

Kingly Care Partnership Limited

Kingly House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Kingly House provides accommodation for up to 17 adults with acquired brain injuries and neurological conditions. The staff team includes occupational therapists, a speech and language therapist and a physiotherapist to assist people with their support and rehabilitation. There were 16 people using the service at the time of our visit.

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

People's care and support needs may not always be met in a timely manner due to the high use of agency staff. This was because they didn't know people well and were unable to provide them with the same care regular staff could. A number of people commented on how the inconsistent use of regular staff affected the quality of the service.

People felt well cared for and staff had a caring and compassionate approach to those they were supporting and people felt confident in raising their concerns and that they would be investigated.

People felt safe at Kingly House and staff protected them from avoidable harm. People received their medicines safely and were protected from the risk of infection.

Regular staff had the skills and experience to support people and staff were recruited safely and had good training to support their role.

People had comprehensive care plans in place however, documentation within them didn't always correspond, providing inaccurate information to the reader. This compromised the support provided by agency staff. Risks to some people's health were compromised by the lack of monitoring of their assessed risks.

Regular staff knew people's health needs and ensured they received treatment from the necessary health professionals to keep them well.

People's nutritional needs were met with food plentiful and well balanced. The environment was homely and plans to improve the décor and presentation of the service had begun.

Staff gained consent from people prior to delivering care. 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.

People were provided with a comfortable and homely place to live. A refurbishment plan was in place to improve the environment for people.

The service was without a registered manager therefore the providers operations manager was acting as manager. The overall monitoring of the service was not robust, and some monitoring had not yet been put in place.

Staff meetings and meetings for the people using the service had been held, though records of these were not always available. The management team worked in partnership with others for the benefit of the people using the service.

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 outstanding (report published 2 August 2017).

Since this rating was awarded the provider has changed its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected:

The inspection was prompted in part due to concerns received around staffing levels and the overall management of the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led section of this full report.

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

Enforcement:

We identified a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to Staffing. Details of the action we have asked the provider to take can be found at the end of this report

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Kingly 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.

Inspection team

The inspection team consisted of two inspectors and an expert by experience. 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

Kingly House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our visit the service was without a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The providers operations manager was acting as the manager.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 26 July 2019 and ended on 27 July 2019.

What we did before the inspection

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 reviewed information we held about the service such as notifications. These are events which happened

in the service the provider is required to tell us about. We sought feedback from the local authority and clinical commissioning group who monitor the care and support people received.

We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included two 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.

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.

Prior to the inspection we received concerns regarding staffing numbers in the service.

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.

Staffing and recruitment

- Not all the staff we spoke with felt there were enough staff on duty to meet people's needs One said, "There's not enough staff." Another said, "We need more staff, staffing is the only thing that lets us down." A further staff member said, "Staffing levels can be difficult, a lot of regular staff have left but agency staff come in." However, a fourth member of staff said, "Staffing levels are good."
- Regular staff told us agency staff could not always support people into the local community as they did not know people's needs well enough to support them safely.
- During our visit we overheard a person asking to go out to which the staff member replied, "It won't be any time soon, I'll try my best." One staff member told us, "We want to be able to facilitate people going out when they want but we can't now."
- Call bells were not always responded to promptly. On two occasions bells were ringing for over nine minutes. One bell turned into an emergency bell however, this continued to ring for four minutes until a staff member was found to support the person.
- People had mixed views on the continuity of staff supporting them. One person said, "No, rotas change regularly and there are now lots of agency staff. Another said, "Staff are different every day" However, two people said they mostly had the same staff and two said they always had the same staff.
- Staff told us agency workers were deployed daily as there were not enough regular staff. During our visit one agency member of staff had only worked at the service on one previous occasion.
- We observed a continual lack of presence within the communal areas. People were left without meaningful occupation or interaction with staff for prolonged periods of time.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff files confirmed effective recruitment procedures were followed when permanent staff were employed. This included the collection of relevant references and checks with the disclosure and barring service (DBS). A DBS check provides information as to whether someone is suitable to work with vulnerable people.

Using medicines safely

- Staff did not always sign the medicine administration records (MAR's) when administering medication to people. This meant there was a risk people may not have received their medicines.
- We also found the process for recording medicines deliveries were not effective because the MAR record did not reflect the current stock of medicines at the service. We discussed this with the manager and immediate changes were made so the records would always reflect the medicine stock in the future.
- People told us they received their medicines on time. One person said, "Staff give me my medication and it is always on time." Another person told us, "Staff always give me my medication."
- Staff had received appropriate training to administer medicines and their competency was checked regularly. For example, we saw medicines dated when opened as per manufacturers guidance.
- We observed staff taking time and explaining to people what their medicines were for.

Assessing risk, safety monitoring and management

- Whilst checks had been carried out on the environment and on the equipment used, the environmental risk assessment for the service had not been reviewed for a prolonged period. We advised the registered manager to review this swiftly.
- Risks associated with people's care and support had been assessed, monitored and managed.
- Personal emergency evacuation plans were in place showing how people should be assisted to leave the home in the event of any emergency.
- A recent inspection by the fire service made recommendations to the manager for improvements to ensure so far as possible, people were protected from the associated risks in the event of a fire. Records confirmed these had been complied with.

