

Kingly Care Partnership Limited

Kingly Lodge

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Kingly Lodge provides accommodation for up to five adults with acquired brain injuries and neurological conditions. The staff team includes a dedicated team of occupational therapists to assist people with their support and rehabilitation. There were three people using the service at the time of our visit.

People's experience of using this service:

- Whilst people received their medicines safely and as prescribed by their GP, the completion of the medicine administration records and the providers protocol for medicines prescribed 'as and when required' needed attention.
- The providers auditing and monitoring processes had not identified issues regarding the temperature of the hot water being delivered at the service.
- It was not always evident sufficient numbers of staff were deployed throughout the day to meet the needs of the service and the people using it. We recommended staffing numbers be revisited.
- People felt safe living at Kingly Lodge and with the staff team who supported them. The staff team knew what actions to take should they feel people were at risk of avoidable harm.
- Risks associated with people's care had been comprehensively assessed and plans of care were in place for the staff team to follow.
- The staff team were experienced and knowledgeable and felt supported in their role.
- People were treated with kindness and compassion and their privacy and dignity respected.
- Support from relevant healthcare professionals was sought when required and people were supported to eat and drink well.
- People were provided with a clean and comfortable place to live and there were appropriate spaces to enable people to either spend time on their own, or with others.
- People had individual activities schedules. They were supported to follow their interests and hobbies and to participate in social activities with others.
- A formal complaints process was displayed and people knew who to talk to if they had a concern of any kind.
- People were supported to have the maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The staff team supported people to make decisions about their day to day care and support and always obtained people's consent to their care. They were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) ensuring people's human rights were protected.
- People had the opportunity to have a say and to be involved in how the service was run.
- The management team worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.
- Lessons were learned and improvements to the service were made when things went wrong.

More information is in the detailed findings below.

Rating at last inspection: Outstanding - last report published 17 June 2016.

Rating at this inspection: We found evidence to demonstrate and support the overall rating of Requires Improvement.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated requires improvement.

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

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 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 ●

Kingly Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of service.

Service and service type: Kingly Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care. 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, though one was in the process of applying to be registered with us. The registered manager 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: The Inspection was unannounced.

What we did:

Before inspection: The provider completed a Provider Information Return (PIR), this is information the provider is required to send us at least annually that provides key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about.

We sought feedback from the local authority who monitor the care and support people received and Healthwatch Leicestershire, the local consumer champion for people using adult social care services. We used all this information to plan our inspection.

During inspection: We spoke with the three people living at the service. We also spoke with the providers operations director, the operations manager, three occupational therapists, the care coordinator, a team leader and a support worker.

We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included two people's care records. We also looked at associated documents including risk assessments and medicine records. We looked at staff training records and the providers quality assurance audits that the management team had completed.

After inspection: The operations director provided us with copies of documents requested to demonstrate compliance with the regulations.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management.

- Checks had been carried out on the environment and on the equipment used.
- Whilst the temperature of the hot water was being tested on a regular basis, it was not always evident that actions had been taken when the temperature deviated from the recommended 43c. For example, checks showed one person's shower was recorded as being at or around 50c, and on the check carried out on 4 February 2019 it was recorded as 51c. A sink in a person's bedroom was recorded as being between 48.1c and 53.4c at the checks carried out between 7 January 2019 and 4 March 2019. Whilst we were assured adjustments to the water temperature had been made to lower them, no record was available to demonstrate the water had been retested and was now being provided at a safe temperature. The providers operations director informed us they would inform the estates manager without delay to look into the issue.
- Risks associated with people's care and support and been comprehensively assessed, monitored and managed.
- The service had a policy which encouraged positive risk taking. This meant people were not restricted from doing something just because it was deemed to be unsafe. We saw when someone wanted to do something, they were supported to find ways to reduce the risks associated with the activity, and enabled to carry out the activity as safely as possible.
- Comprehensive personal emergency evacuation plans were in place. These showed how everyone must be assisted in the event of an emergency.

Staffing and recruitment.

- People felt there were enough staff on duty to meet their needs. One person told us, "I don't have to wait for their attention." Another explained, "Sometimes there is only one staff member on duty but it doesn't affect me at all."
- Staff felt overall, there were enough staff to meet people's needs though sometimes issues arose, including when they required another staff member to witness medicines.
- Staff explained that sometimes staffing levels affected the activities people were supported with. One explained, "90% of the time we are set to do activities, but it's their choice if they don't. Occasionally it's because of lack of staff."
- On our arrival at the service there was one staff member on duty, (the second staff member arrives at 10.00am). We waited 10 minutes to be let into the service and had to telephone the sister service of Kingly Lodge. The staff member on duty was supporting a person with their personal care and had to leave them to answer the telephone and the door. They told us, "[Person] was sat on the shower chair, I said, 'Stay there, don't move, I'll be back'."

