

Kingly Care Partnership Limited

Kingly Croft

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

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

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

People received personalised safe care. All the people and relatives we spoke with told us they received support that was tailored to their needs and preferences and were complimentary of the care they received. Staff knew people well and our observations confirmed they were kind and considerate when they supported people.

People's consent to care was obtained. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were enough experienced and qualified staff to safely meet people's needs. Staff knew people well and were kind and considerate when delivering care. Where we identified an issue with overnight staffing this was immediately resolved.

Processes were in place to safely manage risks associated with people's care. Care plans and risk assessments were reflective of people's needs. Where people's needs changed prompt action was taken to ensure their health and well-being were maintained.

Staff were safely recruited, and people were involved in the providers recruitment process.

People were provided with a safe and homely place to live. Improvements to the environment had been made and a refurbishment plan was in place.

They were provided with a balanced diet and support from healthcare professionals was sought when required.

People were protected from the risk of infectious diseases as far as practicably possible. A robust infection control policy was in place and staff followed guidance in relation to COVID-19.

People's medicines were managed safely. Staff had received training in medicines management and their competency had been checked.

The registered manager and provider were open and transparent, and systems and processes were in place

to ensure people received quality care. Where any shortfall was identified action was taken to bring about the required improvement.

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 requires improvement (published 25 September 2019).

Why we inspected

This was a planned inspection based on the previous rating.

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.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Kingly Croft

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

The inspection was undertaken by one inspector, a pharmacist 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 Croft 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. 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 two people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, assistant manager, senior care workers, care workers and maintenance staff.

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.

After the inspection

The provider sent us additional information immediately following the inspection to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment; Learning lessons when things go wrong

- There was only one member of staff deployed at night. Whilst one member of staff was enough to meet people's personal care needs, there was a risk to people and staff in the event of a serious incident, such as evacuation or the member of staff being unknowingly incapacitated.
- The registered manager explained the sister service, situated next door, could and had previously supported the service with additional staff when required during the night. However, there was no system and process in place for the sister service staff to know of any concern unless they were contacted directly by a staff member from the service.
- Immediately following the inspection the provider purchased a telecoms system which electronically linked both services at night. The system required the night member of staff to electronically 'check in' with the sister service every 15 minutes. If a response was not received from the service, the system automatically alerted staff from the sister service who would immediately attend. We were assured this system was enough to mitigate the risk of harm.
- Sufficient numbers of staff were deployed during the day and all staff were suitably qualified and experienced. Staff told us the service had sufficient numbers of staff to keep people safe and meet their needs. A recruitment drive was underway following several staff leaving the service in recent months.
- Effective recruitment procedures ensured only suitable people were employed to work at the service.
- Lessons were learnt. The provider and registered manager accepted the concern we identified in relation to night time staffing and immediately took action to make the necessary improvement.

Using medicines safely

- People were given medicines in line with their care plans and medicines administration was recorded accurately.
- Staff were trained to administer medicines and we saw evidence of competency checks to ensure people received their medicines safely.
- Where medicines were prescribed to be taken 'as required' there were protocols in place to support staff in this administration and these were reflected in people's care plans. Staff ensured the effects of when needed medicines were monitored to determine their efficacy.
- Medicines, including controlled drugs, were stored safely and their use recorded in line with national guidance.
- We observed medicines being administered compassionately and in line with an individual's care plan to support them to accept this intervention.
- The service had assurance systems in place to identify errors relating to medicines administration and we

saw these were effective in identifying discrepancies which were addressed in a timely manner.

Preventing and controlling infection

- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- All of the people and relatives we spoke with told us the service was safe. One person told us, "I feel absolutely safe, 100 per cent living here." A relative told us, "[Name] is well looked after, I would know if they weren't safe."
- Staff received safeguarding and whistleblowing training and knew how to identify potential signs of abuse and report their concerns. Staff said they were confident if they raised a concern they would be listened to.

Assessing risk, safety monitoring and management

- Risks to people's individual health was assessed, managed and regularly reviewed within people's care plans. Staff understood where people needed support to reduce the risk of avoidable harm.
- When changes to health and support needs were identified, prompt action was taken to ensure people continued to receive safe care.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs had been assessed before the service began supporting them. This was to make sure people's needs could be met effectively.
- Assessments and care plans considered all aspects of a person's needs including protected characteristics such as lifestyle choices, cultural needs and religious preferences.

Staff support: induction, training, skills and experience

- An induction into the service had been provided when new members of staff commenced employment. Staff received mandatory training which was regularly refreshed. Staff also told us they felt effectively trained to support people with their complex needs such as brain injury and epilepsy. One staff member told us, "I feel I have the right training to support people with brain injuries."

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

- People's nutritional needs were met. Where people's diets required monitoring, records confirmed this was undertaken.
- Staff supported people with their meals and sat with them offering assistance when they needed it.
- People were provided with information and guidance to encourage a healthy diet.

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

- Staff worked in partnership with external agencies including GP's and the clinical commissioning group (CCG) to provide effective care. This included providing key information to medical staff when people were transferred into hospital, so their needs could continue to be met.
- Changes in people's health was promptly identified by staff and referrals were made to healthcare professionals when needed. One person explained, "Staff make all the arrangements regarding my health care appointments."

