

Monarchy Care Services Ltd

# Knaresborough House

## Inspection report

Knaresborough House  
High Street  
Knaresborough  
North Yorkshire  
HG5 0HW

Tel: 07426723917

Website: [monarchycareservices.co.uk](http://monarchycareservices.co.uk)

Date of inspection visit:  
28 October 2021

Date of publication:  
17 January 2022

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Knaresborough House is a domiciliary care agency providing care and support to younger and older people in their own homes. Some people who receive support may be living with dementia or have physical disabilities. The service supported 34 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Medicines were not always recorded and monitored in line with the providers own policy. Medicine errors had not always been thoroughly investigated and managed to prevent them happening again. Guidance for staff for "as and when" medicines were not in place. These shortfalls put people at risk of harm.

Accidents and incidents were not recorded or managed as per the providers own policy and there was a lack of action taken or lessons learnt when things went wrong.

COVID-19 risk assessments for staff and guidance around how to best support people through the COVID-19 pandemic were not robust enough and this put people at risk of harm.

People, their families and professionals shared concerns about communication and language barriers with staff. The provider did not have effective measures in place to assess staff's communication skills as part of the recruitment process. We made a recommendation relating to the providers recruitment process in this report.

Staff did not receive regular supervision and appraisals in line with the providers own policy. We recommended the provider reviewed their supervision practices to ensure they are following their own policy.

Risk assessments and relevant care plans were not always in place. They did not always provide detail on how to manage risk or how to meet people's needs holistically. Care plans were not always person-centred and people told us they did not have access and involvement in these. There was not always information about people's life history or preferences to guide staff on how to meet people's individual needs.

Information recorded about the care provided was not detailed enough and did not evidence actions taken when there were concerns.

Complaints were inconsistently managed, and people didn't always find it easy to raise concerns to the provider. We recommended the provider reviewed their processes around complaints.

The governance system and audits in place were not effective in identifying and addressing concerns to

manage risk and improve the quality of care provided.

Staff had received a good level of training and felt supported by their colleagues and manager. Most people told us they were happy with the care they received and liked that carers were regular and consistent. Staff treated people with kindness and respect and tried to encourage independence. One person told us, "We are 100% safe with them. The carers are good and they ask us 'Can I do anything else for you' and 'shall I help you'. They never rush and there is no pressure at all"

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.

#### Rating at last inspection

This service was registered with us on 23 January 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection as the service has not been inspected since registering with CQC.

#### 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 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, person-centred care and good governance at this inspection.

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

#### Follow up

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

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### 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** ●

# Knarborough 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

This inspection was carried out by two inspectors who looked at information remotely and an Expert by Experience. One inspector attended the office to look at records. 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

This service is a domiciliary care agency. It provides personal care to people living in their own homes. 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 18 October 2021 and ended on 5 November 2021. We visited the office location on 28 October 2021.

#### 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 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 six people who used the service and ten relatives about their experience of the care provided. We spoke with and got feedback from eight members of staff including the registered manager, office administrator and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three 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 work with the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Using medicines safely;

- The provider did not always administer and record medicines in line with relevant national guidance or their own policy and procedures. For example, where staff applied creams for people, these were not treated or recorded as medicines.
- Where people were prescribed 'as and when required' medicines guidance for staff to follow was not in place. Staff therefore did not have all the information required to know when to administer them.
- Instructions for staff around when and how to administer medicines was not always clear or explicit enough. This meant people didn't always receive their medicines as instructed
- Recorded medication errors had not been investigated by the provider as per their policy to ensure the risk to people was managed and reduced.

The provider failed to ensure the proper and safe administration of medicines. This was breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Risk was not always assessed, monitored or mitigated where there was a known or potential risk to people. For example, there was no risk assessment in place when people were at risk of developing pressure sores .
- People were at increased risk, because there was not a robust system in place to record and monitor accidents, incidents or safeguarding concerns.
- Records did not always provide a clear and complete account of how concerns were managed; the outcomes from these, actions taken, or any lessons learnt from them.
- Where staff had documented concerns, incidents or near misses these had not been formally shared with external agencies such as the local authority for investigation

The provider failed to assess the risk and do all that is reasonably practicable to mitigate risk. This was breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- COVID-19 risk assessments had not been completed for staff to help make sure risks had been identified and managed.

