Westlake Care

Kingston House

Inspection report

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20 September 2022

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Kingston House is registered care home providing personal care for up to three people with a learning disability. At the time of the inspection there were three people living at the service. The service is based in a detached house over two floors with passenger lifts for people to access the upper floor. The service was equipped with facilities to support the needs of people living at Kingston House.

People's experience of using this service and what we found
We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe, responsive and well led. The service was not able to demonstrate how they were meeting some of underpinning principles of 'Right Support, Right Care, Right Culture.'

Right support:
Following the recent management changes at the service people were now supported by enough staff on duty, received their medicines in a safe way and were protected from abuse and neglect. People's care plans and risk assessments were being updated to reflect people's current support needs so that staff could provide consistent support to people.

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.

Kingston House was spacious and adapted to meet people's changing needs.

Right care:
Following the recent management changes at the service, care plans were now being reviewed and updated to reflect people's changing needs. Staff did not always have the skills or guidance to respond appropriately in risky situations.

People were treated as individuals, their communication styles were respected, and staff understood what worked well for them.

People were treated in a dignified manner. Staff were observed talking to people in a dignified and respectful way. Staff delivered personal care when people needed it and gained consent prior to providing any support.

People were supported to access healthcare services, managers and staff recognised changes in people's health, and sought professional advice appropriately.

Right culture:
The organisation exhibited many of the risk factors associated with closed cultures including; people's level of dependence on staff for basic needs, reliance on staff support to enable them to access the community, significant changes in leadership of the service and a lack of effective external oversight.

Whole service audits had not been carried out to identify any areas for improvement. Records in the service were limited, for example some recruitment documentation was not available, managers and staff meeting minutes were absent. Therefore, areas for improvement had not been identified and there was no formal action plan to drive forward improvements at the service.

A new acting manager and deputy manager had been appointed and staff and relatives were more confident that the ethos, values and attitudes in how to support people to live meaningful and active lives was improving.

Staff told us there had been a lack of leadership, but this had recently improved with the appointment of the acting manager two months ago.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:
The last rating for this service was Good (published 26 June 2018). We had carried out a focused inspection since then to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This inspection was not rated and was published 22 March 2021.

Why we inspected
We were prompted to carry out this inspection due to concerns we received about the culture of the service, staffing and management. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe, Responsive and Well led sections of this full report.

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

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 COVID-19 and other infection outbreaks effectively.

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 monitor the service and will take further action if needed.

We have found breaches in relation to records, systems and processes at this inspection.

Please see the action we have told the provider to take at the end of the full version 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 responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Kingston House

Detailed findings

Background to this inspection

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

Service and service type
Kingston House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

Registered manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The acting manager commenced their employment two months prior to this inspection.

Notice of inspection
On the first day of inspection the visit was unannounced. As the acting manager was not available, we agreed to visit the service on the 20 September 2022 so that we could meet with the new manager.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

During the inspection
Inspection activity started on 13 September 2022 and ended on 20 September 2022. We met with the three people who used the service. People were unable to speak to us due to their health conditions. We therefore spent time in the communal lounges observing care practices, so that we could gain an understanding of people's experience in how they received support.

We also spoke with two care staff, the deputy manager and general manager. We reviewed a range of records including two people's care records, medication records, staffing information, the services training matrix and records relating to the running of the service.

We spoke via telephone with four people's relatives and with two health professionals about the service's performance. We attended a safeguarding meeting where nine health and social care professionals attended and shared their views on the service. We also received two completed staff surveys about their experience of working at the service. We also reviewed the various documents we had requested during the site visit.

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 our last inspection we rated this key question Good. At this inspection we have rated this key question 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.

Learning lessons when things go wrong

- Due to concerns received about the service, the provider needed to reflect on the quality of care they were providing and how they oversaw the running of their service. The general manager acknowledged that staff and managers meetings had not occurred regularly. Therefore, reflective practice to improve the quality of care was not evident.
- There were limited audits in place to oversee how the service was being managed on a day to day basis. This meant that issues were not always recorded and analysed so any trends or patterns could be highlighted. The provider is currently implementing an action plan in how they will address the identified shortfalls. However, the action plan had not been completed and systems did not appear to have been embedded as there remained significant shortfalls. This had placed people and staff at risk.

The provider failed to ensure systems were in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider had satisfactory recruitment process but this had not been safely applied and recorded. Staff records were not able to confirm that appropriate checks were undertaken before they supported people in the service. For example, there was a lack of references and no records of interviews.

