

El Shaddai Homes Limited

Kingsway Care Home

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Kingsway Care Home is a residential care home providing personal care to 11 people. At the time of the inspection 9 people were living at the home. The service provides support to people with a learning disability and autistic people. People had their own bedrooms with en-suite bathroom and shared communal facilities in 2 lounges, dining areas and landscaped gardens.

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

Right Support

Systems and processes to ensure good management oversight required improving. The provider had not recognised safeguarding incidents when people became upset with each other. The provider had recorded and investigated the incidents and taken appropriate action to keep people safe. However, they had failed to inform the local authorities of the physical altercations between people because they had not recognised some behaviours had met the threshold for a safeguarding alert.

Risks to people had been assessed and people's care plans had been regularly reviewed and updated. Staff supported people to maintain their health and wellbeing by accessing healthcare services. Staff knew their legal responsibilities to keep people safe.

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.

Right Care

People's needs were assessed prior to them receiving care and support from the service. Staff understood how to promote people's independence and ensured the care they provided treated people with dignity and respect. People were supported to express their views. People's communication needs had been considered and met. People's medicines were managed safely. The provider had sufficient infection, prevention and control measures in place and staff had access to a good supply of personal protective equipment.

Right Culture

It was clear the registered manager, the general manager and all the care staff cared passionately about the people they supported at Kingsway Care Home. People and their family members told us how supportive

the provider was and how much they enjoyed living at the home. Regular feedback was sought from family members. Staff felt supported by the provider. Complaints had been listened to and acted upon.

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 31 August 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last 2 consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

We have found evidence that the provider needs to make improvements. Please see the safe 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 Kingsway Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safeguarding people from potential risk harm at this inspection and a failure to notify.

We have made a recommendation about advanced safeguarding training for the management team and care home staff to aid their understanding.

The provider has taken immediate action to mitigate the risk.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 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 ●

Kingsway Care Home

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 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 team comprised of 1 inspector.

Service and service type

Kingsway Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kingsway Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced with an announced return to the service on a second day.

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 (PIR). 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 this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and observed staff interaction with people to help us understand people's experience. We spoke with 4 relatives about their experience of the service. We spoke with 3 care staff, the general manager and the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 4 care plans and 3 staff files and a variety of records relating to the management of the service. These included audits, policies and processes, training for staff and medicine records.



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 requires improvement. At this inspection the rating has remained 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.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from the risk of abuse. However, the processes had not been effective and had not enabled the provider or management to recognise where incidents of emotionally distressed behaviour had potentially met the local authority's safeguarding threshold.
- In 6 months there had been 34 incidents of which 18 had involved physical altercations between people. The provider had investigated the incidents and informed family members. The provider had reviewed people's care plans and risk assessments following incidents. However, they had failed to notify the local authority. This meant missed opportunities for social care professionals to become involved and review people's care and support needs.

Systems and processes had not operated effectively to enable the provider to report safeguarding concerns when there was evidence of people been put at risk of potential harm. This was a breach of regulation 13(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately and have reviewed their processes, people's risk assessments and taken action to reduce the risk of further occurrences.

- Staff had completed safeguarding training and explained what they would do if they thought a person was being abused. One staff member told us, "I would tell the manager straight away." We could see incidents had been correctly reported to the provider. However, the provider had failed to recognise the incidents between people were potential abuse and report them as safeguarding to the appropriate authorities.

Recommendation

We recommend the management team and all care staff complete advanced safeguarding training to update their knowledge and safe practice accordingly.

- While there had been some incidents between people, those we spoke with all told us they were happy and felt safe living at the home. One person told us, "I love living here, they [staff] look after me." All the relatives we spoke with were positive about the home and had no concerns about their family member's wellbeing. A relative said, "Oh yes [person was safe] I've never had any qualms about that and how good staff are and [registered manager] is very thorough and everything is done in the correct way."

Using medicines safely

- Medicines were being stored safely and at the correct temperature. However, 2 homely medicines and 1 cream had not been discarded within the recommended time frame after they had been first opened. This could lead to adverse effects for people should they have been administered. The registered manager disposed of these medicines and cream immediately.
- People received their medicines at the correct times and family members were confident their relative was supported safely with their medicines. Staff had received training on medicine administration and had been assessed as competent to give people their medicines.
- Information about how people preferred to have their medicines given to them and information about people's known allergies was documented in their care records.
- People requiring 'as and when' medicines had the required protocols in place to support staff on when these medicines should be administered to people.

Learning lessons when things go wrong

- Accidents and incidents were reported by staff to the registered manager. These were reviewed, and actions were taken to reduce any further risks. However, the processes had failed to recognise some of the incidents should have been notified to the local authority and CQC.
- The registered manager analysed accidents, incidents and complaints to identify any emerging themes or patterns in order to improve the care provided. Any learning was shared with staff at regular supervision as well as team meetings.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been appropriately assessed and was regularly reviewed and updated when people's needs changed.
- Fire evacuation processes had been improved following our last inspection and included regular checks and fire drills. People had personal emergency evacuation plans in place that had been regularly reviewed to make sure they reflected people's individual mobility needs.
- People at risk of seizures had robust monitoring processes in place with clear guidance for staff on what action they should take in the event of a seizure lasting longer than, for example, 4 minutes.

