Westlake Care

Kingston House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service caring?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Kingston House is a registered care home providing personal care for up to 3 people with a learning disability. At the time of the inspection there were 2 people living at the service. The service is based in a detached house over 2 floors with passenger lifts for people to access the upper floor. The service was equipped with facilities to support the needs of people living at Kingston House.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe, caring and well led. The service was not able to demonstrate how they were meeting some of underpinning principles of 'Right Support, Right Care, Right Culture.'

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

Right Support:
People's medicines were not always managed safely.

The recruitment checks for new staff were not robust.

People were supported to make decisions by staff who used best practice in decision-making and communicated with people in ways that met their needs.

People's care and support was provided in a safe, clean environment which met their physical needs. People had a choice about their living environment and were able to personalise their rooms.

People could access health and social care support in the community.

Right care
Staff had not been provided with sufficient guidance on how to protect people from identified risks.

People received kind and compassionate care from staff who protected and respected their privacy and dignity and understood and responded to their individual needs.

The service had enough staff working each day to meet people's needs and keep them safe.

Staff understood people's individual communication needs.

People received care and support from staff who knew and understood people well and were responsive to their needs.

Right culture
The provider had not taken the opportunity, since the last inspection, to implement effective change to ensure the service met the regulations, reflected best practice expected by Right Support, Right Care, Right Culture, and offered improved outcomes to people.

There were no effective processes in place for assessing and monitoring the quality of the services provided and to ensure records were accurate and complete. Systems had failed to identify that people were not always protected from avoidable harm.

Systems in the service did not ensure that all the utilities were monitored to ensure safety.

The service involved appropriate professionals in planning people's care.

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 information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update
At our last inspection we found breaches of the regulations in relation to the management oversight of the service and made a recommendation in respect of the records required when recruiting staff. We have identified 1 continued breach in respect of good governance. We have also identified 2 new breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment and staffing.

The last rating for this service was Requires Improvement (published 19 October 2022)

Why we inspected
We were prompted to carry out this inspection due to concerns we received about the service. These included concerns that people were not receiving personal care, medicine administration, the culture of the staff and the impact on people they support, unsafe moving and handling, and a lack of support from the management team.

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.

Enforcement
Since the last inspection we recognised that the provider had failed to have oversight of the service, had not ensured appropriate recruitment checks had been made, failed to ensure medicines systems were safe and the provider had not assessed or acted on risks to the health and safety of people receiving care. These are breaches of regulations. Full information about CQC's regulatory response to this will be added to the end section of the full version of this report once any enforcement action has concluded.

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 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? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring 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**

Kingston House

Detailed findings

Background to this 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.

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
The inspection was carried out by 2 inspectors.

Service and service type
Kingston House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they

plan to make.

We used all of this information to plan our inspection.

During the inspection
Inspection activity started on 13 October 2023 and ended on 24 October 2023. We met with the 2 people who used the service. People were unable to speak to us due to their health conditions. We therefore spent time in the communal lounges observing care practices, so that we could gain an understanding of people's experience in how they received support.

We also spoke with 4 care staff, the manager and regional manager. We reviewed a range of records including 2 people's care records, medication records, staffing information, the services training matrix and records relating to the running of the service.

We spoke via telephone with a person's relative about the service's performance. We attended a safeguarding meeting where 7 health and social care professionals attended and shared their views on the service.

We also reviewed the various documents we had requested during the site visit.

Requires Improvement

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. The rating for this key question has remained 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.

At our last inspection we found the provider had failed to ensure systems were in place or robust enough to demonstrate 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. At this inspection, we found the provider remained in breach of regulations.

Learning lessons when things go wrong

- This inspection identified that there had been no or limited improvements to the service since the last inspection. There was no evidence of managers or staff meetings occurring. Therefore, reflective practice to improve the quality of care was not evident.
- As identified at the last inspection, there continued to be limited audits in place to oversee how the service was being managed on a day-to-day basis. This meant issues were not always recorded and analysed so any trends or patterns could be highlighted. This had placed people and staff at risk.

Systems and processes were not in place to ensure the service was continually evaluated and improved. This contributed to a repeated breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At the previous inspection, we recommended the provider undertook a full review of staff recruitment records to ensure that appropriate recruitment checks were maintained.

At this inspection, we again identified issues in relation to the safety of the service's recruitment practices.