- COVID-19 risk assessments were not always in place and care plans did not provide sufficient guidance for staff to mitigate potential risk during a pandemic.

The provider had failed to effectively assess the risks associated with infection, prevention and control of COVID-19. This was breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were routinely tested for COVID-19 and people told us that staff followed guidance on wearing PPE and handwashing.

#### Staffing and recruitment

- Recruitment checks were completed to help make sure suitable staff were employed. There were some gaps in these records, such as full employment history. We spoke to the registered manager about ensuring they were evidencing a robust process.
- The providers recruitment process didn't ensure that staff had adequate and effective communication skills.
- People gave mixed feedback about the timings of care calls, but people were happy that they had regular and consistent carers.

We recommend the provider reviews its recruitment process and update their practice accordingly to make sure all mandatory information is requested.



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not receive regular supervision and support as per the provider's own policy.
- Staff had received a thorough training induction and were supported to gain further qualifications. The registered manager carried out regular competency reviews and spot checks around the care staff provided to people.
- People praised the caring nature of the staff however communication skills were an issue for some people. People told us, "Some of them [staff] don't know what I am saying, so I have to write notes and leave it for them". Another person told us, "The big problem is many of them have heavy accents and [family member] is hard of hearing, and they wear masks so there can't be much conversation."

We recommend the provider reviews how they provide staff with the appropriate support, supervision and appraisals in line with their own policy.

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

- People's care plans were not always up to date and did not always reflect the current risk, needs and guidance for staff.
- Care plans did not always include people's health needs, how medical conditions affect them and how to respond in an emergency. For example, people who have diabetes.
- Where staff had recorded concerns about people's health and well-being, it wasn't always clear what action had been taken around reporting concerns or seeking appropriate medical attention.

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

- People's food and fluid intake was not adequately monitored and recorded where people were at risk and needed support.
- There were concerns from family members that time constraints on staff meant people weren't provided with the encouragement and support people needed to maintain a good diet. One relative told us, "[Person] has lost a lot of weight. I think sometimes the carers come in and [Person] will say she doesn't fancy much, and they don't encourage them, often I don't think much has been eaten from one week to the next."

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

- People's care was not always well co-ordinated and communicated when people moved between services. On one occasion this led to a care call not being delivered when the person was expecting support

on their return from hospital.

- The service had made referrals to other professionals however this wasn't always clear in care plans or effectively communicated to people and their relatives. One relative told us, "We have never had any help from the agency regarding outside professionals. I never know who is responsible for what."

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. 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.

- Consent was discussed with people before care was provided. Documentation wasn't always robust around people's capacity to give consent and we spoke to the provider about ensuring this was recorded explicitly.
- People told us they were listened to and their choices respected.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people were not always involved as partners in their care.

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

- People's care and support needs were discussed with them and their family before the care package started. However, this was not reviewed with the person and/or their relatives regularly or as care needs changed. There was no evidence of people being involved in their care plans or decisions around their care.
- People were not provided with information about their care and support or the provider, beyond basic contact details.
- One Person told us, "We had someone come the first day and ask questions, nothing since, no plan, no papers, nothing." A relative told us, "They came out the first day – [staff member] asked a lot of questions but we never received anything to sign off, nothing with our care needs and times, no information. It seems to me that they do what they want to not what my relative needs."

The provider failed to support and enable the relevant people to make or participate in making decisions about the person's care and treatment. This is a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were positive about staff's caring attitude and for most people there were positive relationships between carers, people and their relatives. People appreciated that they had the same carers supporting them.
- One person told us, "[staff member] is fun and has a laugh, we laugh together. She is always very kind and very concerned if I am not feeling very well too." A relative told us, "I hear the conversations and they come with a lot of laughter and fun, they are light-hearted, and they have made friendships with [person]"

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect.
- Guidance for staff outlined what tasks the person could do independently and how to ensure dignity was maintained when providing care.
- One person told us, "I have help with basic care and they know what they are doing, and they do it well, help with all my washing and personal stuff, they are good and very respectful too". A relative told us "[staff member] always lets them try, they want to regain independence and wants to help. I never feel they are rushed; they give them time and they have a lovely attitude; they take pride in their work."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; 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.