We recommend the provider seeks advice from a reputable source and re visits the deployment of staff. This

will ensure there are appropriate numbers of staff available to meet the day to day needs of both the service and the people living there.

- The provider explained there had been no new staff recruited at Kingly Lodge since our last visit when recruitment procedures had been deemed robust.

Using medicines safely.

- Whilst people had received their medicines as required, medicine administration records (MAR) had not always been signed to demonstrate the medicines had been given.
- We checked one person's pain relief medicine and found the numbers of tablets did not tally with the expected number on the MAR, with two tablets missing.
- The protocol for signing for PRN medicines (medicines taken as required) was not clear. One document instructed staff to record a letter if not required, whilst MAR charts stated to leave the MAR blank. This mixed message could lead to confusion. We brought these issues to the attention of the care coordinator for action.
- People told us they received their medicines as prescribed by their GP. One explained, "Staff ensure my medication is given at regular times each day."
- People were supported and encouraged to look after their own medicines.
- Medicines were stored securely and monitored regularly.
- Staff responsible for supporting people with their medicines had their competency checked to make sure they were safe to do so.

Systems and processes to safeguard people from the risk of abuse.

- People felt safe living at Kingly Lodge. One person told us, "I feel very safe living here, the staff are very kind." Another explained, "I would speak with the staff if I felt unsettled. I am confident they would help me."
- The staff team had received training on the safeguarding of people and knew what to do should they feel someone was at risk of avoidable harm.
- The provider had effective safeguarding and whistleblowing systems in place.

Preventing and controlling infection.

- Staff had received training on the prevention and control of infection and they followed the providers infection control policy. Personal protective equipment (PPE) such as gloves and aprons were readily available and used as appropriate.

Learning lessons when things go wrong.

- The staff team were encouraged to report incidents and accidents that happened at the service and the management team ensured lessons were learned and improvements were made when things went wrong. This included reporting without delay, the issues identified with the hot water.

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.

Good: 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 individual and diverse care and support needs had been comprehensively assessed prior to them moving into the service. People had been visited and relevant information obtained from their relatives and other support agencies involved in their care and support.
- During the assessment process people's goals and aspirations were identified and they were encouraged and supported to set goals for the future, wherever possible and however small.
- Expected outcomes for people had been identified and these were being monitored.
- Care and support was provided in line with national guidance and best practice guidelines, including guidelines on supporting people with an acquired brain injury.
- People were being supported daily to make choices and decisions about their care and support.

Staff support: induction, training, skills and experience.

- Staff had received an induction into the service when they first started working there and training relevant to their roles had been provided. One explained, "I have done all my training, first aid, fire and safeguarding. I've also done my medicines training and I'm insulin trained. They come and do a refresh every year."
- A dedicated training team was in post to ensure the staff team received the training required to meet people's individual needs.
- Occupational therapists working at the service had been supported by the management team to meet their requirements for revalidation and maintain their professional registration.
- The staff team were supported through one to one supervisions and annual appraisals. One staff member explained, "We have supervisions, mine is planned and is soon."

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

- People were supported to maintain a healthy balanced diet and to eat and drink well.
- Nutritional risk assessments and plans of care had been developed for people's eating and drinking requirements and people's weight was monitored regularly.
- People's meal preferences had been explored and weekly meetings had been held to devise the weekly menus.
- People were supported to prepare their own meals whenever possible to maintain their independence. One person told us, "I cook for myself each day and do my own shopping with help from the staff."
- People told us the meals served at Kingly Lodge were good. One person explained, "Food is fantastic with enough choices of our own on the menu." Another told us, "I can't complain about the food, it is very good."

Staff working with other agencies to provide consistent, effective, timely care.

- The staff team worked together within the service and with external agencies. This included commissioners

of the service and healthcare professionals including consultant neuro psychiatrists to provide effective care.

- Key information was available to medical staff when people were transferred into hospital so their needs could continue to be met.

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

- People had access to suitable indoor and outdoor spaces. There were spaces available for people to meet with others or to simply be alone. Communal rooms were designed to provide a pleasant, welcoming and homely environment for the people living there.

- People were encouraged to personalise their own rooms. We saw rooms were highly personalised and reflected people's hobbies, interests and culture.

Supporting people to live healthier lives, access healthcare services and support.

- People had access to healthcare services and received on-going healthcare support.

- Changes in people's health was recognised by the staff team and prompt and appropriate referrals were made to healthcare professionals. One person told us, "Staff will make appointments for me to see the dentist or optician when needed."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The service was working within the principles of the MCA, restrictions on people's liberty had been authorised and conditions on such authorisations were being met.

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.

