

Jem Care Home Services Limited

# Kingsgate Care Home

## Inspection report

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Date of inspection visit:  
14 April 2021

Date of publication:  
13 May 2021

### 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

Kingsgate is a residential care home providing personal and nursing care for up to 40 people aged 65 and over, in one adapted building, over three floors. At the time of the inspection Kingsgate was supporting 31 people.

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

Kingsgate had a homely, caring environment and promoted a positive culture. The atmosphere in the home was warm and welcoming and staff were friendly and considerate. They treated people with kindness and had developed positive relationships with them. There were systems and processes in place to keep people safe. Staff supported people to have maximum choice, in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The premises were very clean. National guidance was being followed with regards to Covid-19 infection prevention and control; to ensure practice was safe and people were protected as much as possible from contracting Covid-19.

There were systems in place to check the quality and safety of the service. However, quality assurance systems needed further development to give a full overview of the service and inform an ongoing improvement plan. This would complete the quality monitoring cycle and show the service was continually driving improvement.

### Rating at last inspection

The last rating for this service was requires improvement (published 1 February 2020) and there were three breaches of regulation. 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.

### Why we inspected

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 and Well-led which contain those requirements.

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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. 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 Kingsgate on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

### **Is the service well-led?**

**Good** ●

The service was well led.

# 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.

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

This inspection was carried out by two inspectors.

#### Service and service type

Kingsgate is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the 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 all of this information to plan our 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, deputy manager, clinical lead, nurse, senior care workers, activity person, care workers, domestic supervisor and domestics. 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.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and quality assurance records were reviewed. We spoke with the local authority.

# 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 improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to manage medicines for people in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

### Using medicines safely

- People received their medicines in a safe supportive way, as prescribed.
- There were robust systems in place to help ensure medicines were managed safely, to detect errors and take prompt action if errors were found.
- Staff had received training to administer medicines and their competency was assessed annually and as and when the need arose. Staff had completed medicine administration records (MARs) correctly.
- There was staff guidance in place for people's prescribed medicines to be taken as and when required (PRN) however, some guidance was not sufficiently detailed. For example, the guidance for the administration of a laxative PRN did not tell staff how many days the named person should go without having their bowels open before offering the laxative. This meant it could be offered too soon or not soon enough. The clinical lead gave this their immediate attention.
- Records showed the decision for some people to receive their medicines covertly had been made in their best interest and authorised by the GP. Covert administration of medicines is when they are given without the persons consent or knowledge and hidden in food or drink. It is only likely to be necessary or appropriate where a person actively refuses their medication but is judged not to have capacity to understand the consequences of their refusal, as determined by the Mental Capacity Act 2005 and the medicine is deemed essential to the person's health and wellbeing.

### Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks to people's safety were assessed and reviewed.
- Assessments identified risks related to mobility, falls, moving and handling, nutrition and skin condition. Management plans provided guidance for staff on how to support individuals in a safe way and reduce any risk identified.
- People found at risk of skin breakdown were provided with the right equipment to help prevent this.
- Equipment including fire safety were regularly checked, serviced and maintained.

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

- People spoken with told us they were happy living at Kingsgate and staff were very supportive.
- Staff knew people well. It was clear from interactions observed people were comfortable with staff and

within their environment.

- The registered manager and staff had a good understanding of their role in keeping people safe; the processes to follow if they had any concerns and how to report them.
- Staff had received training in safeguarding.

Learning lessons when things go wrong

- Incidents, accidents and falls were monitored and reviewed to identify any patterns or trends. They were analysed for any necessary action to prevent or reduce re-occurrence and learning was discussed at staff supervisions and team meetings.

Staffing and recruitment

- New staff continued to be recruited and selected safely. Appropriate checks were made, including DBS, minimum of two references, including the last employer and the right to remain and work in the UK. Interview questions had explored the suitability of the applicant for the role applied for.
- Staff were suitably deployed and there were enough staff available to meet people's needs, spend time with them and keep them safe. There are usually eight care staff, a nurse, a clinical lead, two activity coordinators and a deputy manager deployed across three floors to meet people's needs. Staff spoken with felt this was enough unless there was unplanned absence. On these occasions they said they may not be able to spend as much time with people as they liked.
- At the time of our visit, due to annual leave and sickness, there were six care staff on duty. Staff told us temporary staff were not employed to cover staff absence. They said they worked very well as a team and worked harder if there was a staff member less. One staff member felt this way of working had helped to keep the home free of Covid-19.

Preventing and controlling infection

- Kingsgate had not experienced an outbreak of Covid-19.
- We were assured that the provider's infection prevention and control policy was up to date and provided staff with current and relevant information.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The premises were very clean and fresh. Regular cleaning, high surface cleaning and deep cleaning was observed throughout the day.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 making sure infection outbreaks can be effectively prevented or managed.



# 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 with a breach of regulations. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found a lack of governance and oversight; systems were either not in place or robust enough to demonstrate quality and safety was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found the provider had omitted to report a safeguarding incident to the local authority and to the Commission. This was a breach of regulation 18 of the Commissions Registration Regulations 2009 Notifications. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17 and regulation 18.

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

- The service was consistently well managed with effective organisation and leadership.
- Staff understood their roles and responsibilities and had confidence in the management. They felt well supported. Supervision sessions were carried out regularly with staff where concerns, responsibilities and performance were discussed.
- The provider, registered manager and senior staff carried out a range of audits to check the safety and quality of the service delivered.
- The registered manager understood their regulatory and safeguarding responsibilities; they raised safeguarding alerts and sent statutory notifications to the Commission about incidents that were required to be notified to relevant authorities.

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

- It was clear from our observations and discussions that there was an open, inclusive and supportive culture towards people and staff.
- The registered manager was visible within the service; knew each person well and spoke with them, and staff, throughout each day.
- Staff told us they loved their job, working with the people they supported and being part of a particularly supportive staff team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; 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 management welcomed feedback.

- Feedback about the service was actively sought through surveys, individual reviews, day to day conversations with people and staff, and regular meetings.
- Recent satisfaction surveys provided people, relatives and others with an opportunity to comment on how the service was run. These had not yet been analysed.
- A newsletter had recently been introduced to people, relatives and others about activity within the service. Equality and diversity were actively promoted throughout the service.
- Management and staff worked well with various other health and social care professionals for the benefit of people using the service.

#### Continuous learning and improving care

- The provider had a system for reporting and recording incidents, accidents, falls and complaints. Each was reviewed, and suitable action taken. An overview of the information was monitored for any emerging trends or patterns which needed to be addressed to reduce likelihood of reoccurrence, and to learn lessons. There had been very few falls, incidents and accidents and no complaints.
- Since the last inspection the provider had engaged an external consultant company to provide additional support and guidance to drive improvement. The registered manager had a continuous improvement plan which showed new improvement actions and initiatives were regularly introduced and implemented to drive improvement.
- However, the final element of the quality assurance cycle was still required to ensure new systems and initiatives were reviewed to ensure they were producing demonstrable quality improvement to the service and positive outcomes for people.