- We reviewed 2 newly recruited staff files. Both showed that relevant recruitment checks had not been obtained, for example references had not been gained. This meant there was no assurance that relevant recruitment checks had been gained to demonstrate staff were safe to work with and support vulnerable people.

The provider failed to evidence that appropriate recruitment checks had been made. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Rotas confirmed that sufficient staff were on duty at all times to meet people's current needs.
- Relatives told us they felt that there were sufficient staff on duty.
- We saw staff responded in a timely manner when people called for assistance.

Using medicines safely

● Prior to the inspection we received concerns about the medication system and allegations that medicines had been missed.

● Medicine records showed there was no process in place to monitor the medicine system. Medicines records did not tally with the actual stock that was present in the location. The medicine records were not completed appropriately.

● We instructed the manager to complete a full review of their medicines system to identify the scale and impact of these issues. This review found a person had 'missed' their medication for 10 days. This error had not been identified prior to the CQC inspection. A safeguarding alert was made to the local authority by the manager because of their failure to safely support this person with their medicines.

● A person needed support with their dietary requirements by using a Percutaneous Endoscopic Gastrostomy (PEG), which is a feeding tube that is inserted through the skin of the abdomen into the stomach. Staff need to have specialist training in this area. The manager who provided training to the staff team in this area off care, confirmed their PEG certificate had expired and they needed to attend a further course to re-gain the certification. It is of concern that new staff had been employed and had not received training by a person assessed as competent to deliver it.

The provider had failed to ensure the proper and safe use of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities

● When medicines were prescribed to be given 'when required', we saw that person-centred protocols were in place to guide staff when it would be appropriate to give these medicines.

● Staff who were trained in medicines management administered medicines.

Assessing risk, safety monitoring and management

● Risk assessments varied in their quality; some identified a person's risk but did not state what should happen to reduce the risk. For example, the service had identified a person was at risk of recurring infections and of choking but there were no risk assessments in place. Therefore, staff lacked necessary guidance on how to protect people from identified risks.

● Systems in the service did not ensure that all the utilities and equipment were monitored to ensure it was safe. For example, staff were checking water temperatures in people's bedrooms as it was being run but this seemed to be more for people's comfort rather than checking the hot and cold temperatures were within safe ranges. There were no checks of the other taps in the house. Following the inspection visit the manager confirmed there was no current legionella certificate in date and has now requested a legionella review of the premises.

● Personal Emergency Evacuation Plans (PEEPs) were in place for each person. However, the information on the PEEPs by the front door, and that on their electronic care record system did not match. This meant staff had differing information to pass to the emergency service in the event of an evacuation of the home.

● Staff had not competed a fire drill since 27 July 2022. This meant there was a risk staff would not understand how to keep people safe in the event of a fire within the service.

The provider had not assessed or acted on the risks to the health and safety of people receiving care. This contributed to the breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk from abuse

● Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff knew how to whistle-blow and how to raise concerns outside of the provider. Whistleblowing is the process of speaking out about poor practice.

● The manager was fully aware of their responsibilities to raise safeguarding concerns with the local

authority to protect people, had notified CQC appropriately of concerns and made necessary safeguarding alerts in relation to issues identified during the inspection process.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● Capacity assessments were completed to assess if people were able to make specific decisions independently.
● For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations when restrictions or the monitoring of people's movements were in place.
●Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance. We heard staff asking people if they wanted assistance with their personal care and waited for the person to reply before supporting the person.
● Staff supported people to be as independent as possible with making decisions about their care and support and how they planned their day.

Preventing and controlling infection including the cleanliness of premises
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using Personal Protective Equipment 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 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.
● We were assured the provider was facilitating visits for people living in the home.

Good

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 good. The rating for this key question has remained 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
- There was a relaxed atmosphere at the service and staff provided friendly and compassionate support.
- People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- Health and social care professionals provided positive views on the caring approach by staff to people they supported.
- The way staff spoke about people they supported showed they genuinely cared for them. They talked about people's wellbeing and were focused on providing the right support to improve people's lives.

Supporting people to express their views and be involved in making decisions about their care
- People were involved in decisions about what to do throughout the day. We saw staff asking people how they wanted to spend their time and acting on their wishes.
- People were unable to share their opinions verbally and different methods of communication had been developed to understand and communicate effectively.
- Staff supported people to make decisions about their care as independently as possible.

