

Moundsley Hall Limited

Kensington House

Inspection report

Moundsley Hall Care Village
Walkers Heath Road
Birmingham
West Midlands
B38 0BL

Date of inspection visit:
22 June 2021

Date of publication:
26 July 2021

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Kensington House is a residential care home providing personal and nursing care to 24 people aged 65 and over at the time of the inspection. At the time of the inspection nursing care was not being provided. The service can support up to 30 people.

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

People were protected from the risk of abuse and care staff knew how to identify and report any concerns. People's risks associated with their care and support had been identified and staff knew how to provide care safely. People received their medicines as needed and these were managed by care staff. The provider updated the controlled register following the inspection in line with best practice guidance. There were enough staff to give people the care and support they wanted or needed.

People's care needs had been identified and reviewed. Care staff were trained and supported in the role so they were able to provide the care people needed. People liked the meals offered and where needed were assisted by care staff to maintain a healthy weight. Health and care professionals had been in contact and advice followed to promote their care needs.

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.

There was a clear management team in place who people and staff knew and trusted. The registered manager made regular checks to make sure people were happy with their care.

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 requires improvement (published 16 August 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 23 January 2019. Two 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 and good governance.

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, effective and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. 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 Kensington House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Kensington House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Two inspectors, a nurse specialist advisor and an Expert by Experience completed this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Kensington House a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with four members of staff including the provider, registered manager, care workers, and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four 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 seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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 had failed to notify CQC of all safeguarding allegations. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission Registration Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 and was submitting the required notifications.

- People were provided with safe care. Care staff understood how to report and recognise signs of possible abuse.
- Relatives were confident their family members were safe and cared for. One relative told us, "They're very good to him, they always make sure he's ok."
- The registered manager had recorded and report any suspected allegations of abuse to the local authority and CQC.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people as not all environmental safety checks had been completed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider now had a system in place to check and monitor the environment. The provider now completed legionella risk assessment, and gas and electrical safety checks had been completed.
- People care risks, such as falls or nutrition had been identified and assessed by the management team and measures were in place to manage people's risks.
- Risk assessment had been completed and care staff used this information to inform their care tasks.
- The registered manager frequently reviewed people's risk assessment to make sure they remained current and reflected any changes to those risks.

Staffing and recruitment

- People received care without delays and care staff were available to support people as and when needed. One person told us, "I always chat to them (care staff)."

- Care staff had time to support people without rushing and spent time chatting with people in the communal area.
- The provider made recruitment checks when new care staff were employed. The provider agreed to review the DBS policy in relation to when these are needed to be reviewed in line with best practice guidance.

Using medicines safely

- People were supported to receive their medicines safely and as expected, by care staff who had been trained. Medicines were stored securely and records maintained to show when and who had administered them.
- The care staff recorded when these had been administered and checked the stock levels were correct. One relative told us, "They (care staff) bring it round every day to him and wait until he takes it."
- The provider had not completed the controlled drugs (CD) register in full. Following our inspection, the registered manager confirmed this had now been corrected.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured 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 in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager reviewed all accidents and incidents to further support people's care.
- People's care needs were reviewed individually where needed, or lesson learned shared with the staffing team.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we recommended the provider ensures people's records evidence how the principles of the MCA are followed. The provider had made improvements to people's records.

- People who required a capacity assessment had been supported by a recorded assessment which included people's thoughts, feelings and wishes had been considered. One relative told us, "[Person] has always been immaculate. She would tell them what she wants to wear."
- The registered manager best interest decisions allowed the person to have the least restrictive choice.
- The registered manager had identified people as having their liberty restricted and the appropriate application had been made.

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

- People received an individual care assessment on moving to the home which looked at level of support and personal information required. Risk assessment, linked to care plans to ensure the person's needs could be met and had been reviewed.
- The registered manager kept up to date with professional guidance and
- People's information was frequently reviewed to ensure it continued to reflect the person's needs.

Staff support: induction, training, skills and experience

- New staff worked alongside an experienced staff member as part of their induction. This helped them in getting to know the home and people and further understand their role.
- Training and support was available to staff to maintain and reflect on updated practices.

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

- People enjoyed their meals and had a choice of meals. One person told us, "The food is good, I have not had a meal yet I don't like." Care staff support people where needed.
- Care staff knew who required support at meal to reduce the risk of malnutrition. Where required referrals to dieticians had been sought.
- The chef knew people's individual needs and preferences, including where people needed alternative diets, such as softer food. One relative told us, "They monitor their weight and how much food they are having."

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

- People had been supported to access outside health profession to promote good health, such as doctors and opticians.
- The management team knew who to contact if people needed other support, such as social workers and occupational therapist.
- Care staff supported people to attend outside appointments and shared relevant information with other health and social care professionals where needed.

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

- People had open access to a large communal space on the top floor of the home, with a smaller lounge with garden access on the ground floor.
- There were lifts to support people to move between the floors and redecoration was planned throughout the home.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to submit notifications and audits had not identified issues found at the last inspection. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager had completed regular audits of the care people received. This showed people's care needs were being met in line with their care plans.
- There was a clear management structure in place who had now made regular checks to ensure people received their care in a safe environment and took action where needed to make improvements. One relative told us, "It appears to be very well managed, there seems to be systems in place."
- The provider and registered manager had notified the CQC and other professionals as needed.
- All staff understood their role and responsibilities and how best to provide people's care. One care staff told us, "The manager is really good, I could go to her with a problem. We have the handover and she comes in on them often."
- Staff recording any care provided, which had then been reviewed by the registered manager to see how people's care had been delivered. Care staff had been regularly been observed by senior staff to ensure they were delivering good quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were comfortable in their home and told us they were happy living at Kensington House and enjoyed the company of care staff who supported them.
- People had the opportunity to provide feedback on their care and had been asked about their environment, food and entertainment.
- Relatives had been included and were involved in supporting their family members. One relative told us, "It always seems quite efficient whenever I need to speak to the manager, she will always talk to me."

- The management team were available to people, staff and relatives and told us they wanted to be approachable and promoted an inclusive environment. The registered manager listened to feedback from people, staff and relatives. One relative told us, 'They'd take it on board (feedback) and see what he wanted.'

Continuous learning and improving care; Working in partnership with others

- The provider kept reviewing any services and where needed made changes to make improvements. Improvements had been made since the last inspection in relation to environmental checks and mental capacity assessments. One example was a change to medication delivery to reduce waiting times.
- The registered manager had developed good working relationships with GPs and other local professionals.
- The registered manager worked closely with the general manager and linked with internal and external networks. They used various sources to ensure the care was in line with current best practice. This included information from other professional organisations relevant to the needs of the people who used the service.