We recommend that the provider undertake a full review of staffing recruitment records to ensure that appropriate recruitment checks are maintained.

- Staff told us that prior to the new manager coming to the service there had been times when staffing levels were below people's assessed needs. However, since the appointment of the new manager, if there were staffing shortfalls agency staff were now booked to cover these. The acting manager told us that due to the increase of staff recruitment at the service, and staff wanting to cover additional shifts, they were using agency staff rarely.
- Rotas confirmed that sufficient staff were on duty at all times to meet people's current needs.
- Relatives told us they felt that there were sufficient staff on duty. They also commented "The atmosphere seems more relaxed. The staff team are more harmonious."
- We saw staff responded in a timely manner when people called for assistance.

● An ongoing recruitment campaign was in place.

Systems and processes to safeguard people from the risk from abuse

● Prior to the inspection we had received concerns that people were not safe. The provider worked with the local authority and CQC to look at the concerns raised and took immediate action to ensure people were safe. An investigation by the local authority safeguarding team and the provider was completed. From this, the group and acting manager had reflected and reviewed many aspects of their service, especially around the quality of care and the culture of the service. An action plan in how shortfalls would be addressed was in place. Due to the actions taken by the provider the organisational safeguarding investigation was closed on the 21 September 2022.

● The acting manager demonstrated that when staff raised concerns with them, they referred them to the relevant authorities so that they could be investigated externally as well as internally. The acting manager demonstrated that they had a good understanding of what to do to make sure people were protected from harm.

● Relatives were aware of the safeguarding investigation. They told us they were pleased with how the acting manager responded to the concerns raised and saw that changes were being made to the service to ensure people received safe and good quality care. A relative said "Things are looking good, but we are still reserved. We are now sleeping a bit better."

● Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff knew how to whistle-blow and how to raise concerns outside of the provider. Whistleblowing is the process of speaking out about poor practice.

Using medicines safely

● Prior to the inspection there had been some concerns about the overuse of medicines for some people in the service. The manager and deputy manager were aware of the principles of STOMP (Stopping Over Medication of People with a Learning Disability). This is a national project working to stop the overuse of certain medicines. The manager had discussed with health professionals each person's medicine regime and involved the persons advocate. From this, for some people their medicines had been altered. A relative told us that some staff "Wanted [person's name] medicated and asleep. [Person's name] is now being back to being [person's name]."

● When medicines were prescribed to be given 'when required' we saw that person-centred protocols were currently being reviewed to guide staff when it would be appropriate to give these medicines.

● With the new management in place, people received their medicines safely and in accordance with their health needs and the prescriber's instructions. Staff who were trained in medicines management administered medicines.

● There were suitable arrangements for ordering, receiving, storing and disposal of medicines.

● Staff were provided with recent specialist training in the administration of 'rescue' medicines.

● Staff completed a daily count of all medicines to provide oversight of medicines management. This would identify if there were any issues with the medicines quickly and helped ensure action would be taken to resolve any queries.

Assessing risk, safety monitoring and management

● The general manager had reviewed each person's risk assessments as these had been absent. Each person's care record now included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. This meant staff had guidance in how to manage people's care safely.

● The general manager was in the process of reviewing each person's care plan to ensure that it cross referenced to their associated risk assessments. These included information about risks associated with

people managing their emotions and behaviour, personal care, eating and drinking, medicines and doing things they enjoyed in their community.
● Staff knew people well and were aware of people's risks and how to keep them safe.
● Equipment and utilities were regularly checked to ensure they were safe to use.
● Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

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 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. 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, 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.

● Capacity assessments were completed to assess if people were able to make specific decisions independently.
● For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations when restrictions or the monitoring of people's movements were in place. Relatives confirmed their views were sought throughout the DOLS process.
● Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance. We heard staff asking people if they wanted assistance with their personal care and waited for the person to reply before supporting the person.
● Staff supported people to be as independent as possible with making decisions about their care and support and how they planned their day.

