. On day two, one inspector carried out the inspection.

Service and service type

Kingsgate Care Home 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. They were a director of the company who owns the service and were legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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. We used all this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and eight relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, deputy manager, registered nurses and care workers

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. 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 training data and quality assurance records. We spoke with six professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Using medicines safely; Learning lessons when things go wrong

- Medicines were not well managed. People did not receive their medicines as prescribed by their GP. For example, one person was prescribed a transdermal opioid patch for pain relief which should be administered every three days. Records showed that on one occasion, the person received the patch a day early. We spoke to the registered manager and nurse on duty who were unable to tell us why this had happened or whether the previous patch had been removed. This meant, the person was at risk of receiving an overdose of medicines.
- Lessons were not always learnt where medicines errors had taken place. Records showed two previous incidents had occurred where people were either delayed or had received transdermal pain patches earlier than prescribed. Following these incidents, a robust follow up of these concerns were not undertaken.
- We carried out a stock check and audit of medicines records. Medicines were being supplied from the pharmacy in the original packaging as well as in monitored dosage systems (MDS). These are medicine compliance aids used to store medicines. Medication Administration Records (MAR) showed staff did not record the amount of medicines held in the home or had been carried forward from previous cycles, in line with the national guidelines. This meant we could not be assured that staff were not using medicines from both sources at the same time and putting people at risk of receiving their medicines twice.
- MAR records were not always completed in line with national guidelines. For example, records showed multiple missing signatures. One person's medicine prescribed was not recorded on the MAR sheet to guide staff. This meant staff may not be aware that this medicine needed to be administered. We raised this immediately with the registered manager.
- Medicines were not always stored and disposed of in line with manufactures guidelines. For example, two people were prescribed eye drop medication which required disposing of after 28 days of being open. One person's eye drops had been administered by staff since 23 October 2019 but had not disposed of. Another person's drops were in use but did not have an open date on them. This meant we could not be assured these were in date and safe to use. We raised this with the registered manager immediately and asked for these to be removed.

In response to the shortfalls we identified during this inspection, we raised a safeguarding referral to the Local Authority. We also referred the service to the medicine's optimisation team for further support

Whilst we did not find people had been directly harmed, the risk of harm had not been mitigated to keep people safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act

Systems and processes to safeguard people from the risk of abuse

- Procedures and processes were in place for staff to report abuse. Staff told us they knew how and who to report these to. However, two incidents that met the safeguarding threshold for reporting had not been raised by the service to the local authority. We asked the registered manager to raise these retrospectively following the inspection.

Assessing risk, safety monitoring and management

- People had risk assessments that covered all areas of identified and known risk including skin integrity, nutrition and mobility. However, assessments were task orientated and did not always give staff all the information they would need to reduce risks. For example, one person had been assessed as high risk of falls and a risk assessment was in place. Care records did not give staff information on how, when or why to support the person to reduce risks. This had not impacted on the care provided as staff knew people well and observations confirmed this.

We recommend risk assessments are reviewed to ensure they are person centred to people's needs.

- Environmental risk assessments including Personal Emergency Evacuation Plans had been completed, meaning staff knew how to keep people safe in an emergency.
- A fire risk assessment had been completed, however this had been done prior to the home opening and required updating. We spoke to the registered manager who told us they were aware and would be arranging for this to be updated.
- Equipment was maintained including hoists, fire alarm systems and stair lift.

Staffing and recruitment

- Recruitment processes were safe. Checks to ensure staff were fit to carry out their role had been completed. Pre-employment checks included written references from previous employers and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.
- People, staff and relatives told us there were enough staff to meet people's needs. One person told us, "The home has got plenty of staff, I don't see people waiting for too long. I sit in the dining room and see staff answering call bells quickly."
- Staffing levels for the home were calculated using people's dependency scores. Dependency scores show how much care and support a person requires. The registered manager told us, "The dependency scores are there, and we look at that these and people's needs. I am always looking on the floor to see whether there are enough staff to make sure it's safe or it isn't."

Preventing and controlling infection

- People lived in a home that was clean, tidy and free from any odours. Domestic staff were employed who maintained the cleanliness of all areas of the home.
- Staff received infection control training. They had access to personal protective equipment such as disposable gloves and aprons, and cleaning materials.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told us they had the basic skills and training needed to support people. Training was completed face to face and included fire training and medicines management. The home supported people with complex needs, and staff had not always had all the training needed to ensure they understood and followed best practice. For example, people living in the service had Parkinson's, but staff had not received any training on this to meet people's needs. We spoke to the registered manager who told us they had now been in contact with a Parkinson's nurse to request training.
- Staff told us they received supervision and appraisals of their performance. However, when issues were raised about staff practice, a supervision and/or review of competency did not always take place. For example, one member of staff had been involved in a medicines error. Following this, records showed that no supervision or competency assessment had taken place to ensure they were competent to continue to administer medicines or required further support such as retraining in this area.
- New staff had an induction training programme to complete and was in line with the Care Certificate. The Care Certificate is a set of national minimum standards all health and social care workers must meet.
- Staff told us they received a comprehensive induction into the service. This was completed over a number of days and covered care planning, introduction to people living in the service and health and safety. One member of staff told us, "I started shadowing with a senior that was here and worked with them for 3-4 days, they were lovely. Staff were happy to support everyone."

