

Kent House (Select) Limited

Royal Park

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Royal Park is a care home that provides both short and long-term placements for up to 22 people with needs related to neurological conditions, a brain or spinal injury as well as artificial ventilation and tracheostomies. At the time of the inspection 22 people were living at the home.

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

People did not always receive safe care as care plans in place were not always followed. Care plans in relation to emotional distress did not always have the detailed guidance needed for staff to follow. When people had individual risk, these were not always managed in a safe way to ensure people received the support they needed.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The systems in place were not also effective in identifying all areas of improvements. Systems were often disorganised, and it was difficult to find information about people as this was not stored or recorded together. Concerns had been identified with the systems however insufficient action had been taken.

There were systems in place to manage medicines, these were followed, and people received medicines when needed. Infection control procedures were followed and implemented. People were protected from potential abuse and when needed action was taken. There were enough suitable training and recruited staff to support people when needed.

Staff felt supported and listened to and people had the opportunity to be involved with their care and raise any concerns. There was evidence lessons were learnt when things went wrong. People had assessments in place which identified their needs so that care could be provided. People enjoyed the food and were offered a choice; people's dietary needs were considered. People had access to health professionals when needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 25 May 2019)

Why we inspected

We received concerns in relation to tracheostomy and percutaneous endoscopic gastrostomy (PEG) care. We also received concerns that related to urine infections. As a result, we undertook a focused inspection to review the key questions of safe, effective well-led only.

The overall rating for the service has changed from good to requires improvement based on the findings of

this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Royal Park on our website at www.cqc.org.uk.

Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to how people's safety was monitored, how people were supported with capacity and consent and the systems that governed the home.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led
Details are in our well-led findings below.

Requires Improvement ●

Royal Park

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 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 one inspector and a specialist advisor. The specialist advisor was a nurse.

Service and service type

Royal Park 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. Royal Park is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was 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 our last inspection, including notifications the provider had sent to us. We also gathered feedback from the local authority and other health professionals who had attended the home.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do 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 of this information to plan our inspection.

During the inspection

We spoke with four people living in the home. We looked at the care records for seven people. We also spoke with the registered manager, clinical lead, nursing and care staff. We checked that the care they received matched the information in their records. We also observed the care people received in communal areas. We looked at records relating to the management of the service, including audits carried out within the home.

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 good. At this inspection the rating has changed to 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.

Assessing risk, safety monitoring and management

- Individual risks to people were not always managed in a safe way. For example, when people had catheters in place their fluid input and output was not being monitored. This placed people at an increased risk of harm.
- We found another person had a detailed care plan in place to manage their diabetes. This stated their bloods sugars should be taken twice a day. Although the nurse on duty was aware of this, these were not consistently being documented and therefore we could not be assured were being completed.
- When people used pressure relieving mattress, we found these were all at the same setting. There were no assessments completed to identify what the settings should be for individuals. This placed people at an increased risk of developing sore skin.
- When people displayed periods of emotional distress, there was no clear guidance, care plans or risk assessments to show how to support people during these times.

Individual risks to people were not always managed in a safe way. The actions included in care plans to keep people safe were not always followed. This placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they would take action to resolve the concerns we found during our inspection.
- When incidents and accidents had occurred within the home, these had been reviewed. The registered manager had considered how risks to people could be mitigated in the future and care plans and risk assessments had been updated to reflect this.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the home. One person said, "I am safer here than when I was at home, the staff look after me they would never hurt me, there are procedures in place for those sorts of things."
- We saw there were procedures in place to ensure people were protected from potential abuse. When concerns had been identified these had been investigated and reported so where needed action could be taken.
- Staff had received training and understood when people may be at risk of abuse. One staff member told us, "Safeguarding is protecting people from all types of abuse or reporting things we are concerned about." They told us how they would report their concerns and were confident the registered manager would take action when needed.

Staff and recruitment

- People told us, and we saw there were enough staff available to support them. One person said, "There is always a staff member about if I need one, I never wait very long for anything." Staff we spoke with also felt there were enough staff.
- We saw when people needed support this was provided for them in a timely manner. We saw when people pressed call bells for support staff responded to these promptly.
- There was a dependency tool in place which calculated the amount of staff that was needed in the home. This tool took into consideration people's individual needs. We saw there were the correct amount of staff available based on this tool.
- We saw staff had received the relevant pre employment checks before they could start working in the home, to ensure they were safe to support people. There was also a system in place to ensure nurses had the correct up to date qualifications.

Using medicines safely

- People told us they received their medicines as prescribed and raised no concerns. One person said, "I always have my tablets in a morning when I get up the nurses are very good."
- Medicines records we reviewed showed medicines were administered to people when needed and in a safe way. Medicines were also stored safely.
- When people were prescribed 'as required' medicines there were detailed protocols in place to ensure staff had the information to administer these medicines when people needed them.
- Staff had completed training to ensure they were updated and safe to administer medicines. Staff also received regular competency checks in this area.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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

- There were no restriction placed on visiting and visitors could access the home freely.

Learning lessons when things go wrong

- There were examples of how lessons were learned when things went wrong. A lesson learned board had been introduced and was displayed within the home, this had reflected on incidents that had occurred within the home, action they had taken and changes they would make in the future.

