

Kingsway (Clayton House)

# Kingsway Clayton House Residential Care Home

## Inspection report

Clayton House  
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Date of inspection visit:  
16 February 2022

Date of publication:  
12 May 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Kingsway Clayton House Residential Care home is a care home providing personal and nursing care. At the time of the inspection ten people with learning difficulties and autism were being supported at the service. The service can support up to 16 people.

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

Based on our review of key questions Safe and Well Led the service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

### Right Support

People had support to pursue their interests in a meaningful way. Although this was a larger than recommended service under the right care, right support, right culture principles, people were supported to undertake activities in an individualised and meaningful way. They were able to personalise their rooms and spend time in different areas of the service as they wished to.

Staff supported people with their medicines to achieve the best possible health outcome. Medicines were managed safely.

Staff enabled people to access healthcare in the community and were supported to maintain their own health and wellbeing.

Safeguarding processes at the service had been improved and had resulted in better management of people's finances, and people's positive behavioural plans were used effectively to provide good outcomes for them. Risks to people's safety were reviewed and measures were in place to safely support people.

People at the service were all able to verbally communicate with staff and make their needs known.

### Right Care

People's support plans were individualised and contained personalised details of the support people required.

Staff were trained so they understood how to protect people from poor care and abuse, and support people's differing needs.

There was information on display at the service in formats accessible for people living there about safeguarding and whistleblowing.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

### Right Culture

There had been improvements to the governance arrangement at the service, resulting in better oversight of people's care since our last inspection. However, the arrangements were a temporary measure and further

arrangements were required to ensure the long-term oversight of the service was maintained. The service was being run by the deputy manager and office manager. They had the support of a family member of the provider, and a consultant employed by them. The provider's family member recognised the arrangements needed to be formalised and was working to address this.

Feedback on their care was obtained from people and there was evidence on how the service promoted improvement or acted on people's views.

People were supported by staff who knew them well and the staff turnover was low which had a positive effect on the people living at the service

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update.

The last rating for this service was requires improvement (published 15 December 2021) The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. We carried out an unannounced focused inspection of this service on 3 November 2021.

Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding people and governance of the service.

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.

Enforcement

We have identified a breach in relation to Regulation 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was not meeting the requirements of their registration as due to ill health they were not able to fulfil their duties as registered provider at this inspection.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Requires improvement. 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 Kingsway Clayton House Residential Care home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).



## 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 well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Kingsway Clayton House Residential Care Home

## **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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 service was inspected by one inspector.

#### Service and service type

Kingsway Clayton Residential Care home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kingsway Clayton is a care home without nursing care. 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. However, the registered manager was absent from the service for over 28 days at the time of the 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. 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.

We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including, the deputy manager, the office manager, and four care staff.

We reviewed a range of records. This included three 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 were reviewed.

After the inspection

We continued to interrogate records and seek clarification from the service 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.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider's processes had exposed people to the risk of financial abuse, and there were times when punitive approaches to people's behaviour were used unnecessarily. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements to safeguard people from abuse and the provider was no longer in breach of this regulation.

- People were protected from the risks of abuse.
- The systems and processes in place to manage people's finances were robust and staff were all aware of and used the new processes effectively.
- Staff had received training in supporting people in a positive way using people's positive behaviour plans to support them in an individualised way dependent on their needs. Records of minor incidents when people had become distressed, showed how staff had supported people in a positive way, deescalating incidents and showing empathy towards people.
- Staff told us the update training had been useful, they showed good knowledge of the types of abuse people could be exposed to and what they should do if they found evidence of abuse. One member of staff said, "I would expect the same care for these people as I would my own family."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At our last inspection the provider had failed to review and learn from incidents. This exposed people to the risk of reoccurrence and consequent harm. This was a breach of Regulation 12 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements in the way incidents were managed and recorded by staff and the provider was no longer in breach of this regulation.

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- Staff showed good knowledge of the people they supported. However, the deputy manager was in the process of reviewing people's risk assessments and acknowledged there was further work to be carried out. Two people's care plans had updated information on long term health needs and the risks to their safety related to these health needs. However, another person had an increase in falls due to their mobility needs and the actions taken to safely support the person were not clearly recorded in their care plan. The deputy



manager acknowledged this and addressed the concern.

- Staff used their handover process to ensure incidents or accidents were discussed and staff were aware of how incidents had been managed to support good ongoing practices.