Preventing and controlling infection including the cleanliness of premises
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
The service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care
- Staff had a good understanding of people's individual needs and provided personalised care.
- The group and acting manager acknowledged peoples care plans had been out of date. The group manager, with consultation with relatives was currently reviewing each person's care records and risk assessments. One relative stated, "We kept trying to get a up to date care plan for a year and had no response. [Group managers name] did it and we are happy, but the changes needed (to the care plan) should be done as soon as possible to keep it up to date."
- The care plans that had been reviewed provided staff with detailed information about their abilities, the risks they faced, their needs, routines and how they should support them in line with their preferences.
- The service used an electronic application to record daily records log in 'real time'. Daily notes detailed what the person had done during the day and information about their physical and emotional well-being.
- There was good communication within the staff team and staff shared information appropriately, about people's needs, at shift handovers.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant
- People were supported to access activities within and outside the service. People had restarted some activities following the lifting of lockdown restrictions. People had photographs showing what activities they had been involved in and a record was kept of how they responded to the activity.
- People had their own staff team and vehicle and therefore activities were tailored to their needs. We heard and saw staff organising with people what they wanted to do for the day, for example staff asked if people wanted to go out for walks, to the shops or a trip out in the car.
- People were supported to maintain relationships that were important to them.
- People visited their relatives in the community or in their homes. The service supported people to travel to their relative's homes which was some geographical distance away. Relatives were appreciative of this, commenting, "Staff who have brought [person's name] to visit me recently are all brilliant."

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.
- People's communication needs, and preferences were identified, recorded and highlighted in care plans.

This included reference to the type of communication the person may find difficult and how to support them. We observed people and staff communicating effectively together throughout the inspection.

● Some people had sensory needs. Staff had sought advice from each person, their relatives and health and social care professionals in how best to communicate with the people they supported in a meaningful way. A relative told us they were asked for their views on what activities and interests their family member so that communication would be more meaningful to the person. The relative said "I suggested hang bottles from trees as [person's name] likes this and puts things in them. When I visited, they were there."

Improving care quality in response to complaints or concerns

● There was a complaints policy in place which outlined how complaints would be responded to and the time scale.

● Relatives told us that with the current managers they felt that their concerns were now being listened to and acted upon. Relatives gave examples of when they had contacted the acting manager with concerns, that their concerns were listened to and action was taken to resolve the issues.

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 our last inspection we rated this key question good. At this inspection we have rated this key question 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.

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

- There had been a lack of stability in the management structure at Kingston house. Relatives and staff commented on the changes in leadership at the service over the last eighteen months, and how this had negatively? impacted on communication, staff morale and the day to day running of the service.
- Due to the management changes there had been limited support or guidance for staff to help ensure they were aware of their responsibilities, the expectations placed on them and an understanding of the needs of the people they supported. Staff recognised that the lack of consistent leadership had impacted on the service's performance.
- The provider had failed to ensure there was effective and competent management arrangements in place. They had a lack of oversight of how the service was being run.

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

- Due to the lack of leadership the service's culture was not always person-centred and empowering. Shortcomings at the service had impacted on people's opportunities and experiences. There had been a failure to continue to support people with day to day independent living skills, for example supporting people at mealtimes. This meant there was a risk people would lose those skills and staff expectations for people had been lowered. The acting manager had since requested a review for people's dietary needs. The provider had not identified that people's experiences had been negatively impacted by the poor practice.
- The group and acting manager acknowledged there had been a poor culture in the service and were taking action to address this. They recognised that the service was not always meeting people's individual needs and had failed to take necessary effective action.
- The previous management team had not consulted with people or their relatives about their experience of the service. Therefore, there had been limited opportunity for them to be involved in the running of the service. The acting manager had spoken with relatives and aimed to gain their views of the service further.

Continuous learning and improving care; Working in partnership with others

- The group and acting manager acknowledged there were significant failings in the management of people's records which could place people at risk of harm. For example, care plans had not been updated

or reviewed in a timely manner, some risk assessment records did not evidence how a risk was assessed and the findings were not consistently transferred to the care records; medicine records did not have clear guidance for staff to know when to administer as required medication to people. The group manager was currently improving the quality of these records.
● Whole service audits had not been carried out to identify any areas for improvement. Staff and managers meetings had not been recorded. Staff induction and supervision records were inconsistently undertaken. Therefore, areas for improvement had not been identified and there was no formal action plan to drive forward improvements at the service.

The provider failed to ensure systems were in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● An acting manager was appointed in July 2022 and a new deputy manager had been in post for six months. The acting manager has stated their commitment to applying to be the registered manager with the Care Quality Commission. Relatives and staff were positive about their leadership and believed "Things will get done now."
● The group and acting manager were committed to implementing a culture of continuous learning and improvement. They had rebuilt positive relationships with local health and social care professionals.
● The group and acting manager and staff team took an open approach to the inspection process.
● Where changes in people's needs or conditions were identified prompt and appropriate referrals for external professional support were made.

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 group and acting manager understood their responsibilities under the duty of candour. Relatives were kept informed of any events or incidents that occurred with their family member.
● The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy.

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 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure systems were in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.