

# Care Community Limited

# King Edwards House

## Inspection report

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15 January 2016

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## Ratings

### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Inadequate</b> 

# Summary of findings

## Overall summary

The inspection took place on the 14 and 15 January 2016 and was unannounced. The home was last inspected on 13 May 2015 to check if breaches of regulations had been met. Prior to this breaches of regulation had been found at an inspection in December 2014. These were for shortfalls with staff recruitment and notifications to the Care Quality Commission (CQC).

King Edwards House provides accommodation and personal care for up to six people with learning difficulties and mental health needs. At the time of our inspection there were four people living at the home.

King Edwards House did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were at risk of receiving care from unsuitable staff because robust recruitment procedures were not being applied. Although staff had the knowledge to protect people from abuse there had been a failure to report one person's allegation so that it could be investigated properly. In addition we had not been notified of this allegation of abuse. Staff had not had the benefit of being able to undertake the care certificate qualification.

Effective systems had not been operated to ensure the improvement of the service. Although some people were having their weight monitored this had not always been carried out as directed.

People's rights were protected by the correct use of the Mental Capacity Act (MCA) 2005. People's health care needs were met through regular healthcare appointments and liaison with health care professionals. People were consulted about their choices for meals.

People received personalised care and there were arrangements in place to respond to concerns or complaints from people using the service and their representatives. Staff were caring and respectful in their approach to people and involved them in the planning and review of their care and support.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Despite their knowledge of safeguarding people staff had not followed correct procedure when a person made an allegation of abuse.

People were not always protected by robust staff recruitment practices.

Sufficient staffing levels were maintained to meet people's needs.

There were safe systems in place for managing people's medicines.

### Is the service effective?

**Requires Improvement** ●

The service was not fully effective.

People were regularly consulted about meal preferences and they were supported to meet their healthcare needs however monitoring of people's weight was not thorough or consistent.

Staff received support and training to carry out their roles although the care certificate qualification had not been made available to relevant staff.

People were protected by the correct use of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards however staff knowledge was not consistent.

### Is the service caring?

**Good** ●

The service was caring.

People were treated with respect and kindness.

People's privacy, dignity and independence was understood, promoted and respected by staff.

### Is the service responsive?

**Good** ●

The service was responsive.

People received individualised care and support and were consulted to gain their views about the support they received.

People were enabled to engage in individualised activities in the home and the community.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

**Is the service well-led?**

he service was not well led.

A registered manager had not been in post since 2011.

Required information in the form of a notification had not been sent to the CQC.

Effective systems had not been operated to ensure the improvement of the service.

**Inadequate** 

# King Edwards House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 15 January 2016 and was unannounced. One inspector carried out the inspection. Before the inspection, the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the acting manager and a deputy manager from another of the provider's care homes and two members of staff. People did not wish to speak with us during our visit so we contacted the home by telephone on 19 January 2016 and spoke with two people. In addition we reviewed records for all four people using the service toured the premises, examined two staff recruitment files and documents relating to the management of the home.

# Is the service safe?

## Our findings

At our inspection of December 2014 we found people were put at risk of being cared for by staff who were not suitable because recruitment procedures were not thorough. At our inspection of May 2015 we were unable to check if improvements had been made to staff recruitment procedures because relevant documents could not be found. Following our May 2015 inspection the provider wrote to us and described the improvements to staff recruitment procedures. They stated "The service has designated a specific individual to focus on recruitment. The service now has a robust protocol for recruitment and meeting the standards for compliance". They told us this would be effective from 1 July 2015.

At this inspection we examined recruitment documents for two members of staff. For one member of staff, appropriate checks had been made relating to past employment in a service concerned with supporting adults. However another member of staff had previously worked with children but there was no evidence of any check being made on their conduct with this employer or verification of their reasons for leaving. We were told that contact had been attempted with the former employer. However there were no records to support this. In addition the registered provider's recruitment policies did not reflect the regulations relating to employment checks for staff working with vulnerable adults. The acting manager told us the registered provider was aware of the need to update the recruitment policy. We could not conclude that enough improvements had been made to staff recruitment procedures.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Allegations of abuse were not always properly investigated. All staff had completed safeguarding training and described the arrangements for reporting any allegations of abuse relating to people using the service. However one member of staff had recorded an allegation of abuse made by a person using the service in November 2015. The allegation had been recorded in the person's care plan folder. This had not been reported to the acting manager and therefore had not resulted in investigation by management or a referral to the local authority with responsibility for safeguarding people.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Disclosure and barring service (DBS) checks had been carried out before staff started work. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Checks had also been made on applicant's health using a questionnaire.