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

- The environment was safe and adapted and designed to support people with their rehabilitation and independence. A full-time maintenance person was deployed who told us they had access to funding and materials to address areas of the service that required improvement.
- The service had recently been refurbished and there were plans in place to undertake further improvement to the service.
- People were encouraged and supported to personalise their own rooms. We saw two people's rooms

which were personalised and reflected people's hobbies and interests.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- 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. We observed staff seeking people's consent to care before providing support. One person told us, "They [Staff] always ask me first. They don't just do something without asking."

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

- People and their relatives told us the staff were kind and compassionate and they were well cared for. One person told us, "Yes. They [Staff] definitely do [care for me well]." A relative said, "Yes they are caring. [Name] is quite difficult at times towards the staff but this doesn't affect the way they care for them."
- We saw staff spoke to people in a warm, positive manner and offered support in a relaxed and sensitive way.
- Staff had access to information they needed to provide individualised care. The regular staff were knowledgeable about people's history and knew people's preferred routines and what was important to them.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was maintained. One staff member told us, "I always speak discreetly to people if they need personal care so others do not hear our conversation."
- Staff supported people to be as independent as possible and understood they were there to facilitate and support them according to their wishes.
- People's personal information was stored securely and held in line with the provider's policy.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care. People and those important to them were fully involved in the planning and review of their care needs and preferences.
- Detailed person-centred care plans were in place, providing staff with the information they needed to support people with their needs.

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

- People were supported to maintain relationships with those important to them, including family and friends. People were encouraged to form new relationships with their peers, and we saw evidence where people had made friends and spent time with one another.
- However, an accessible car that was previously available to people by the provider was no longer in use. This meant people did not have access to the wider community as they once did. The registered manager told us the provider was addressing this issue, and immediately following the inspection we received confirmation a new car had been purchased.

End of life care and support

- People's wishes at the end of their life had yet to be explored though there was no one requiring end of life care at the time of our visit. The registered manager explained that people and their relatives had not wished to discuss end of life care and recognised further exploration was needed during reviews of people's care in the future.
- The staff team had received training in end of life care ensuring they would be able to care for people according to their preferences at the end of their life when the time came.

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.

- Information was made available to people in a format that met their needs. This included easy read styles and pictures. For example, resident surveys were pictorial.
- Staff knew how people communicated their feelings and wishes which included verbal and non-verbal cues. Staff were able to respond to these cues promptly which provided assurance they were being

understood.

Improving care quality in response to complaints or concerns

- People knew what to do if they had a concern or complaint. One person told us, "If I have a concern, I raise this with staff or a manager by e mail. They always respond to a concern I raise."
- Complaints received had been addressed in line with the providers policy and responded to appropriately. At the time of our visit there were no current complaints the registered manager was investigating.

Is the service well-led?

Our findings

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

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

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

- There was a positive culture in the service and care delivery was person centred. There was a warm and welcoming atmosphere, and we observed kind and caring interactions between staff and people. People and staff told us our observations on the day of the inspection were a true reflection of any day at Kingly Croft.
- A relative said, "It has a great feeling there [Kingly Croft], it's like home from home and we as a family are really happy [Name] is there."
- Staff said the management team was approachable and they felt supported. One staff member told us, "The management team are supportive, and they listen to you."
- Care plans were person-centred and included important information around people's needs, their likes and dislikes, their life history and family relationships. One relative told us, "They know [Name] 'inside-out'. I'm very happy. They can't do any better." A further relative told us, "The staff are amazing with [Name]. They know everything about them."
- The management team worked with people to establish their preferences and changed routines and practices to achieve this. For example, we saw several people had not liked a menu item at lunchtime, and staff asked them what they would prefer as an alternative. The menu was subsequently changed in line with people's preference.

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

- There was a registered manager in place who was registered with the CQC. They ensured all legally required notifications were submitted to CQC as required, and CQC's rating of performance was displayed at the location and on the providers website.
- The provider and registered manager closely monitored the quality of the service. Regular audits were undertaken and included, but were not limited to, medicines, accidents and incidents and care plans. This ensured systems and processes were fit for purpose and where a shortfall was identified prompt action could be taken.
- An external auditor was deployed to independently review the service's quality and performance which was aligned to the regulatory requirements laid down by CQC.
- The registered manager ensured staff had the right information to understand people's needs and provide safe care.
- Where minor shortfalls were identified during the inspection the provider and registered manager

immediately resolved these.

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

- People using the service had been involved in how the service was run and their view's and thoughts were sought. For example, during the recruitment process of new staff people were offered opportunity to be part of the process.
- Surveys had been used to gather people's and their relative thoughts of the service. The latest survey identified no concerns with the quality or management of the service.
- The management team worked with staff to identify improvements and address any concerns they had. Was saw regular one-to-one meetings and supervision meetings took place and where staff raised issues these were resolved.

Working in partnership with others

- The registered manager worked in partnership with other agencies. This included health bodies, commissioners and other stakeholders. This enabled the service to provide joined up care in a holistic way.

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 registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.