Systems and processes to safeguard people from the risk of abuse

- All of the people we spoke with said they felt safe at Kingly House.
- The staff team were aware of their responsibilities for keeping people safe from avoidable harm. One explained, "I would talk to the team leader or management, they would act."

Preventing and controlling infection

- The staff team had received training on the prevention and control of infection and they followed the provider's infection control policy.
- Personal protective equipment (PPE) such as gloves and aprons were readily available, and these were appropriately used when staff supported people with personal care.

Learning lessons when things go wrong

- Lessons were learned, and improvements made when things went wrong. For example, one person had an incident of choking. When the incident was investigated it was found the food blender wasn't pureeing food effectively. A new blender was purchased, and the risk of any further choking was reduced.

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 good. At this inspection this key question has deteriorated to requires improvement.

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People had their care and support needs assessed to ensure they could be met. We saw how people's life history had been fully explored so care and support could be delivered how they wished.
- People's protected characteristics under the Equality Act were considered and respected. This meant people's specific needs, for example relating to their religion, culture or sexuality were also considered. Care and support were provided in line with national and best practice guidelines for supporting people with an acquired brain injury.

Staff support: induction, training, skills and experience

- An induction into the service had been provided when new members of staff had started work. All the regular staff were enrolled to the Care Certificate. The Care Certificate is an agreed set of standards to define what is expected of an employee in health and social care roles.
- Staff received appropriate training for their role. One staff member explained, "I had an induction and training, including safeguarding."
- Staff told us they felt supported by the management team with their training needs.

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

- People told us they were provided with enough food and drink and said they were well nourished.
- Risk assessments and care plans had been developed for people's eating and drinking requirements and people's weight was monitored regularly. However, for one person at risk of infection recordings were inconsistent. Examples included, 'half a bottle', 'sips' and '600 millilitres'.
- Staff knew the importance of making sure people were provided with a healthy balanced diet whilst providing them with the food and drink they liked.
- People were supported to make their own meals where they were able. One person told us, "I sometimes prepare my own meals and staff support me if I need it."

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

- Staff were aware of people's health needs so any deterioration in health could be identified promptly. They worked in partnership with other agencies such as GP's and other healthcare professionals
- Staff arranged and supported people to their healthcare appointments as required. One person told us,

"We [person and staff] take a taxi and a member of staff accompanies me to all my appointments." People who could independently attend their appointments were supported to do so to maintain their independence over their health needs. One person told us, "The home arranges my appointments and I go on my own."

- Care records showed when people had appointments and any treatment was documented and communicated to staff.
- Staff discussed people's health during their handover from one shift to another. This meant people's health was closely monitored.

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

- The environment was safe, clean and hygienic. Where areas of the service were unsafe these were secured. The service had been adapted to people's needs.
- A refurbishment plan was in place for the service. We saw the 'schedule of works' and how many areas of the service had been identified for work to be carried out. For example, all communal areas were to be redecorated and the laundry room scheduled for the replacement of washing machines and dryers.
- The service had been adapted to people's needs. People were encouraged and supported to personalise their own rooms. Those seen were highly personalised and reflected people's hobbies, interests and culture.
- The service lift to the upper floor had been out of order on several occasions recently. During our inspection it was in working order. The manager explained it was a bespoke lift and difficult to source parts for however, this had been highlighted as a priority due to the impact on the service when out of use.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and we found they were.

- Mental capacity assessments and best interest decisions had been completed for individual decisions people were unable to make for themselves.
- The service was working within the principles of the MCA and restrictions on people's liberty had been authorised.
- People's consent to their care and support was always obtained. Staff knew the importance of seeking people's consent prior to any support being given. One staff member said, "I always talk to people to see if they are happy for me to support them. If they didn't want me to I wouldn't."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The staff team had the information they needed to provide individualised care and support. However, agency staff were not fully aware of people's needs to effectively support them.
- People were treated to kind and compassionate care and felt looked after well. All the people were complimentary of staff and had positive relationships with them. One person told us, "[Named staff] is incredible." One visitor told us, "The staff are the best you can get."
- We observed kind and patient interactions with people and staff were sensitive to people's needs. One staff member said, "I love my job it is so rewarding."

Supporting people to express their views and be involved in making decisions about their care

- Care plans contained information and instruction to staff about areas of their care, things important to them, and the way they preferred to be supported. However, information contained within the care plans was not always up to date.
- People felt listened to and appeared at ease sharing their thoughts and opinions. One person told us, "I am listened to and the workers [staff] act on my wishes."
- Each person had a 'keyworker'. A keyworker is a specific staff member who is assigned to one person for their care and wishes to be discussed regularly so any changes in their support are recorded.

Respecting and promoting people's privacy, dignity and independence

- People's personal information was not always confidential. Some daily records had been left in the dining area and corridors and were accessible to visitors and people using the service.
- People were treated respectfully, and their privacy and dignity maintained. Staff gave us examples of where they closed people's doors when delivering personal care and ensured people were covered with towels.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has deteriorated to requires improvement.

