

Mr & Mrs R S Rai

Kingsley Cottage

Inspection report

40 Uxbridge Street
Hednesford
Cannock
Staffordshire
WS12 1DB

Tel: 01543422763

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Kingsley Cottage is a care home that is registered to provide care and accommodation to a maximum of 17 older people including people with a diagnosis of dementia. At the time of the inspection there were 17 people living at the home, most of whom were live with dementia.

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

Care files had been reviewed but not updated to reflect people's current needs. Care files didn't always contain moving and handling risk assessments for people that required these.

The service did not have sufficient processes in place to manage the stock levels of people's medicines. Audits were ineffective and did not highlight any errors.

Audits were undertaken to look at incidents, but none were completed to look and learn from accidents. The service could not always evidence they had worked in line with the Duty of Candour.

People had end of life care plans. However, information in these was limited, and did not evidence clearly how people wished to be supported.

We made a recommendation regarding evidencing people's end of life wishes

Staff were appropriately trained. The training matrix illustrated that staff had completed the provider mandatory training in a timely manner. Staff received supervision.

People's assessments were person-centred and considered all aspects of their lives.

People were supported in a caring and compassionate manner. Staff told us how much they enjoyed supporting people at Kingsley Cottage.

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

The last rating for this service was requires improvement (published 12 December 2018). The service remains rated requires improvement. This service has been rated requires improvement for four out of the last five

inspections, where one inspection was inadequate.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

Enforcement

We have identified two breaches at this inspection. Regulation 12, the registered person failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed safely. Regulation 17, the registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 effective.

Details are in our effective findings below.

Good ●

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 ●

Kingsley Cottage

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

This inspection was carried out by one inspector.

Service and service type

Kingsley Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 unannounced.

What we did before the inspection

The provider was not 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 the service does well and improvements they plan to make. We reviewed information we had received from the provider such as notifications of events they are required to send us by law. We used all of this information to plan our inspection

During the inspection-

We spoke with the provider, assistant manager, two members of staff, two people, three relatives and one professional. We looked at three people's care records. We looked at records of accidents, incidents, and

training records. We looked at, recruitment records, staff supervision, appraisal records, policies and procedures and audits completed by the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 one relative. We requested contact details for professionals who worked with the services, however the provider did not provide any information.

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. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Care plans and risk assessments were reviewed monthly by the registered manager. However, we found in all the risk assessments reviewed, that the scoring had stayed the same even when a person's needs had changed over the previous month. For example, one falls assessment was scored as medium risk, where the person had four falls since the previous review. Their score then did not change, even though the management team told us that their walking had decreased over the previous month and now they required hoisting. During the inspection the management team agreed the scoring of the risk assessment should have been increased. There was a risk the person would not be given the appropriate support they needed and incorrect guidance in the risk assessment for staff to follow. The management team told us at factual accuracy stage that a falls mat had been put into place for this person.
- People did not always have hoist risk assessments completed. The management team told us the occupational therapist would risk assess people when they required the use of a hoist. The above person was being supported to reposition using a hoist, but their falls risk assessment and moving and handling risk assessment did not contain information to show they required the use of a hoist. This person was at risk of been transferred inappropriately due to staff not been provided clear risk management guidance. However, we saw that staff moved the person using the appropriate techniques during the inspection. At factual accuracy stage the registered manager told us the equipment was verbally agreed by the OT. However, the registered manager had not communicated this to the management team on the day of inspection.
- One person was at risk of choking and had been assessed by the speech and language therapy team as needing their food softened to mitigate their risk of chocking. However, at lunch time, when we asked the management team if their food had been prepared in accordance with the speech and language advice they could not confirm this and took it back to the kitchen. There was a risk that the person could not swallow or may choke on their food.
- Medicines were not always handled safely by the service.
- Staff had not always signed the associated medicine administration record (MAR) when people had been administered their medicines to say this had been given.
- Although medicine audits were completed weekly, these did not always identify when there were gaps in MAR charts. For example, in one person's MARs, over a one-month period, there were six missed signatures that had not been identified via the service's audit. There was no evidence given for the missing signatures. It is important that medicines are signed for on MARs to prevent the risk of 'double doses' being given.
- Where people had been given PRN, the service did not always evidence the reason why the medicines had been given. This meant people were at risk of been given PRN medicines in a time period that was too short, following their previous administration.
- The management team could not provide documentation of an accurate running total of medication

stock that remained in the home. We carried out a random stock check of three people's medicines and found that two people's amount of medicine in stock did not match that recorded by the provider.