Respecting and promoting people's privacy, dignity and independence
- How the service operated, and the way staff provided care and support was focused on the individual person and involving them in their care. Where any daily routines had been developed, these were in place to meet people's needs and wishes, rather than to benefit staff.
- People were supported to maintain and develop relationships with those close to them. Relatives were updated about people's wellbeing and progress.
- People's right to privacy and confidentiality was respected. Confidential information was kept securely.

Requires Improvement

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. The rating for this key question has remained 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.

At our last inspection we found the provider had failed to establish satisfactory governance arrangements. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider remained in breach of regulations.

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

- The manager had been in post since June 2022 and had not submitted an application to be the registered manager of Kingston House.
- In the last 2 months the manager oversaw the management of 2 services. Whilst the manager stated this had impacted on their time at Kingston House, as they spent 2 days at the other service, it remained a concern that the lack of oversight at Kingston house proceeded this new arrangement.
- The manager had not taken action to address the shortfalls identified at the last inspection and this had impacted on the service. For example, audits had again not been completed, supervision had not occurred and systems to effectively monitor the service had not been established.
- The provider and manager did not have sufficient oversight of the service to proactively identify gaps in records or care provision and take action before they had an impact on the service people received. For example, there was no process in place to monitor the support people received with their medicines.
- The provider and manager had not established effective governance processes. There were no records of any audits taking place to monitor the quality and safety of the service. The manager stated there were no audits in relation to care plans or risk assessment. In addition, necessary medicines safety audits had not been completed since 1 February 2022. A medicine audit was requested by the inspector and completed after the inspection. It found 1 person had not received a prescribed medicine for 10 days.
- The provider had failed to ensure there was effective and competent management arrangements in place. They had a lack of oversight of how the service was being run.

The provider had failed to establish satisfactory governance arrangements. This contributed to the repeated breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● There was no evidence available to demonstrate people's and relatives' views on the performance of the service had been sought.
● There were no formal opportunities for staff to provide feedback, for example, staff meetings and staff supervision had not been taking place.

The provider had failed to seek and act on feedback in order to improve the service. This contributed to the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care
● Breaches of regulation and a recommendation were identified at the last inspection. This inspection identified that no action had been taken to address the previous shortfalls. We found that, as evidenced at the previous inspection, whole service audits had still not been carried out to identify any areas for improvement. Staff and managers meetings had still not been recorded. Staff induction and supervision records were not evident. Therefore, there was no evidence available to demonstrate action had been taken by the provider or manager to drive forward improvements in the service's performance.

The provider's governance systems were ineffective in monitoring and improving the service people received. This was a breach of regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● Following this inspection, the provider responded by sending the Commission an action plan detailing how they now intended to address the issues identified at this and the previous inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● At the previous inspection concerns were raised about the closed culture in the service, and guidance was sent to the manager for her to discuss with staff. However, at this inspection, we continued to receive concerns about the staff team dynamics and how this impacted on the atmosphere at the service. Staff told us they were aware of the team dynamics and were concerned how this could impact on people. For example, staff did not always consider the terminology they used when they talked about the people they supported, or that this was the person's home and how to respect it. This was discussed with the management team who agreed to address this with the staff team.
● There had been some changes in the staff team since the last inspection. Staff felt that some of these changes had led to a more positive atmosphere at Kingston House. Comments included, "Team morale has improved since certain staff members have gone" and "The previous staff really limited things but the new staff are very enthusiastic and the general consensus is that we speak to and treat [people] as we would anyone else".
● We observed that staff had good relationships with people. Staff were committed to providing the best possible care and support for people and achieving positive outcomes for them.
● The provider and managers had built positive and caring relationships with people and staff. Staff told us, "I think it is generally a good place to work, in the past there have been times when I only stayed for the people but it is now a nice place to work. The manager and directors are really accommodating" and "The providers are lovely and want the best. They think the world of the [people we support] and you can tell by their reaction when they talk to them. They are very supportive of the staff team. They look after us. It's a lovely place to work."

Working in partnership.

● The service worked collaboratively with professionals and commissioners to ensure people's needs were met.
● Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the proper and safe use of medicines. The provider had not assessed or acted on the risks to the health and safety of people receiving care. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to evidence that appropriate recruitment checks had been made. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 17 HSCA RA Regulations 2014 Good governance The provider had failed to establish satisfactory governance arrangements. The provider had failed to seek and act on feedback in order to improve the service. The provider's governance systems were ineffective in monitoring and improving the service people received. This contributed to the repeated breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The enforcement action we took:

Warning notice