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

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

- People told us the staff team were kind and caring and they looked after them well. One person explained, "The staff will always listen to me, they don't dismiss me or patronise me."
- Staff spoke to people in a kind way and offered support in a relaxed and caring manner. They expressed genuine interest to demonstrate that people's happiness mattered to them. We observed positive, caring relationships between the staff team and the people using the service.
- The staff team had the information they needed to provide individualised care and support because they had access to people's plans of care. These included details about people's history, their personal preferences and their likes and dislikes.

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

- People were encouraged and supported to express their views about their day to day routines and personal preferences and were actively involved in making decisions.
- People were supported to be as independent as possible. Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views.

Respecting and promoting people's privacy, dignity and independence.

- People told us they felt respected by the staff team. One explained, "The staff treat me with respect and observe my dignity. There is no rudeness or raised voices."
- Staff told us how they respected the privacy and dignity of people they were supporting by ensuring any personal care was in the privacy of people's rooms.
- People were encouraged to maintain relationships that were important to them and relatives were encouraged to visit.
- Staff had received training on equality and diversity and respected people's wishes in accordance with the protected characteristics of the Equality Act.
- People's personal information was kept confidential 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.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were supported to receive individualised care, maintain their independence and access the community.
- People's individual and diverse needs had been identified before moving to the service and plans of care had been developed. Those seen were comprehensive and included personalised information.
- People's plans of care included information about their past, their spiritual needs and the hobbies and interests they enjoyed. The staff team understood people's life history and what was most important to them.
- Each plan of care had goals the person had identified they wanted to achieve and steps to achieve these. People were being supported to work towards achieving their own goals, wishes and aspirations. One person explained, "I have a plan to move to supported living." We saw this person had been supported to achieve this goal and the staff team were in the process of supporting them to move into their own home in the community.
- A Clinical Psychologist had been employed to support and improve the function of the therapy team and promote people's rehabilitation.
- Plans of care had been kept under review and reflected people's current circumstances.
- The provider understood their responsibility to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider could access information regarding the service in different formats to meet people's diverse needs. The staff team knew people well and knew how each person communicated.
- People were supported to follow their interests and take part in meaningful activities of their choice. Staff supported people to find employment and voluntary work. People participated in activities such as shopping, food preparation and cleaning the service. This was to support people to become more independent and less reliant on support. It was an important stepping stone towards people's rehabilitation. One person explained, "Staff have asked me about my interests and have helped me to pursue them."
- The staff team completed daily records of how people were supported and what people had done so they could monitor their welfare.

Improving care quality in response to complaints or concerns.

- A formal complaints process was in place and this was displayed for people's information.
- People knew who to talk to if they had a concern or complaint of any kind. One person told us, "If I wanted to complain, I would speak to the staff and I'm confident they would help me."

End of life care and support.

- There was no one requiring end of life care at the time of our visit. The management team explained If a person required end of life care, this would be comprehensively assessed, a plan of care implemented, and the required care and support provided.

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.

Requires Improvement: Service management and leadership systems 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.

- At the time of our visit the service was without a registered manager. The provider explained a new manager was due to start two weeks after our visit and they had started the process of registering with CQC. In the interim, the staff team were being supported by the operations manager. One staff member explained, "[Operations manager], I think she is going to be very good for the company, firm but fair."
- A number of changes to the provider's management team had occurred over recent months, and some staff shared their concerns regarding this. There was no evidence during our visit to suggest these changes had impacted on the people using the service or the care and support they received.
- Monitoring systems were in place to monitor the quality and safety of the service however, these were not fully formalised or robust. The providers operations director shared with us the governance framework they had recently introduced to achieve robust quality monitoring systems in the future.
- Whilst checks had been carried out on the hot water temperatures being delivered, the auditing processes had not identified the anomalies within the temperatures being recorded. Actions to report these had not been taken. This was reported to the providers estates manager following our inspection.
- Staff at all levels understood their roles and responsibilities and the management team was accountable for the staff and understood the importance of their roles. The staff team were held to account for their performance where required.
- The provider 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 we could check whether the 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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. One explained, "The main aim is to get them [people using the service] back into the community, it's all about rehabilitation, we have to thrive to provide the rehabilitation they have come here for."
- The staff team knew people's individual needs and ensured good outcomes for people.
- The management team was open and honest when things went wrong and lessons were learned to ensure people were provided with good quality care.

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 views and thoughts were regularly sought. One person explained, "We have monthly meetings, we discuss maintenance, menus, activities and upcoming birthdays and anything else that requires attention."
- Staff meetings had been held though not for some time. The new operations director had arranged for a staff meeting to be held the day following our visit.
- Annual surveys were used to gather people's thoughts. One person explained, "I completed a survey a while back and staff will often ask if I'm happy with my care."

Working in partnership with others.

- The management team worked in partnership with commissioners, the local authority safeguarding team and other healthcare professionals to ensure people received the care and support they needed.