The registered person failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People's care files contained guidance for staff to ensure people's risk of pressure ulceration was managed in a safe way. We found that where people had been repositioned, this was in accordance with their care plan guidance.
- People's care files contained evidence of referrals to professional agencies.
- Staff told us they had received training to administer medicines, and their competency to do so was checked regularly.
- Medicines were stored and disposed of safely, as required by legislation.

Learning lessons when things go wrong

- All accidents and incidents were recorded separately by the registered manager. The management team told us, it would be classed as an accident if 999 was called.
- The registered manager undertook audits that looked at incidents in the service but did not complete any audits to look at accidents. The registered manager did not have the appropriate systems in place to learn from both accidents and incidents.

Staffing and recruitment

- We found that people were supported by sufficient numbers of staff.
- Staff all agreed there was enough staff present to meet people's needs. They told us, "Yes I feel it's appropriate, you get those days sometimes that are busier, but there is enough staff."
- The service did not use agency staff. People unanimously agreed that there were enough staff to meet people's needs and we observed people had their care needs met in a timely way.
- People were protected from the risk of being supported by unsuitable staff. The provider had completed relevant pre-employment checks to make sure staff had the appropriate skills and character to support older people and those living with dementia. These included prospective staff's conduct in previous care roles and their right to work in the UK.

Systems and processes to safeguard people from the risk of abuse

- People and relatives spoken to, confirmed they felt safe with the care they received from staff. One relative told us, "I Feel that [Person] is safe. {Person] is treated great by the staff."
- Effective systems were in place to safeguard people from harm and abuse. All recorded safeguarding concerns had been reported to the appropriate authorities.
- People were supported by staff who had a good understanding of safeguarding. All staff had received training in safeguarding and knew the process of raising a concern. One care worker stated, "Yes I've received the training, I would raise a safeguarding to the registered manager and if needed I would call the safeguarding team myself."

Preventing and controlling infection

- Staff were trained in the prevention and control of infections.
- Personal protective equipment was available for staff, such as disposable gloves to use to help stop the spread of infection.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's assessments were person-centred and considered all aspects of their lives.
- Care plans were a 'live' document and written using the information from the initial assessment and full assessment, and through consultation with people and/or their relatives. One relative told us. "The manager got me to fill out some forms about [Persons] background and did the care plan from there."
- People's care files detailed the type of support they required from staff. They had a 'My care and wellbeing' and 'daily routine' section that outlined the support they required and information on how to support people's social wellbeing. One person's stated, 'I like company and chats with the staff, I like to see people enjoying themselves'.
- People, relatives and professionals consistently told us the staff delivered care in accordance with their assessed needs and guidance within their care plans, which we observed during the inspection. One professional told us, "They call us straight away if anybody's health needs change."

Staff support: induction, training, skills and experience

- The registered manager had an effective system to ensure staff received appropriate training. The training matrix illustrated that staff had completed the provider mandatory training in a timely manner.
- The management team told us staff received supervision and appraisals. Staff confirmed they received supervision and felt that it was beneficial.
- Staff confirmed they had received training to use the equipment in the home. One staff member told us, "I had moving and handling training, this was face to face training."
- All staff reported they had received a thorough induction that provided them with the necessary skills and confidence to carry out their role effectively.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food they were given. One person stated, "It was nice, I had chips and egg."
- People selected their food for the day at the beginning of each morning.
- The service had two cooks, who told us they followed a four-week menu. Staff told us that at least one option for every meal was hot.
- Staff encouraged people to remain hydrated by offering a selection of drinks throughout the day. People were offered healthy snacks as well as foods they enjoyed. People could eat when they wanted, and meal times were flexible.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with professionals from health and social care to meet people's needs.
- Care plans contained evidence of appointments with health care professionals such as General Practitioners, district nurses and dieticians. During the inspection it was observed that professionals were visiting people.
- One relative confirmed people saw nurses and doctors when needed.