Staffing and recruitment

- Staff were recruited safely. The service followed safe recruitment processes to ensure staff were suitable for their roles. This included undertaking Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff on duty to meet people's needs.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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

People were safely supported to receive visitors.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were good, and people's feedback confirmed this.

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

- There had been an improvement from the last inspection in how the provider assessed people's needs. People's needs had been appropriately assessed by the provider prior to them joining the service. The assessments considered the protected characteristics under the Equalities Act 2010 for example, people's needs in relation to their gender, age, culture, religion, ethnicity and disability. Care records had been reviewed and updated to reflect people's changing needs.
- Staff we spoke with were knowledgeable about people's day-to-day support needs.

Staff support: induction, training, skills and experience

- People and relatives we spoke with told us they thought the staff had the appropriate skills and training. Staff we spoke with demonstrated good knowledge and skills to support people. We reviewed information that confirmed staff training was up to date and relevant to their role.
- New staff to the service completed an induction. This included shadowing an experienced staff member and completing essential training for their role. For example, completing of the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- We saw some staff members had received training from visiting nursing professionals to support people living with diabetes.

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

- Everyone we spoke with told us how much they enjoyed the food. One person said, "The food is great, I enjoy it." A staff member explained how all the meals were prepared with fresh ingredient every day. There were 2 kitchens with 1 kitchen used by people so they could make their own drinks and snacks with help from staff and to support their independence.
- People at risk of choking had been assessed by the appropriate health care professionals. For example, Speech and Language Therapist (SaLT). Staff knew people's nutritional needs such as those receiving a diabetic diet.
- People at risk of losing weight had their weight monitored and referrals had been made to the GP for any health care conditions that may contribute to a weight loss. One person had lost a significant amount of weight in a 12 month period but had not been prescribed any food supplements or a fortified diet. A fortified diet is food high in calories and protein to support a healthy weight. The provider told us the person had been referred to the GP and had undergone numerous tests which had been negative. However, the person had continued to lose weight. The provider has made a referral to a dietician for nutritional guidance.

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

- There were processes in place to monitor people's health. The provider and staff worked in partnership with people, relatives and health and social care professionals to monitor and maintain people's health. These included district nurses, SaLT and GP.
- Staff knew what to do if they had concerns about a person's health or if there was a medical emergency. One person told us, "They (staff) always get the doctor for me when I'm not well."
- People had 'hospital passports' or 'grab sheets' available for staff to give professionals in the event of a person being admitted to hospital. This information provided professionals with brief history of the person's medical history, next of kin contact details and prescribed medication.

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

- The property was maintained and the provider had considered people's sensory needs. Everyone had their own bedroom and told us how they had been involved in choosing their coloured wallpaper and furnishings. One person was very pleased to show us their new wardrobe.
- The garden was accessible and had been landscaped by family members and some of the people living at the home had also helped. One person pointed out the tomato plants they had planted. There was also a summer house in the garden which was also a sensory room. There was plenty of safe areas for people to relax in. One person said, "I like to sit out there when the sun shines."

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. 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, 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.

- Appropriate DoLS applications had been made and there were processes in place to keep them under review.
- Staff had received training in the MCA and understood the importance of involving people in decisions about their care. One staff member told us, "[Person] will let you know if they want you to help them or not, we just leave them until they are ready for us to help them but sometimes [person] will try to do it themselves and we're around just in case."
- Staff told us how they always asked for consent before supporting someone. We saw staff on the day always offered people choices and sought consent before providing any assistance.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received care and support from staff that was kind, caring and compassionate. People's care plans had been reviewed and updated to reflect their individual needs, wishes and preferences. Staff were guided about how to ensure care and support was delivered consistently, and in a respectful and dignified manner that met people's cultural needs.
- We observed positive staff interactions with people. Staff were observed to offer people choices such as how to spend their time, including offering opportunities to go out shopping and the local park. Staff were responsive to people's needs and requests. People were seen to be relaxed within the company of each other and the staff.
- Staff received training in equality and diversity and understood how to apply this training in the support they provided. One staff member told us, "Everyone here is completely different and we would never treat them the same. We make sure we support people how they want to be supported."
- People and their relatives all spoke positively about the staff and the home environment. One person said, "[Registered manager] is brilliant and I love her." A relative told us, "I'm very happy with [person] living there and they are well cared for in a family home environment."