There were sufficient numbers of staff to meet people's needs. The acting manager explained how staffing levels were maintained. They also described how funding for some additional one-to-one support was being explored for one person. People we spoke with told us there were enough staff to meet their needs. Staff we spoke with felt staffing levels were sufficient with one describing them as "ok". They also told us how the

individual needs of people in the home would be assessed before a member of staff would support a person living at the care home in the community for an activity or appointment. If needed staff support could also be used from other care homes operated by the registered provider in the local area. Agency staff is used on occasion and had been used recently to cover absences of night staff.

People's money was stored securely and there were appropriate systems in place to manage how their money was spent and protect people from financial abuse. Risk assessments had been completed where people were at risk of potential financial abuse.

Risk assessments were in place for people in all of the care files we looked at. For example for risks when swallowing medicines and for falling had been identified. These had been regularly reviewed, however they didn't always contain sufficient detail. For example people at risk of weight loss did not have an action for weight monitoring recorded.

We carried out a tour of the premises and noted the care home was warm, clean and well maintained. The safety of the premises was maintained through actions taken as a result of risk assessments. These ensured that people were protected from risks associated with electrical appliances, legionella and fire. Personal fire evacuation plans were in place for people using the service should they need to leave the building in an emergency.

People's medicines were managed safely. Medicines were stored securely and the temperature of the storage cupboard was monitored and recorded. Storage temperatures had been maintained within correct limits. At the time of our inspection there were no medicines in use requiring refrigeration. There were records of medicines being received into the home and being disposed of when required. There were no gaps in the recording of administration on the MAR charts. Detailed guidelines described in a personalised way how people liked to take their medicines. However we found one of these guidelines had not been updated in response to a change in the medicine a person was prescribed. In addition people's medicine guidelines were not dated. The acting manager was informed of the findings and agreed to remedy this. Individual protocols were in place for medicines prescribed to be given as necessary, for example to relieve anxiety. There were no people using the service who were keeping or administering their own medicines. The acting manager told us if the situation arose a risk assessment would be completed however they acknowledged that no risk assessment format currently existed for this.

## Is the service effective?

### Our findings

People who were assessed as being at risk in relation to diet and nutrition did not have the benefit of consistent monitoring of their weight. Risk assessments had been completed however these did not include weight monitoring as an action. Weight monitoring was in place for three people identified as being at risk of weight loss or eating an insufficient diet. However weights had not always been recorded as directed. Three people had plans for them to be weighed weekly. However records showed they had not always been weighed on a weekly basis or if they had not been weighed there was no record of a reason for this. There was also a practice of recording information in three separate places. This would not allow for a clear evaluation of people's care to take place because individual information was not easily available to retrieve.

People using the service were supported by staff who had received training and support for their role. Staff had received training in subjects such as handling medicines, fire safety and first aid. They had also received training specific to the needs of people using the service such as epilepsy, diabetes and positive behaviour management. They told us they felt the training provided by the service was enough for their role. Staff had regular individual meetings called supervision sessions with the manager or a senior staff. One member of staff told us they felt "very supported" by the team leader, they also described their supervision sessions as "very useful". Although the provider was registered with the Skills for Care training organisation this had not yet resulted in any staff starting the care certificate qualification for those new to the work of caring for people. We discussed with the acting manager how this would have been useful for one member of staff who did not have previous experience of providing care and support to adults.

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. The application procedures for this in care homes and hospitals are 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 were being met. An application under the DoLS had been authorised and although the provider was complying with the conditions applied to the authorisation, it had expired and therefore a referral for review was required. There was no evidence in the person's care plan folder that another application had been made. However the acting manager contacted the local authority and we were able to speak with them. They confirmed that an application for the person had been made and was being processed. The acting manager explained how they were currently reviewing all of the people at King Edwards House with regard to whether applications for DoLS authorisations should be submitted. Staff told us they had received training in the MCA and DoLS although their knowledge was variable.