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

- People were involved in decisions about the décor of their rooms, which met their personal and cultural needs and preferences.
- People brought furnishings of their choosing that allowed personalisation of their rooms. For example, people brought in pictures of family and had their own television in the room if they wanted.
- The environment was designed to assist people living with dementia. Signage on doors helped people to find their way around the home.
- Bathrooms and toilets were dementia friendly. Toilet seats were a blue colour which helped people with dementia to know where to go. This promoted people's independence, so they were not reliant on staff to assist them with their continence needs.

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

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 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 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 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.

- People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and Deprivation of Liberty Safeguards legislation and guidance. Staff knowledge was very good with clear examples being provided of how liberty may be deprived. The training matrix identified that each area was individually studied and covered as topics by the provider.
- We observed staff seeking consent from people and waiting for a response prior to assisting them. If a person declined, this was respected, with staff approaching the person again after a while. Staff supported people to make as many decisions as possible. We observed and read in care plans, how people wished to be supported.
- People and their families, where appropriate, were involved in the planning of care and support needs. Where lasting power of attorney for health and welfare was held by others, the service ensured they retained evidence to support why they were involved in decision making. Nevertheless, people retained choice for all elements of their care where possible. This was reinforced in each care plan, detailing the importance to never assume a person does not have capacity to make a decision or choice. We also observed this during interactions with people.

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.

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

- People at Kingsley Cottage could not always explain about their experience of living at the home. However, family members, and visiting community professionals, described the provision of support by staff to be caring and compassionate.
 - People and their relatives reported positive relationships with staff. One person said, "Yes I feel safe. The staff treat me nicely."
 - All relatives spoken with felt staff were caring and treated their family members with dignity and respect. One relative commented, "The home is always nice and clean and [Person] is always nice and clean, and has their hair cut."
 - One relative described the home as, "Lovely, and cosy. It's like home from home."
- Staff supported people in a caring and compassionate manner.
- Staff knew people well and promoted their equality and diversity. Staff had a detailed understanding of people's needs and how to support them.
 - Staff were proud of their work in ensuring people had positive experiences. One member of staff told us they would always come in early to read people's care plans to see if anyone's needs had changed.

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

- People and their relatives, where appropriate, were actively involved in decisions related to care and support. Where people were unable to make important decisions related to their care, the service ensured evidence was retained of any best interest decisions made.
- Care plans and risk assessments were reviewed regularly, which allowed people and their representatives, to make sure they accurately reflected their current needs and preferences.
- The service gained three monthly feedback from people which focused around, catering, personal care, daily living, premises and management of the service.

Respecting and promoting people's privacy, dignity and independence

- Relatives confirmed staff spoke to people with dignity and respect. They told us, "Yes the staff treat [Person] correctly. I had to take them to the hospital. The staff were really good, and they got [Person] all ready and prepared them for when I arrived. A second relative told us, "Yes they are. I'm terribly happy [Person] is at Kingsley Cottage, it has made me feel a lot happier."
- Staff consistently treated people with dignity and respect and maintained their privacy. One staff member told us, "I love working here and looking after them [People]. I'm probably too soft. You get to know people well because it is a small home. If their families are away and they run out of anything I'll go out and buy it

for them."

