

Making Space Kingshill

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Kingshill is a residential care home that provides short term accommodation and 24 hour care, support and enablement services for a maximum of 15 people who live with a mental illness. The accommodation is provided in 1 building with bedrooms across 2 floors and communal areas on the ground floor. At the time of the inspection 14 people lived at the service.

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

Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had received training relevant to their roles when they first started working at the service, and thereafter they received regular training refreshers. Staff training compliance was maintained. The service had enough staff.

People were protected from the risks of abuse and staff were trusted to keep them safe. Staff had received training in how to safeguard people. Staff were confident to report concerns and were satisfied action would be taken to investigate them.

People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. Accidents and incidents were recorded and monitored. The provider had appropriate infection prevention and control systems.

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.

Medicines were managed safely. Staff supported people to be independent with taking their medicines. Staff were trained to administer medicines.

Auditing systems had vastly improved and were robust. Governance systems had been revamped.

The provider was passionate about creating a culture of greater understanding and support. People were at the heart of the service. The management team's primary focus was to develop people's skills and confidence and provide them with the tools needed to live more independently. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

The culture of the service was led by a respected registered manager. Staff felt empowered and valued in their roles. They were encouraged to share their ideas and make suggestions. The registered manager sincerely promoted staff well-being.

The service worked closely in partnership with other health and social care organisations and the community to achieve good outcomes for people using the service. Professionals who worked with the

service spoke highly about the registered manager, the staff and the care and support delivered.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 August 2021). 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 and the provider was no longer in breach of regulations.

At our last inspection we recommended the provider reviews their food provision systems. At this inspection we found the provider had worked with the people who lived at the service and implemented better systems.

Why we inspected

We undertook this focused inspection to check the provider 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 and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive 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 Kingshill on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Kingshill

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.

Inspection team

An inspector and an Expert by Experience carried out this inspection. 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

Kingshill 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. Kingshill is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 4 relatives about their experience of the care provided. We spoke with 9 members of staff including the registered manager, regional head of operations, co-production co-ordinator, the cook, senior support workers and support workers.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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.

Staffing and recruitment; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure robust staffing levels and maintain staff training. 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.

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. New staff completed a full induction.
- Staff training compliance was maintained. Staff had received training relevant to their roles when they first started working at the service, and thereafter they received regular training refreshers. Staff told us, "The training is good, it is enough for me" and, "I can request extra training [if required]."
- The service had enough staff. We observed appropriate levels of staffing to support the people who used the service. The provider had systems to monitor staffing levels. People told us, "There is enough staff around, when I need them, they are there" and, "Staff in the home are quick [to respond], we don't need to wait for them."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and staff were trusted to keep them safe. People told us, "The care is good, I am happy here. The best thing is I always feel safe here" and, "I like it here, I feel safe. I have no worries." A relative added, "It [service] is a safe living space."
- Staff received training in how to safeguard people. Staff were confident to report concerns and were satisfied action would be taken to investigate them. A staff member told us, "I would report concerns to my manager and also pass the information on, so the safeguarding referral can be done."

Assessing risk, safety monitoring and management

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were reviewed on a regular basis and when needs changed. Professionals from multi-disciplinary teams were involved in care planning as needed.
- Accidents and incidents were recorded and monitored. Staff managed accidents and incidents safely; first aid support was provided where needed, medical support and advice was sought, and management were kept updated. Systems were in place for recording and analysing any trends and looking at any lessons learned.

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.

Using medicines safely

- Medicines were managed safely. People received their medicines in a safe way and systems ensured timely administration of medicines. One person told us, "I have my medication on time."
- Staff supported people to be independent with taking their medicines. A medication pathway was used to support people to manage their own medicines with a view of moving onto more independent living accommodations. This was underpinned by appropriate risk assessments. One person told us, "I go to medication room to pick up the key for my medication locked box in my room. I take my medication and return the key. The staff check on my medication to make sure it is all fine."
- Staff were trained to administer medicines. Staff had to undertake training before they could administer medicines and received competency checks to ensure they administered medicines safely. One staff member told us, "I receive medication training and a competency check every year."