People were regularly consulted about meal preferences. Minutes of individual meetings with people



showed how people were asked for their meal choices. The acting manager told us how over time, the main cooked meal of the day had changed from lunchtime to evening in response to people's wishes. People were offered breakfast at a time suitable for their individual daily routine. One person who did not eat red meat told us they were happy with the meals provided for them. Another person described the meals provided as "nice".

People's healthcare needs were met through regular healthcare appointments. People attended their GP surgeries, dentists and hospital appointments. People had health action plans and hospital assessments. These were written in an individualised style and a statement indicated that they may form part of each person's 'person centred plan'. These described how people would be best supported to maintain contact with health services or in the event of admission to hospital. We saw evidence of people attending health care appointments in the form of letters about hospital appointments and letters regarding referrals to health care professionals. People told us how they had visited their GP and attended other health care appointments.

## Is the service caring?

### Our findings

People were treated in a caring way by staff and spoken to in a respectful manner. Staff checked with people if they were happy for us to view their rooms when we looked over the home. When staff interacted with people they took time to explain actions and checked for preferences. Staff were respectful and caring in their interactions with people. People described staff as 'kind and caring'. We saw how arrangements were quickly made to offer pain relief to one person when in response to their need. Information was available about people's life histories and preferences for staff to refer to. This included information about how to respond to people if they became distressed. We saw how staff responded appropriately when one person started to show signs of being distressed. They were patient, waiting for the person to finish speaking before offering reassurance which was effective.

People were involved in decisions about how they spent their day and aspects of how the service was provided. Minutes of individual meetings with people demonstrated how they were able to express their views. Individual meetings had replaced group meetings which were found to have a poor attendance. People confirmed staff respected their wishes about how they spent their day. Records showed where people had been involved in reviewing their support plans and person centred plans with staff. People had communication passports in place. These enabled staff to understand people's individual methods of communication and respond appropriately. For example, one person's profile described how they would show boredom such as falling asleep in a chair or spending time in their room.

People told us about their use of advocacy services with one person meeting with an advocate once a week and another person who previously used the services of an advocate. Information about advocacy services had been available but had apparently been removed during recent redecoration. We brought this to the attention of staff who agreed to remedy this.

Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. When supporting someone with personal care they would ensure doors were closed allowing people their own space. We observed staff knocking on doors before entering rooms during our visit. Confidential information about people contained in their support plans was locked away under the control of staff. Staff also told us how they would promote people's independence in particular encouraging people to carry out tasks for themselves. One staff member described the success of encouraging a person to make their own drinks as opposed to staff making these for them. This had been a gradual process.

People were able to maintain contact with family members through visits at the care home or visiting family including overnight stays where appropriate. The provider information return stated "the service works closely with family and friends having an open door policy which supports family visits, accommodation, meals". Records showed evidence of on-going contact with some people's relatives.

## Is the service responsive?

### Our findings

People had support plans for staff to follow. These included 'pen pictures' consisting of a summary of important information about the person. Support plans were written in a personalised way and detailed records showed how people had been involved in reviewing their care plans. They included a record of issues important for each person including information about a person's preferences and how they enjoyed spending their time, such as "(the person) gets bored easily" and "(the person) likes going out with staff". Support plans had been kept under review with additional checks of some care plans undertaken through the monthly inspection visit by the acting manager. Monthly reports were completed about each person giving an overview of their current needs, support given, social activities and any accidents or incidents. Staff described the importance of personalised care and in particular giving people options and respecting their wishes. One member of staff described personalised care, "it's about the individual rather than treating everyone the same".

People were supported to take part in activities and interests both in the home such as arts and crafts and in the wider community such as shopping and visits to a social club. One person attended a college twice a week and spoke positively about this. Another person visited friends at another of the providers' care homes. There were also trips out to pubs, walks and group outings. Activities attended were recorded in people's support plans.

Improvements had been made to the environment of the care home since our last visit in response to people's needs and preferences. A sensory room had been developed which was suitable for the needs of one person and frequently used by them. In addition redecoration had taken place in downstairs communal rooms with colours chosen by people using the service. The dining table had also been moved to a more suitable location. When we spoke with people on the telephone one person was positive about recently moving to a larger room after it had been identified they were no longer happy in their existing room.