- People's dignity was respected. On several occasions we observed staff discretely support people to maintain their personal dignity, where doors were shut in bathrooms and people's own rooms.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were personalised and placed people's views and needs at the centre of the care provided. People received support that was individualised to their personal needs. People's care plans clearly highlighted background information and how they liked to receive care.
- People received care and support that reflected their wishes, from staff who understood how to promote their independence and maximise the opportunity to do things of their choice. For example; staff encouraged people to do everything they were capable or had the potential to do. For example, staff encouraged people to independently use the home's facilities when they needed to.
- Relatives informed us that people were supported how they wanted to be and were cared for in a responsive manner.

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.

- All care files contained a 'How I communicate with others' document. This document explained how people liked to communicate. It stated how people used gestures, body language, behaviour and other ways, that they like to communicate. One person's stated, "I am able to tell people what I want reasonably well if I am forgetful or not very well I can get muddled."

Supporting people to develop and maintain relationships to avoid social isolation

- People had access to individualised and group activities and received the necessary support to follow their interests. The service advertised different events that were due to take place. For example, an event at Christmas was advertised within the home that people could attend. The management team told us people enjoyed undertaking craft work.
- People and their relatives were encouraged to engage in activities to ensure everyone felt welcome. On the day of inspection, the service had a singer, where people were seen enjoying the music, singing along and dancing.

Improving care quality in response to complaints or concerns

- The management team told us that they hadn't received any complaints in the past 12 months.
- People and their relatives told us they knew how to raise a concern or complaint. One person told us, "I would speak to the manager if I wasn't okay."

- Staff were aware of the procedure to follow should anyone raise a concern with them.

End of life care and support

- At the time of inspection, the service was supporting people with end of life. There was end of life care plans in people's files. However, information in these was limited, and did not evidence clearly on how best people wished to be supported.

We recommend that the registered manager ensures all people are enabled to discuss and review their end of life wishes.

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. At this inspection this key question has now remained the same. 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; 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

- Quality assurance processes in place were not effective. The management team told us they did not complete any audits on care files. They were unaware of the issues with out of date records that were found during the inspection. This meant the risk of people receiving unsafe care had not been mitigated to protect people from possible harm.
- Some processes were in place to ensure the quality of the service provided. This included a quality management audit check, that focused on medication. However, these audits had not been effective in finding the issues and risks that were found during our inspection. For example; the stock of medicines did not balance, and staff were not recording medicines as required. This meant areas of poor practice had not been identified and mitigated to protect people from the risk of harm.
- Ineffective quality assurance systems meant that the provider could not always continuously learn, improve and innovate. The registered manager completed an audit on incidents, but not accidents. We could not be assured that any learning had taken place.
- We could not always be assured that the service acted correctly in relation to the Duty of Candour. Accidents and incident forms were different. Incident forms stated if the next of kin had been informed, where a separate audit looked at this. However, accident forms did not state if the next of kin had been informed, nor did the daily notes always evidence that this had taken place.

The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All records were easily accessible and care plan documents had been signed. The management team had a system for auditing peeps, infection control and mobility aids.
- All staff were of the opinion that they felt supported by the management team.
- The registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of.

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

- Relatives told us they received a high quality of care from staff. One relative stated, "[Person] is content and staff makes sure [Person] is comfortable and never had any concerns. They keep us informed.
- The management team and staff worked hard to ensure the culture within the home was person centred. Staff worked hard to treat everyone as an individual ensuring their needs were met in their chosen way.
- Assessments for people were thorough and documented their preferences, interests and needs, and ways in which they preferred to communicate.

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

- The provider gained regular feedback from people about their care and support on a three-monthly basis. There was a feedback form available for relatives to fill out in the reception area of the home. This was analysed and used to look at the catering, people's personal care, and the premises and any improvements needed.
- The management team told us that they didn't gain feedback from staff members, as they felt they would only ask for a pay rise. However, staff did tell us they felt supported and listened to by management. At factual accuracy stage, the registered manager stated that they gain feedback from staff at appraisals/supervisions and on a one to one basis.

Working in partnership with others

- The management team told us the service had close working relationships with GPs, district nurses and the local council. We saw evidence during the inspection that professionals were visiting people at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.</p>