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

- Assessments of people's individual and diverse needs were not always robustly carried out prior to them moving into the service. We checked the records of three people who had moved into the service and found they lacked detailed initial assessment to ensure their needs could be met safely. We spoke to the registered and deputy manager who agreed with our findings.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported and offered choice of what to eat and drink to maintain a healthy life. We observed people being offered choice over their food and different options were available at meal times.
- People were very complimentary about the food. We received comments including, "I am well looked

after. The food is lovely." and "The food is superb and there is lots of choice. If you don't like it, staff give you something else. One lady asked for egg on toast twice! They did it, it is like being at home."

- People's records confirmed they had regular support from healthcare professionals and support from where required to maintain their health needs. One person told us, "The nurse noticed a coating in my mouth. They got the doctor in and found it was thrush. Staff are so on it."
- Oral healthcare assessments had been completed for people and they had regular access to a community dentist.
- The service was part of the 'Red bag scheme.' This is a collaboration between care homes and the NHS to share vital information about people's health and to improve the transition process between services. Staff understood the scheme and their responsibilities for it.

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

- Prior to the home opening, improvements had been made to improve the layout of the home. This included removing some bedrooms to create quiet communal areas and staff areas. One relative told us, "We were worried about the size of the place but has loads of quiet rooms upstairs."
- A maintenance person was employed to undertake jobs to ensure the service was safe and maintained. When any environmental concern was raised, action was taken.
- People's rooms were personalised, accessible, comfortable and decorated with personal items. People were supported to change rooms if needed. One relative told us, "The home has respected [person] wishes to stay upstairs since [person] died. Originally, they accommodated for them to have a double room to be together but since [person] passed, they spoke to the manager and asked to be moved."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Related capacity assessments and decisions had been properly taken in line with the law and guidance
- The registered manager understood their responsibility to apply for DoLS and reapply appropriately. At the time of inspection, no DoLS applications had been authorised by the local authority
- Staff understood the importance of gaining consent before providing support. Observations of staff with people consistently showed us this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People, relatives and professionals told us people were well cared for. Observations of staff engagement with people was positive. We received feedback including, "I have always observed the staff to be kind and caring to their residents and always been welcoming" and "Considering we have only known them a month, the staff have been really supportive to the whole family."
- People are treated with dignity, respect and kindness during interactions with staff. Throughout the inspection, we observed, and records showed us, people had developed positive relationships with staff. For example, one person was supported to publish a book of poetry they had written. The activities co-ordinator told us, "Last year, we supported [Person] to get a book published. I was reading [person] own poetry to them one day and said why had it not been published. His family, the Friend and Neighbours network and the publisher donated money and we got the published. When I gave it to him he had tears of happiness."
- Relatives told us staff maintained people's dignity in a dignified way. One relative told us, "[Person] has always been preferred a man to support them. So, staff always let the male carer help, they understand what he wants. [Person] has got his dignity here. Staff tell him not to worry."
- People told us they were supported to maintain their independence in the home. One person told us, "If I want to go to my room, I tell them, and they say OK. My cousin came today to go into town with me and went to the sea front. My independence is promoted by my electric wheelchair which they support me to use. I can go to bed when I want, sometimes is it 1100 at night and they respect that."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they were involved in the care within the home. One person told us, "I can talk to the carers, they have enough time to listen to me. They ask me questions and I answer, they ask about the care quality and how I like it here"
- People had access to advocacy services and information was available throughout the home.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care personal to their needs and wishes but some improvement was needed in people's care plans to reflect this care and their wishes. We reviewed care records for four people and found information within these were task orientated and did not give information about people's like and dislikes. We spoke to the registered manager about this who told us they agreed and was looking to improve these. They told us, "I want care staff to be more involved in care plans and for carers input into these. I think the carer is the only person in this building who knows people who live here. Now, they are too task orientated." Following the inspection, the registered manager told us they would be reviewing care plans..

We recommend care plans are reviewed to ensure they are person centred to people's needs.

- Where people had complex needs, the service ensured significant people in the person's life, who knew them well, were involved in decision making.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records provide detailed guidance to staff on meeting people's communication needs. This included suitable formats to use in giving information. On each floor of the home, communication boards were available for staff to use to communicate with people.
- Staff demonstrated good awareness of people's individual communications needs, and how to support them.