There were arrangements to listen to and respond to any concerns or complaints. The provider information return (PIR) stated "service users have access to complaint forms and are offered support if needed". Blank forms for recording concerns or complaints were readily available in people's care plan folders. Information explaining how to make a complaint was available in a format suitable for people using the service using plain English and pictures.

We checked on any recent complaints. A concern had been received from a representative of one person. Records showed an appropriate and swift response had been made to the concerns by the acting manager. This included arranging a meeting with the person's representative. As a result of the concerns action had been taken. Monthly inspection visits by the acting manager included a check on any new and a review of any existing complaints. People were also spoken with on these visits to check on their well-being.

## Is the service well-led?

### Our findings

At our inspection of December 2014 we found Deprivation of Liberty Safeguards (DoLS) had been put in place for two people using the service in 2014. The DoLS protect people in care homes from inappropriate or unnecessary restrictions on their freedom. However we had not been notified about the outcomes of the two applications made by the home. CQC monitors important events affecting the welfare, health and safety of people living in the home through the notifications sent to us by providers.

At the time of our inspection visit in May 2015 we had not received the missing notifications identified at our December 2014 inspection. The provider wrote to us and told us "Management are clear of their responsibility under regulation and requirement of notification. This will be monitored through audit on provider visits". Following this inspection we received the required notifications. However at this current inspection we found information that a person had made an allegation of abuse in November 2015. The acting manager was unaware of the allegation until we uncovered this at our inspection. We had not been notified of this allegation.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At the time of our inspection King Edwards House did not have a registered manager. The previous registered manager left in 2011. A previous manager had also submitted an application for manager registration but had left before the registration process had been completed. The acting manager had recently submitted an application for manager registration. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The management structure consisted of an acting manager who was responsible for managing King Edwards House. They were not based in the care home but at another home operated by the registered provider which they managed and they were also responsible for managing a third care home. A deputy manager had recently been appointed for King Edwards House although they were not present during our inspection visit. The home lacked a strong leadership presence. People we spoke with were positive about the acting manager but told us they only saw them "once a week" or "not very often".

People did not have the benefit of using a service which was effectively monitored, evaluated and improved. Provider monitoring of the service was not in place instead a monthly inspection visit was completed by the acting manager or a deputy manager from another care home and these were known as "provider visits". There was no other person with management responsibility who carried out these visits. The visits covered a range of areas including inspection of the premises, activities provided, menus and interviews with people using the service and staff. Reports included matters arising from visits and action to be taken with deadlines for completion.

The 'provider visits' had been used as a substitute for the direct management of King Edwards House. These visits had failed to address the shortfalls in compliance identified in this report, some of which were continuing shortfalls. We had not found significant improvements since our inspection in December 2014 and breaches of regulations have continued. There had been no attempt to develop more robust staff recruitment practices with neither policy nor practice reflecting the requirements of the relevant regulation. In addition a breakdown in communication between staff at King Edwards House and the acting manager had resulted in an allegation of abuse not being properly investigated, reported to the local authority or notified to CQC.

Previously satisfaction surveys had been sent to people using the service, their relatives and relevant health and social care professionals on an annual basis. We were told that satisfaction surveys had been sent out during 2015 however these and the results of the survey could not be located during our visit. Therefore we could find no evidence that feedback was acted upon to evaluate and improve the service.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we visited on 13 May 2015 we asked the manager for the recruitment files for two staff recently employed by the service. These could not be found therefore we were unable to check if the breach of regulation had been met. The registered person had not operated effective systems to ensure that records relating to staff had been maintained. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection staff recruitment files were quickly produced on request and contained information relating to the recruitment and employment of staff.

Staff told us regular staff meetings took place. The minutes of the November 2015 meeting included discussion about new management arrangements, completing people's monthly reports and reminders about the administration of people's medicines. Staff we spoke with were positive about the management of King Edwards House.

Staff demonstrated an awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered person had not notified the Commission of an allegation of abuse which occurred whilst services were being provided in the carrying on of a regulated activity.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  An allegation of abuse made by a person using the service had not been investigated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The registered person was not operating effective recruitment procedures because they did not ensure all the information specified in Schedule 3 was available.

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 registered person had not operated effective systems to ensure the monitoring and improvement of services.

**The enforcement action we took:**

Warning Notice.