Kevindale Residential Care Home

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Inspection report

Kevindale
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Craven Arms
Shropshire
SY7 0NT

Tel: 01588660323

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Kevindale Residential Care Home is a care home providing support with personal care needs to a maximum of 14 older people. Accommodation is provided in an adapted building at ground floor level. At the time of the inspection, 14 people were using the service.

People's experience of using this service and what we found
The provider had failed to protect people against the risks associated with fire safety, scalding and legionella. Environmental audits were not being carried out to ensure that risks to people were minimised.

The provider's procedures for the management and administration of people's medicines needed some improvements.

Infection, prevention, control procedures did not fully protect people from the risk of infection.

People were at risk of not receiving a service which met their needs and preferences.

The service was not effectively managed and the systems in place to monitor the quality and safety of the service provided were not always effective.

Staff knew how to recognise and report any signs of abuse. People told us they felt safe living at the home and with the staff who supported them.

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

Rating at last inspection
The last rating for this service was good (published October 2019).

Why we inspected
We identified concerns at recent inspections of two of the provider's other services in relation to safe care and treatment and good governance. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

Enforcement
For enforcement decisions taken during the period that the 'COVID-19 – Enforcement principles and decision-making framework' applies, add the following paragraph: 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 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 safe care and treatment, staffing, fit and proper persons employed and good governance.

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

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

Follow up
We will request an action plan for 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 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 not always safe	**Requires Improvement**
Is the service well-led? The service was not always well-led	**Requires Improvement**

Kevindale Residential Care Home

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
This inspection was carried out by two inspectors.

Service and service type
Kevindale Residential Care Home is 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. The registered manager is also the provider. This means that they 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with three people who used the service about their experience of the care provided. We spoke with four members of staff which included the provider, who is also the registered manager, a senior carer and two care staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service, including policies and procedures and quality monitoring were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We requested evidence to demonstrate that fire safety and risks associated with legionella had been fully assessed. This was sent to us by the provider following the inspection.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- The provider had failed to protect people against the risks associated with fire safety, scalding and legionella. Environmental audits were not being carried out to ensure that risks to people were minimised.
- The provider was unable to produce evidence of legionella checks or risk assessments and they were unable to produce an up-to-date fire risk assessment. This placed people at risk of harm.
- The last weekly fire alarm test was recorded as 5 February 2021 and the document for recording monthly tests on the emergency lighting systems was blank.
- Monthly checks on bath and shower hot water outlets were not being carried out to ensure temperatures remained within safe limits and to protect people from the risk of scalding.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety or risks were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection. In response to our concerns they arranged for a fire safety audit and legionella risk assessment to be carried out. Documented evidence was sent to us after the inspection.

- Care plans contained risk assessments which included nutrition, falls, damage to skin and moving and handling. Where risks had been identified, a care plan was in place detailing how to manage and mitigate risks to people.

Preventing and controlling infection

- There was a daily cleaning schedule in place which had been updated since the COVID-19 pandemic. However, no entries had been completed since 12 February 2021.
- Bins provided for the disposal of personal protective equipment (PPE) were not foot operated. This increased the risk of the spread of infection.
- Staff told us they had not received updated training in infection, prevention control since the beginning of the COVID-19 pandemic. This meant they may not have the skills to ensure people were fully protected.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate infection, prevention, control procedures were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care

Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
● The provider failed to ensure people were protected by their procedures for staff recruitment.
● In two of the staff files we looked at the provider had failed to obtain a reference from the staff members last employer. This meant they could not be sure of their previous conduct or suitability to work at the home.
● Staff application forms only requested details of five years employment history. A full employment history would enable the provider to explore any gaps in employment.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people were protected by the provider's recruitment procedures. This is a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider failed to ensure staff were skilled and competent in their role.
● Staff did not receive regular supervisions to discuss their performance and the provider was not carrying out competency assessments on staff to monitor their skills. This was confirmed by the records we looked at and the staff we spoke with.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people were supported by staff who were skilled and competent in their role. This is a breach of regulation 18(2) (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely
● The medication profile sheet for one person stated their preferred way of taking their medicines was for staff to place them in their hand. We were informed by the senior carer that this was incorrect as the person had their medicines covertly.
● The provider was able to demonstrate the use of covert medicines had been agreed by the person's GP after discussions with staff and family members who knew the person well.
● Protocols for the administration of as required medicines had not always been updated when changes occurred. For example, one person had an as required protocol in place for paracetamol, but this was not recorded on their medication administration record (MAR). The senior carer told us the person no longer took the medicine.

Learning lessons when things go wrong
● Records of any accidents or incidents were maintained and the provider had recently introduced audits to monitor any traits and reduce the risk of the accident happening again.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe living at the home and with the staff who supported them. One person said, "The staff are lovely and I feel safe here."
● Staff knew how to recognise and report any signs of abuse and they told us they would not hesitate in reporting concerns to ensure people were safe. One member of staff told us, "I would inform the manager and you (CQC). I wouldn't stand for it."

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- The provider's systems to monitor and improve the quality and safety of the service provided were not always effective as they had failed to identify the shortfalls we found at this inspection.
- The provider was not carrying out any audits on staff or service user records or audits on medicines, fire safety, legionella or infection, prevention, control. This meant risks to service users were not considered or mitigated.
- The provider failed to follow safe recruitment procedures by not obtaining references from a previous employer to confirm their conduct and suitability to work at the home.

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

- Staff were not provided with opportunities to discuss their role or performance through regular supervision sessions.
- The provider failed to ensure staff were appropriately trained or skilled in their role as they did not complete assessments of their competency.
- There were no systems in place to ensure staff received refresher training when it was due.

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

- The provider failed to ensure service users were involved in planning and reviewing the care they received.
- People were not provided with opportunities to express their views on the service they received through regular surveys.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety or the quality of the service provided was effectively managed. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Where accidents had occurred we saw the provider had informed the person's family where appropriate.

● In accordance with their legal requirements, the provider had notified us of significant events which had occurred in the home.

Working in partnership with others

● Staff told us they had good support from visiting professionals such as doctors and district nurses.

● Care plans showed that people saw other healthcare professionals to meet their specific needs. For example, speech and language therapists.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met: People who use services and others were not protected against the risks associated with fire safety, scalding and legionella. Environmental audits were not being carried out to ensure that risks to people were minimised. Regulation 12(1) & 12(2) (a), (b), (d) People who use the services and others were not fully protected against the risks associated with infection, protection and control. Regulation 12(1) & 12(2) (h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services were not protected from risks because the provider's systems for monitoring the quality and safety of the service were not always effective in identifying shortfalls. Regulation 17(1) & (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who use services were not protected from risks associated with staff recruitment. Regulation 19(1)(a) & (b) & Regulation 19(2) & (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People who use services could not be confident staff had the training, skills and competence to meet their needs. Regulation 18(1) & 18(2)(a) & (b)