

Monarchy Care Services Ltd

# Knarborough House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Knaresborough House is a domiciliary care agency providing care and support to younger and older people in their own homes. Some people who receive support may be living with dementia or have physical disabilities. The service supported 40 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Overall people shared positive feedback with us about their experience of Knaresborough House. They felt the staff enabled them to keep safe. However, relatives did share mixed feedback regarding communication, and this was passed onto the registered manager who took action to address this.

Accidents and incidents were managed and recorded effectively. Recruitment was carried out effectively with the right safety checks and records in place.

Staff training was up to date and staff also received regular supervision and appraisals to ensure their development and practice was meeting people's needs.

Risk assessments and relevant care plans were improved to ensure all the details needed to manage risk and support people safely was current. Care plans were person-centred and ensured people's preferences were clear to guide staff on how to meet people's individual needs.

Complaints records were improved and managed, people knew how to raise a complaint and told us they would do so. Audits in place were improved and were addressing concerns to manage risk and improve the quality of care provided.

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.

### Rating at last inspection and update

The last rating for this service was requires improvement (published 17 January 2022). 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 that the provider review their recruitment and complaints procedures. At this inspection we found the provider had acted on our recommendations and made improvements.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Knarborough House

## 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 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.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. 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

the inspection was unannounced. Inspection activity started on 24 May 2023 and ended on 12 June 2023. We visited the office location on 24 May and 5 June 2023.

### 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 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 this information to plan our inspection.

### During the inspection

We spoke with 5 people who used the service and 5 relatives about their experience of the care provided. We spoke with and got feedback from 14 members of staff including the registered manager, office administrator and care workers.

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

# 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.

### Using medicines safely

At our last inspection the provider failed to ensure the proper and safe administration of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed, recorded and administered safely.
- The provider had improved the records for medicines and creams making administration safer for people. People received their medicines as prescribed, at the right time.
- Where people were prescribed 'as and when required' medicines. Specific guidance for staff to follow was in place.
- Recorded medication errors were investigated by the provider as per their policy to ensure risks to people were managed and reduced.

Assessing risk, safety monitoring and management; systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong.

At our last inspection the provider failed to assess the risk and do all that is reasonably practicable to mitigate risk. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Potential risks to people were assessed, monitored, or mitigated.
- The provider had introduced new improved systems to record and monitor accidents, incidents, and safeguarding concerns.
- Records of incidents and accidents were effective, and any outcomes or lessons learnt from them were shared with staff and the appropriate bodies.

### Preventing and controlling infection

At our last inspection the provider had failed to effectively assess the risks associated with infection, prevention and control of COVID-19. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- COVID-19 risk assessments were improved for staff to help make sure risks had been identified and

managed and provided sufficient guidance for staff to mitigate potential risk during a pandemic.

#### Staffing and recruitment

At our last inspection we recommended that the provider reviews its recruitment process and update their practice accordingly, to make sure all mandatory information is requested. At this inspection we found the provider had improved their recruitment processes and records.

- Recruitment checks were completed to help make sure suitable staff were employed.
- Records for staff were improved with a more details held regarding the recruitment process.
- The providers recruitment process was improved and ensured that staff had effective communication skills.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we recommended that the provider reviews how they provide staff with the appropriate support, supervision and appraisals in line with their own policy. At this inspection we found the provider had made improvements.

- Staff received regular supervision and support.
- Staff had received thorough induction and training and were supported to gain further qualifications. The registered manager carried out regular competency reviews and spot checks around the care staff provided to people.
- People and their relatives shared feedback that staff needed training around certain long-term conditions. This was shared with the registered manager who took action and added courses into the training schedule for staff.

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

- Any changes to people's needs were reviewed with them and their relatives, and this was reflected in their care plans.
- People's care plans were up to date and reflected their care and health needs and gave guidance for staff.

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

- The staff were aware of people's dietary needs and supported people appropriately. Care plans were in place to give guidance.

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

- The service worked in partnership with external professionals, such as community nurses and GPs to support and maintain people's long-term health.
- People had personalised care plans covering their healthcare needs. These shared important information with healthcare professionals.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People who used the service didn't have any court of protection applications in place. There was information and training for staff in this area.
- People gave consent to receive personal care, this was recorded. One staff member told us, "Before any action we ask our clients for consent, as well we ask about their preferences".
- People told us they were listened to, and their choices respected.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection the provider failed to support and enable people to make or participate in making decisions about the person's care and treatment. This was a breach of regulation 9 (person-centred care) 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 9.

- People's support needs were discussed with them and their relatives before the care package started.
- People were provided with information about their care and support and had access to their care plans at home, and relatives could access care plans remotely.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about staff's caring attitude. People told us, "I'm well cared for. I've got the carers and I've got my family too. I'm looked after". Another told us, "In 2.5 years they have only missed one day because of the weather so I trust them and give them full marks".

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect.
- People were supported to maintain their independence while promoting dignity and privacy.
- Staff engaged with people in a dignified way, this was reflected throughout the comments we received about the staff. People told us, "They listen to me and what I want." Another person told us, "They always close the curtains when they are washing and helping me".

# Is the service responsive?

## Our findings

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

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

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

At our last inspection the provider had failed to ensure people received care which met their needs and reflected their preferences. This was a breach of regulation 9 (person-centred care) 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 9.

- Communication needs were met individually, and where appropriate, information could be adapted to suit people's preferences and needs.
- People's care plans were improved to include more information about people's life history, likes or dislikes
- Staff who worked regularly with the same people had a good understanding of people's preferences and person-centred care plans reflected this and gave clear guidance to staff.

Improving care quality in response to complaints or concerns

- People could raise their concerns or complaints.
- A complaints procedure was in place that was followed by the registered manager and staff. The provider had improved record keeping regarding complaints.
- People were supported to raise any issues. Where issues had been raised these were addressed and with appropriate follow up where required. People told us, "I haven't complained but they said I must telephone if there is a problem" and another told us, "We haven't put in any complaints, but we have raised some issues about staff closing the curtains when we wanted them open and they haven't done it since."

At our last inspection we recommended that the provider reviewed their complaints process to ensure they effectively handle, record, and respond to complaints raised. At this inspection we found the provider had made improvements.

End of life care and support

- Staff had received up to date training in end of life care and worked with external agencies such as the district nurses to ensure that care and support could be offered in a dignified way.

# 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; continuous learning and improving care.

At our last inspection we found systems were not in place to demonstrate a strong governance oversight of care being provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act (Regulations) Regulated Activities 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had introduced new systems to check the safety and quality of the service provided.
- Audits were carried out regularly by the registered manager and were able to identify and address issues effectively.
- Staff documented care given on the electronic system provided and this was more robust, and the registered manager audited this regularly.

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

- The registered manager encouraged people and staff to be open with each other.
- Staff felt supported by their colleagues and the registered manager. Staff could approach the registered manager for support at any time. One staff member told us, "Our manager is very quick to respond to any safeguarding concerns. If I or a client raise a complaint, she attends to it there and then".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The provider understood their responsibilities around duty of candour. Evidence was recorded as to how concerns were dealt with by the provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider regularly sent out questionnaires to people and their families. Responses were reviewed to identify actions needed to improve the service. One person told us, "The times weren't right for us at the beginning, but they are flexible and as soon as slots were available, they put us in to the time we wanted".
- The service communicated well with people's social workers and worked in partnership with district

nurses and GPs.

- The registered manager held meetings for the staff team to discuss relevant information.