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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

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

- It was not always clear from the information provided where people lacked capacity to make their own decisions. For example, we were told one person did not have capacity to make their own decisions in all areas, however there were no capacity assessments in place to support this. This placed people at risk of not receiving the correct levels of support to make decisions.
- When capacity assessments had been completed, this had not included the area that was being assessed and there was no evidence to show how the decision had been made. Furthermore, we did not see any best interest decisions in place for people.
- We saw some people had DoLS authorisations in place however they had not considered all restrictions that had been placed upon people. For example, when people used bedrails or were in receipt of 24 hours support. This placed people at risk of being unnecessarily restricted.
- There was a lack of understanding from the registered manager. They told us one person lacked capacity to make their own decisions. We asked to see a copy of the capacity assessment we were told they had referred the person to the DoLS team for this. This is not the correct procedure to follow. Other staff we spoke with understood capacity, consent and what this may mean for people.

The home was not always working within the principles of MCA. This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We found some concerns with how people's health was managed and have reported under safe. When people needed access to other health professionals, we saw this was provided for them. For example, one person had been identified as losing weight, action had been taken and this person had been referred to the dietician for support. There were also evidence people were reviewed by the GP and had access to emergency health support when needed.
- People's oral health care was assessed to ensure people received the support they needed. People had individual plans in place for this.

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

- People's needs were assessed before they started using the service. This considered people's gender, culture and religion. These assessments were used to develop individual care plans and risk assessments for people.
- People's physical and health needs were also assessed and considered.
- People and those important to them were aware care plans were in place and felt involved with their care.

Staff support: induction, training, skills and experience

- People felt staff had the relevant training to support them. One person said, "They are all very good the staff they know what they are doing with the equipment and things. They do have training because they tell me about it."
- Staff had the opportunity to attend training. This included mandatory training such as safeguarding and training that was specific to individuals needs including tracheostomy care and epilepsy. Staff we spoke with told us the training was of good quality and helped them support people in a safe way. One staff member said, "Although the nurses deal with the care it helps us to have an insight so we know what to look out for and we can alert them quicker if we are concerned about anything."
- There was an induction process in place for new starters. This included training and the opportunity to shadow more experienced staff whilst getting to know the people they were supporting.

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

- People enjoyed the food available and the atmosphere was relaxed. One person said, "The food is always nice, hot and there is always something I like." We saw there was a choice of meals available for people. People had hot and cold drinks available on tables beside them and these were frequently replaced throughout the day.
- When needed people received support to eat and drink and staff took time with people and this was not rushed.
- People's dietary needs had been assessed. There were care plans in place identifying any needs people had in relation to eating and drinking, including when people were on soft or pureed diets. We saw these meals were provided for people in line with this guidance.

Adapting service, design, decoration to meet people's needs

- The home was clean and odour free. One person said, "It's a lovely clean home, nice, there is plenty of space so that's good."
- We saw the home had been adapted to meet people's needs. There were large lifts so people could access all areas of the home, the corridors and communal areas were wide and spacious to allow wheelchair access.

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 good. At this inspection the rating has changed to 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.

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

- Some of the systems in place lacked organisation and clarity, this placed people at risk of not receiving the care they needed. Some information was stored on the electronic system and some was paper, information that related to a person was often not stored together. For example, one person had a catheter. In one paper file it was recorded when their catheter had last been changed. The clinical lead had to sort through the electronic care plans to tell us when the catheter was next due to be changed. No one was able to tell us the date when this was due. The registered manager later told us this was recorded in the diary. We checked the diary and it was documented. This took several hours to resolve, and should it have been an emergency, staff would not have had the information available promptly.
- The registered manager told us they had identified systems in place were not working and had discussed this with the operations manager and the company responsible for the electronic system. However, they had failed to take sufficient action to protect people from avoidable harm prior to a solution being found.
- The audits completed had not identified all areas of concerns, for example there was no audit completed that covered MCA, so it had not been identified capacity assessments and best interest decisions were not in place for people. Audits had also failed to identify, people's fluid were not being monitored, pressure mattress assessments had not been completed and blood sugar levels were not consistently being recorded in the home.

There was insufficient oversight on the service and the measures in place were not always effective in identifying areas of improvement. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other audits in place were effective in identifying concerns and areas of improvements. For example, the medicines audit had identified when medicines were not being dated when opened, there was a lesson learnt exercise completed for this and medicines were now dated.
- When incidents had occurred within the home, this information was reviewed. Trends and analysis had been considered, which identified where the incident had occurred and at what time, to consider if any changes needed to be made.
- We had been notified about events that had happened within the service when needed.
- Staff understood their roles and responsibilities and there were clear lines of delegation.

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

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

- People liked the home and living there. One person said, "I do like it here I am very happy. The staff are kind and helpful, they always have kind words and never come across as unhappy even though we know sometimes they might not be, I think that's lovely."
- People told us, and we saw they were involved with their care. We saw reviews had taken place and people had the opportunity to be part of these.
- Feedback was sought from people who used the service. This was displayed within the home so people could see the action that had been taken. People and relatives also had the opportunity to attend meetings within the home.
- Staff attended supervisions and team meetings so they could share their views. Staff felt supported and listened to. One staff member said, "I would have no problems raising a concern, the management team have been very good with me."

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. Working in partnership with others

- Duty of candour requirements were understood and met by the registered manager.
- When incidents or areas of concern had happened in the service, the service was open and transparent and had shared this with the relevant people.
- The service worked closely with other agencies to ensure people received the care they needed.

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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The home was not always working within the principles of MCA.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Individual risks to people were not always managed in a safe way. Actions taken to keep people safe were not always followed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There was insufficient oversight on the service and the measures in place were not always effective in identifying areas of improvement. This placed people at risk of harm.