Requires improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Whilst people's care plans were comprehensive people and relatives told us they had not been involved in the planning of their care. Some people did know they had a care plan and, could ask to see it if they wanted to.

This meant people may not always receive personalised care and, whilst regular staff did know people well, there was a risk this could be further compromised by agency staff who did not know people's care needs as well as regular staff.

- Care plans recorded all aspects of people's care and support needs including nutrition, mobility, communication and personal care needs. Information on specific conditions such as epilepsy and different types of brain injury were also recorded. This provided staff with the information they needed to meet people's needs.

- Whilst planned activities were recorded in people's rehabilitation diaries these were not always followed as planned. People didn't always get the choice of what they wanted to do during the day because of the lack of regular staff to support them. One visitor told us, "There is nothing for [person] to do here."

- People's care and support needs were not always reviewed consistently, and people were not always consulted. For example, a care plan to guide staff how to care for equipment for one person had not been reviewed for eight months to check it was still accurate.

- People had a nominated 'key worker' who knew them best. Meetings between people and key workers, to discuss and review their care needs did not take place regularly. For example, one person had not had a review for five months.

- Nutrition plans were in place, and regular staff were able to confirm they knew these. For example, one staff member said, "[Person] will tell you what she wants, she doesn't like fish or cheese but loves chicken." This was confirmed by the person during our visit.

- We saw that outcomes of visiting health professionals had been recorded. For example, one person was diagnosed with a chest infection by a visiting GP. Medication prescribed was recorded on their MAR chart confirming the person was administered it and their condition had improved.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- The manager told us information was made available to people in the service tailored to their communication needs. People currently living at service relied on information to be provided in large print and pictorial form. We saw continual evidence this was provided.

Improving care quality in response to complaints or concerns

- People knew who to raise their concerns with. One person told us, "I would tell a worker." Another person told us, "I can talk to the manager when I want."
- Complaints were handled and responded to by the manager in line with the complaints policy which was openly displayed.
- We found a compliment left by a visiting professional who said, 'Staff are always very welcoming when we visit and are very good at following recommendations.'

End of life care and support

- Although no one was receiving end of life care during our visit people's wishes had been explored and staff had been trained on how to support people.

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 outstanding. At this inspection this key question has now deteriorated to requires improvement.

Requires improvement: This meant the service management and leadership was not always consistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Prior to the inspection concerns had been raised regarding the overall management of the service.

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

- The service was without a registered manager and the providers operations manager had been acting manager for six months. The manager informed us she had accepted an offer from the provider for the registered manager position.
- Following the provider changing its legal entity changes were made to the management structure. A number of regular staff left the service requiring the operations manager to use agency staff on a daily basis. During our inspection it was evident the use of agency staff impacted on the quality of care and support people received.
- There were no formal quality assurance systems in place to monitor the quality and safety of the service at the time of our visit. For example, audits of call bells, drinking charts, medicines administration and some environmental audits had either not been completed or were not robust.
- Whilst a new quality assessment tool had been developed this was not yet in operation. This meant the quality of the service could not be managed effectively.
- Meetings held with people who used the service and the staff team were not always recorded. This meant any actions identified from these meetings could not be reviewed effectively.
- The manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. This was important because it meant we were kept informed and could check whether appropriate action had been taken in response to these events. They were also aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display on the provider's website and within the service.

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

- The manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.
- Staff had mixed views of the management of the service. They told us there had been many changes

following recent changes to how the service was operated. For example, one said "Staff don't feel appreciated since the change in management. I feel communication is poor." However, another said "I feel improvements have been made between staff and management. It's been difficult since we lost a lot of staff but it's getting there." A third staff member said, "It's been quite manic over the last six months, but I have felt supported."

- Staff were supported with regular supervisions. One staff member said, "It gives me an opportunity to get everything of my chest."

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

- The manager was implementing a new rota system. All staff had been consulted and were able to leave their comments anonymously if they wished.
- Annual surveys had been carried out to gather people's views of the service. A comment included in one of the surveys returned stated, "I like it here because you can do what you want when you want."
- Family experience surveys were also used to gather views of the service. Seven had been returned and all said they were happy with the care and support their relative received. However, two mentioned the service were at times short staffed.

Continuous learning and improving care

- Following the provider changing its legal entity changes were made to the management structure. A number of regular staff had left the service requiring the operations manager to use agency staff on a daily basis. However, some staff felt communication and relations with the manager were beginning to improve and felt confident this would continue to do so in the future. They told us that improvements were being made and they were more involved in the day to day running of the service.
- The manager recognised the importance of establishing a stable staff team and was actively recruiting permanent staff, to improve continuity of care.

Working in partnership with others

- The manager worked in partnership with the fire service to ensure the service was safe. All recommendations made were implemented.
- The service was working with the local authority's quality team to make improvements to the quality of the service.

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 18 HSCA RA Regulations 2014 Staffing There was insufficient staff to consistently meet peoples care and support needs in a timely manner. People could not always take part in their rehabilitation programme of activities as there were not enough regular staff deployed.