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 were supported to access activities both internal and external to the home. An activities board was available to people and relatives setting out what was going on in the home. Our observations found that staff were offering people opportunities to access activities within the home including those in their bedrooms.
- People and relatives told us they enjoyed the activities that were offered within the home. One person told

us, "They have games on, people come in and sing and dance with us. They have a nice big garden and am out there every day as I like to sit out there." A relative told us, "The home did allot for Poppy Day and tried to involve [person]. He likes to play ball, they do allot of dancing and they had pictures of him baking, which were lovely to see. They are always doing things. It is like visiting him at home."

- People were supported to follow their cultural beliefs within the home. The registered manager told us, "We have the local church come in who do communion. We also take some of the residents down to the church on a Thursday morning as well."

Improving care quality in response to complaints or concerns

- Processes and procedures were in place for people, relatives and others to raise a complaint. At the time of inspection, the service had only received one complaint which had been investigated and responded to appropriately.
- People and relatives told us they knew how to make a complaint but had had no reason to do so. One person told us, "It is homely and staff so caring, very feeling I feel contented, no complaints" Another told us, "I have got no complaints, they do well enough"

End of life care and support

- At the time of inspection, no one was actively receiving end of life care within the service. However, management and staff had developed good links with the local hospice and health professionals to support people.
- Documents to record the arrangements, choice and wishes people may have for their end of life care were in place to ensure peoples final wishes were met.
- The home was undertaking the Gold Standards Framework. This is a model that enables good practice to be available to all people nearing the end of their lives to ensure they receive the best care.
- Staff told us they had received training of end of life from the local hospice and understood what good end of care looked like. One member of staff said, "We keep people really comfortable and give them mouth care, anything to ease their way." Another told us, "We have mandatory end of life training, it's intriguing."

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- The registered manager had not always informed the Commission of all safeguarding incidents or significant injuries sustained by people using the service. Notifications had not been sent to the Care Quality Commission as required in relation to these. We raised this with the registered manager and asked for these to be submitted immediately after the inspection.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (part 4).

- The home was not always well led. The registered manager and provider lacked oversight of what was happening in the service. The registered manager supported care in their day to day job as well as their management roles. Whilst this supported care staff, it meant that other aspects of running the home were not up to date. For example, quality assurance processes to assure themselves of the home was being run safely.
- The lack of robust quality assurance meant people were at risk of receiving poor care. The current systems in place at provider and manager level did not identify the shortfalls we found at this inspection. Where concerns had been highlighted, no explanation was given to why these had occurred, nor action taken. The registered manager acknowledged the auditing system needed to improve and talked about plans to implement more robust systems.
- Incidents did not prompt learning to improve care. Investigations did not always result in improved practices. This meant opportunities were missed to improve the quality of care people received.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service had not always worked in partnership with others. Prior to the inspection, we had received feedback from professionals who told us that they had been unable to access the service to offer support.
- The registered manager had attempted to contact the Local Authority's training programmes including the Prosper project but at the time of inspection, the service was not actively involved Prosper is an initiative

aimed at improving safety and reducing the risk of harm to vulnerable people. Since the inspection, the local authority has made contact with the service.

- The service was connected to the 'FaNs' (Friends and Neighbours) project aimed at enhancing the quality of life of older people. Staff told us how they had been supported through this project to achieve individual goals. The activities co-ordinator told us, "[Person} wanted to go and see the new West Ham Stadium but was not possible but he got a signed West Ham shirt framed and it hangs in their room. Another person wanted an Arsenal cap and ended up with three!"

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 manager was aware of their duty to be open and honest when something went wrong. We found systems were in place and had been used after investigating complaints made.

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

- The registered manager and the staff team knew people and their families well which enabled positive relationships and good outcomes for people using the service.

- Staff and relatives had completed a survey of their views on the service. However, it was not clear how this information had been used to improve the service. However regular residents' meetings took place where people were able to feed back.

- People, relatives and staff told us they felt supported by the registered manager. One person told us, "The manager is very nice, she talks to us. She explains things to you like you cannot go out on your own and why. If you want her, she might say I am a bit busy but comes later and sits and talks to you quietly so other people can't hear" One relative told us, "I could not find anywhere better. It is run well. The manager is very good, any problems I can go to her, she is one of us." A member of staff told us, "The management always out on the floor and their doors always open. The management are very supportive. They're the best supporting management I have had."

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 18 Registration Regulations 2009 Notifications of other incidents Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not notified CQC of all incidents that affect the health, safety and welfare of people who use services.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (2) (a) (b) The systems in place to assess monitor and improve the quality and safety of the service did not work effectively.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12(2) (b) (g) The registered person was failing to ensure people's safety from the risk of unsafe medicine practices.

The enforcement action we took:

We have issued a warning notice