#### Staffing and recruitment

- People were supported by adequate numbers of staff who had received training for their roles.
- On the day of our inspection a member of staff had rung in sick due to COVID 19, there had been a few staff affected by COVID 19 in the previous month, but people were still well supported by staff. The deputy manager told us they would back fill where needed and the staff we spoke with told us they worked hard as a team to ensure people at the service were safe. All the staff we spoke with told us they were a strong team who supported the people at the service and one another.
- People were supported by staff who had been recruited safely. The Disclosure and Barring Service (DBS) had been used to make checks on any convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People were supported with administration of their medicines in a safe way.
- Staff had up to date training in handling medicines safely, medicines were stored safely and in line with legislation and manufacturer guidance.
- People's medicine administration records (MARs) showed their picture, individual guidance for medicines which were administered on an as required basis and any allergies. There were regular audits of medicines and the deputy manager had good oversight of the management of medicines.

#### Preventing and controlling infection

- 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 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 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.

#### Visiting in care homes

- The staff at the service were facilitating visiting arrangement for people in line with government guidance.

# 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 Inadequate. At this inspection the rating has changed to Requires improvement. This meant the service management and leadership was inconsistent.

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

- There were no arrangements for a person to legally act on the provider's behalf. Due to long term personal health-related reasons, the provider could not oversee regulated activities taking place. The provider's family member recognised a person needed to be legally responsible for service delivery; however, arrangements had not been formalised at the time of writing.

This was a breach of Regulation 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we last visited the service, the provider had failed to ensure effective oversight and governance of the service. This had created additional risks to the safety and effectiveness of service provision and was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. At this inspection while we saw there were enough improvements to show the provider was no longer in breach of this regulation, there were still areas which needed improvement to provide consistent leadership at the service.

- Although governance arrangements were a temporary measure there had been improvements in the governance processes resulting in better oversight at the service. However, the absence of the registered manager due to ill health and the concerns recorded above showed further arrangements were required to ensure the long-term oversight of the service was maintained.
- The deputy manager had a good oversight of her responsibilities and had completed quality audits for areas such as the environment, care plans and medicines. They sent results of the audits to the provider's family member on a monthly basis. They had identified areas for improvement on their audits and undertaken actions to address these areas. For example, they were aware of the need to update risk assessments in care plans and had a plan in place to complete these.

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

- People were supported in a person-centred way.
- There had been changes made to staff's approach to people and their care, supported by further staff training in managing people's behaviours, recording of incidents and work on people's positive behaviour plans. These changes had resulted in positive outcomes for people.
- On the day of our inspection we saw several personalised positive interactions between people and staff.

People who wished to, were taking part in creative activities, others were able to spend time in the communal areas or their rooms as they chose.

- The information in people's care plans was written in a person-centred way and the positive behaviour plans were being used effectively to support people's daily activities. People we spoke with told us they were happy at the service and many of them had lived there for several years.
- The deputy manager had started to undertake spot checks on staff practice and regular discussion of incidents had resulted in staff working together in a positive way to support people.

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

- Since our last inspection we have received most statutory notifications in line with the provider's legal requirements. However, the deputy manager had recently completed several applications for the Deprivation of Liberty safeguards (DoLS) for people at the service. They told us they had not sent in the statutory notifications for these but would address this as soon as possible. Following our visit these were received. As is also required by law a copy of the last inspection rating was displayed at the service.
- There was a duty of candour policy in place and the deputy manager was aware of her responsibility to follow the policy when dealing with any events at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People and staff were engaged in the running of the service and the staff worked with health professionals to support people's healthcare needs.
- People and relatives were able to give their views on the service via meetings and questionnaires. We saw actions had been taken when the staff received feedback from relatives. For example, one relative had highlighted on their questionnaire they were not aware of the complaint's procedure and a copy of the procedure was forwarded to them
- The deputy manager had started to have supervision meetings with staff and although the recent COVID 19 outbreak among staff had slowed their progress, they had a spreadsheet and programme they were working to. Staff we spoke with told us the deputy manager and office manager were both approachable and listened to them. Staff felt supported and one member of staff said, "Yes [deputy manager] knows what they are talking about. [Deputy manager] is available to talk to and things are getting done."
- Staff worked with health professionals to ensure people were supported if there were changes to their needs. For example, one person had fallen due to changes in their mobility. The staff had followed advice from health professionals on aids to support the person.