- There was no information about people's life history, likes or dislikes documented in care plans to guide staff on how to provide person-centred care.
- Staff who worked regularly with the same people had a good understanding of people's preferences. However, there was a risk of care being delivered in a way that was not in line with their preferences.
- Care plans did not always reflect people's mental health and emotional needs. Where people lived with mental health issues, such as dementia, there was no guidance for staff on how this affects people and how to best support the person. One family member didn't feel staff understood dementia and how the impact it has on the person.
- People and their relatives were not provided with written information about their care and support needs or the service provision. Information had as a result not been provided in an adapted format to meet people's communication needs. The impact of this is outlined above in relation to person-centred care.

The provider had failed to ensure people received care which met their needs and reflected their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's communication needs were identified in care plans with guidance for staff on how to adapt communication methods.

Improving care quality in response to complaints or concerns

- The complaints system was inconsistently managed. Action was not always taken to prevent re-occurrence and improve care. There was little evidence of learning applied to practice within the service or feedback being provided to those that complained.
- People did not find it easy to raise their concerns or complaints and were worried about doing so. Most people felt they would be more comfortable speaking to the carers or social worker rather than the provider. One person told us, "I know I should complain to the manager, but I've had issues in the past and I feel it would be difficult."

We recommend the provider reviews their complaints process to ensure they effectively handle, record and

respond to complaints raised.

#### End of life care and support

- Staff had received training in end of life care and worked with external agencies such as the district nurses to ensure that people died in a comfortable and dignified way.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- The provider had not ensured there were systems in place to check the safety and quality of the service provided. This had led to the multiple breaches of regulations as described in this report.
- Audits were not successful in identifying issues the inspector found. For example, multiple medication recording errors were identified and audits had not identified or addressed these.
- Governance systems did not identify incidents documented by staff in daily notes. The inspector identified these during the inspection process, the provider had not recorded these as an incident or near miss, as per their policy. As a result, there was no evidence of action taken or lessons learnt.
- The provider had invested in electronic systems for the care records and medication administration. However, the implementation had not been monitored to ensure they were safe, effective and met the needs of the people using the service.
- Documentation by staff around care provided was limited and did not evidence that appropriate action was taken when needed to keep people safe and provide quality care.

We found no evidence that people had been harmed however, systems were not in place to demonstrate a strong governance oversight of care being provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act (Regulations) Regulated Activities 2014.

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

- Care was not always person-centred and did not always empower people to be actively involved in their care.
- Staff felt supported by their colleagues and the registered manager. Staff told us, "I am very happy with my employment with Monarchy Care as the company treats us very well and all of the clients are also very nice. We all work independently but as a great team supporting each other. Management is always available to talk to and extremely supportive."

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 provider understood their responsibilities around duty of candour. Feedback varied in relation to how concerns were dealt with by the provider. Evidence wasn't always available to demonstrate what action the provider had taken to address concerns. We discussed this as part of the inspection and the provider was

looking to improve their records

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had sent out questionnaires to people and their families. Responses had not been reviewed to identify trends or actions needed to improve the service.
- The service communicated well with people's social workers and worked in partnership with district nurses and GPs.

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
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to support and enable the relevant people to make or participate in making decisions about the person's care and treatment.</p> <p>The provider had failed to ensure people received care which met their needs and reflected their preferences.</p> <p>Regulations 9 (1)(b)(c)(3)(c)(d)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure the proper and safe administration of medicines.</p> <p>The provider failed to assess the risk and do all that is reasonably practicable to mitigate risk.</p> <p>The provider had failed to effectively assess the risks associated with infection, prevention and control of COVID-19.</p> <p>Regulation 12(2)(a)(b)(g)(h)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not in place to demonstrate a</p>



strong governance oversight of care being provided.

Regulation 17(1)(2)(a)(b)(c)