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- The provider had systems in place to support people to have visits from family and friends that aligned with government guidance.

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 changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure effective governance and quality assurance systems. 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.

- Auditing systems had improved and were robust. A new electronic system was introduced to manage auditing functions, which alerted the registered manager and the provider if an audit had not been completed.
- Governance systems had been revamped. The provider partnered with an external governance agency to advance the systems that were in place and a new governance framework was embedded. This also ensured safeguarding referrals and statutory notification to the CQC were being submitted. Registered providers have a duty to submit statutory notifications to the CQC when certain incidents, such as serious injuries or allegations of abuse happen.
- The regional head of operations role was overhauled and appointees were provided an active role in ensuring the service was meeting the quality benchmarks.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.

Continuous learning and improving care

At our last inspection we recommended the provider reviews their food provisions systems. The provider had made improvements.

- People could access food and snacks at any time of the day, and they thoroughly enjoyed the food provided. People told us, "The food here is perfect. If I wanted a snack, I could get one at any time" and, "The food is excellent. I have enough choice. I can get snacks at any time."
- People were involved in meal planning. The cook spoke to people on a weekly basis to plan meals of their

preferences and choices. When people changed their minds on the day, their meal of choice was catered for.

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; Working in partnership with others

- The provider was passionate about creating a culture of greater understanding and support. The provider implemented a co-production team who worked with people to ensure services were developed with people at the heart of the service.
- People were at the heart of the service. The management team's primary focus was to develop people's skills and confidence and provide them with the tools needed to live more independently. As a result, people's lives had improved. One person told us, "This place has changed my life. I would have been dead if I wasn't here. I was chaotic with my lifestyle and my mental health was poor. I came to Kingshill and I had the right care. Everyone [staff] were lovely with me. They [staff] knew what I needed. I got me back on track with my medication. I got myself back to how I was years ago, I got back to being myself again."
- The service had a culture of improvement and inclusivity. The provider implemented a service improvement framework called 'Making it real: Kingshill'. This involved people working together to plan improvements. The 'Making change group' was also set up, which involved a forum of senior staff and people who met up regularly to drive improvement.
- The culture of the service was led by a respected registered manager. The registered manager was passionate about improving people's quality of life and staff shared this vision. Staff comments included, "[Registered manager] is the best manger I have ever worked alongside. I have no words to explain, I have never worked under such a brilliant manager, they are the best" and, "[Registered manager's] good guidance, direction and motivation has created a good working environment. They will always listen to everyone's views and ask for staff's suggestions."
- Staff felt empowered and valued in their roles. They were encouraged to share their ideas and make suggestions. Staff told us they loved their jobs. A staff member said, "I feel I have a valued voice at Kingshill and confident to highlight any issues, and I feel these will be effectively addressed."
- The registered manager sincerely promoted staff well-being. The registered manager implemented a 'well-being' corner at the service where staff were encouraged to have a conversation to improve their well-being. They had access to hot drinks, chocolates and well-being bags. A staff member told us, "The wellbeing corner in [registered manager's] office encourages staff to look after our wellbeing and promotes open communication, showing us that we are supported and valued at work."
- The service worked in partnership with other health and social care organisations and the community to achieve good outcomes for people using the service. There was a good working relationship with commissioners, health teams and the community. For example, the registered manager took part in a sponsored sky dive to raise funds to refurbish the service's independent kitchen.
- Professionals who worked with the service spoke highly about the registered manager, the staff and the care and support delivered. Comments included, "The team at Kingshill go above and beyond to care for their service users, and they support them holistically, showing empathy and kindness" and, "During my visit it was clear to see [registered manager's] passion to continue making great progress and achieve a recognised high standard."