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

- People were supported to express their needs and be involved as fully as possible in their care. We observed how staff communicated with people.
- Feedback from relatives about involvement in the development and review of people's care was mixed. Whilst some relatives told us they were involved, others told us they had been involved at the initial assessment but could not recall being asked to complete any reviews. However, they all said they would not hesitate in contacting the provider if they had any concerns about their relative's care and support. One relative said, "[Registered manager] is so approachable, any issues or concerns she's on it straight away."

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to promote people's dignity when providing care. One staff member told us "I make sure I talk to [person] all the time, it puts them at ease when we're doing their personal care."
- Staff knew how people would like staff to support them in maintaining their independence. For example, supporting people in the kitchen to make their own drinks and snacks.
- People told us they were supported by staff who respected their privacy and dignity. Staff showed a good understanding of how to deliver person centre care. They told us how they ensured people were treated as individuals and how they respected people's decisions and preferences.

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 requires improvement. At this inspection the rating has changed 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

- There had been an improvement in developing people's care plans to be more person centred. People and relatives told us they could not always recall if they had been involved in reviews of care plans. However, they all felt able to speak with the registered manager to discuss people's care and support or to raise any concerns or issues.
- Person-centred information was documented in people's life histories and explained how they wanted to be supported, this included their likes and dislikes. This information also contributed to the planning of people's care and risk assessments.
- People's protected characteristics were discussed during the assessment process. For example, there were questions in relation to religion and culture.

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.

- There had been an improvement in meeting people's communication needs. Alternative formats of communication were available on request such as large print or easy read care plans.
- Communication plans/passports were in people's care files in the event of a person being admitted into hospital. This provided clear guidance to staff on the individual needs of people and how to effectively communicate with them.
- People's communication needs had been considered. Staff had good awareness, skills and understanding of individual communication needs. We saw how staff conversed effectively when people with reduced verbal communication were trying to tell them something.

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 participate in their chosen social and leisure interests on a regular basis. One person told us how they would have the daily newspaper delivered every morning for them to read. "I love reading the paper."
- People had enjoyed outings. At the time of the inspection we saw people were being accompanied to the local shops and recreation areas.
- We found the home's own facilities, such as the sensory room and garden brought pleasure to people.

One person told us, "I like looking out of my window onto the lights, lots of different colours."

- There were lots of photos of events and places visited displayed in the home.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. We reviewed the complaints the service had received and found they had been investigated and actions had been taken to mitigate reoccurrences.
- People and their relatives all told us they knew how to raise complaints or concerns.

End of life care and support

- At the time of inspection, no-one in the service was receiving end of life care. Policies, systems and support from the wider organisation were in place to provide this should it be needed.



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 requires improvement. At this inspection the rating has remained 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

- Regular audits had been completed to monitor and maintain a quality service. However, the audits had failed to identify incidents between people had not been reported to the local authority or the CQC.

The provider had failed to inform the CQC of notifiable incidents. This was a breach of Regulation 18 Notification of other incidents of the Care Quality Commission (Registration) Regulations 2009,.

- Medication audits had not identified there were 3 medicines that should have been discarded.
- Notifications for other notifiable incidents, such as outcomes from the local authority when a person was being deprived of their liberty, had been submitted to CQC as legally required to do so.
- Policies and procedures were in place to support the running of the service. These included whistleblowing, complaints and infection control.
- There was a clear management structure within the service. This included the registered manager who was supported by a general manager.
- Any learning was shared with all staff to help improvements to be made. One staff member told us, "We have a Zoom meeting every month where we can discuss issues or when we come in for training we can talk to anybody at any time. We have supervision every 2 months where we can discuss if we have any concerns."

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 understood about their responsibilities under their duty of candour and were open and honest about areas where they felt the service needed to improve and accepted constructive feedback well.
- Where there had been any incidents involving people, the registered manager had contacted family members to explain the circumstances of the events and the action that had been taken.

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

- People's care plans were person-centred and it was evident there had been an improvement since the last

inspection. However, there could be more still done to involve people in the review and development of care plans and reviews.

- All the people and relatives we spoke with were positive about the service. One relative told us, "Everything is good. [Registered manager] rings up regular (with updates) and [person] says he wants to come back (to Kingsway when staying with the family), I can't say nothing bad about the home. Everyone is kind I feel lucky to get somewhere like this for [person]. I can't say enough about the place."
- The registered manager promoted a positive, person-centred culture and conversations with the staff demonstrated they wanted to achieve the best outcomes for people. One staff member told us, "[Registered manager] is very good, her number one concern has always been the residents and their wellbeing."
- Staff told us they felt supported by the provider and enjoyed working at the home. One staff member told us, "I love the residents, the interaction with them, taking them out, just sitting and chatting with them, doing whatever we can do to support them."
- Regular feedback surveys were sent out to family members. We saw where there had been any concerns or issues, the registered manager had dealt with them quickly and effectively.

Working in partnership with others

- There was effective partnerships in place with health care professionals to make sure people's health and wellbeing was being regularly reviewed.