

Acacia Care (Kingsway) Ltd

Kingsway View Care Home

Inspection report

Kingsway View Care Home
Bramble Drive
Derby
DE22 3ZB

Date of inspection visit:
06 July 2023
11 July 2023

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02 August 2023

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kingsway View Care Home is a residential care home providing personal care to up to 80 people. The service provides support to older people, people living with dementia and people with a physical disability. At the time of our inspection there were 24 people using the service.

Kingsway View Care Home accommodates people in one purpose-built building across 3 floors. Each floor has communal areas and balcony outdoor space, all bedrooms in the home have en-suite facilities.

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

People had not always been protected from the risk of abuse, safeguarding incidents had not always been thoroughly investigated and measures to protect people had not always been implemented in a timely manner. Medicines had not always been safely managed, we identified recording issues, however the provider took immediate action to rectify these concerns.

We found complaints had not been dealt with in line with the providers policy and relatives told us of concerns they had raised which they had not received any update or resolution on. The providers systems and processes had not been followed by the registered manager in relation to safeguarding and complaints. A range of audits had been regularly completed, however they had not identified the shortfalls we found

Risks which affected people's daily lives were assessed and measures were found to be in place to mitigate risks identified. Staff were recruited safely, and infection, prevention and control measures were in place and followed by staff.

Care plans detailed information about people's choices and preferences. Staff training was relevant and up to date. We received mixed opinion from people and their relatives about the quality of the food.

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.

People were given the opportunity to be involved in their care planning and staff understood the importance of respecting people's dignity and promoting their independence.

We received mixed opinion on the activities available from people and their relatives. People told us they felt supported to maintain relationships with people who were important to them. Information was available in people's preferred formats.

There was a positive and friendly atmosphere in the service. The provider demonstrated their commitment to learn and make improvements to the quality of care by taking immediate actions during and following

our inspection to the concerns we identified.

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

Rating at last inspection

This service was registered with us on 19 August 2022, and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about medicines, staff training, the environment and food. A decision was made for us to inspect and examine those risks.

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.

The overall rating for the service is requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to safeguarding people from abuse and complaints 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 from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service 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 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 

Kingsway View 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 was carried out by 3 inspectors 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. 2 inspectors visited the service and another inspector contacted staff following our visit to the service.

Service and service type

Kingsway View 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 View 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.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and 19 members of staff including the registered manager, care manager, the chef, housekeeping staff, senior care assistants, care assistants, the regional support and peripatetic manager, the managing director and group and commercial manager. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Our Expert by Experience spoke to 10 relatives by telephone to gather their views and experiences of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.



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 of 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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People had not always been protected from the risk of abuse.
- Safeguarding incidents were not always thoroughly investigated and measures to reduce risks to people's safety were not implemented in a timely way to minimise the risk of similar incidents happening again.
- The registered manager had not always recognised when incidents should have been reported to the local safeguarding authority.
- Incidents which placed people's safety at risk were not consistently identified or addressed. Records did not always demonstrate lessons had been learnt and shared with the wider staff team.
- We received mixed feedback from relatives regarding their family member's safety. Some relative's told us about incidents that had occurred where they felt people's safety had been compromised. Other relatives told us they felt their family members were safe.

People were not consistently protected from the risk of abuse or improper treatment because systems and processes to safeguard people were not always followed. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines had not always been managed safely; we found some minor concerns relating to medicine records. We raised this with the management team who immediately rectified the issues.
- We found medicine administration records did not record the application site of a transdermal patch for one person. This meant there was a risk the patch may not be applied in line with the prescriber's instructions.
- We found a topical cream for one person had not been recorded on a medicine administration record and instead staff recorded the application of the cream in the person's daily care records. We found gaps in the recording and there was no system in place to monitor this.
- Stock levels of medicines corresponded with the records in place. Staff told us they checked the stock levels to reduce the risk of errors.
- Medicines were administered by trained staff. Staff received regular observations of their practice.

Assessing risk, safety monitoring and management

- Accidents and incidents were not always accurately recorded by staff. We found multiple records that stated people had been hurt, we found on further investigation this was not the case and this had been

incorrectly logged by staff on the providers system. The provider told us they were aware of this and were working with staff to improve the accuracy of their recordings.

- Risks which affected people's daily lives were assessed, and measures were taken to mitigate risk. This ensured people received care and support in a consistent and safe way. For example, one person who had a history of falls had detailed information in their care plan which identified this risk, and the action staff should take to support the person's safety.
- Personal emergency evacuation plans were detailed in people's care records. This ensured people's specific information could be shared in the event of an emergency evacuation of the building.

Staffing and recruitment

- We received mixed opinions from relatives and staff about the staffing levels. Relatives told us there had been staffing issues in the service but felt this was now improving. The majority of staff we spoke with felt the staffing levels in the service were okay and were aware that staffing levels would increase as more people started to use the service.
- During the inspection, we observed call bells to be responded to in a timely manner and staff responded and supported people promptly. The registered manager and provider monitored response times to ensure staffing levels met people's needs.
- We reviewed the staffing rotas and dependency tool for the service and found that there were sufficient numbers of staff deployed to meet people's needs.
- Staff were recruited safely. The service followed safer recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with Disclosure and Barring Service (DBS), and they had obtained suitable references.

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

The provider supported visits for people living in the home in line with current guidance.

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 good. 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

- Assessments of people's needs had been carried out prior to people using the service and involved the person and, where appropriate, their relatives and healthcare professionals, to ensure the service was able to meet the person's needs and preferences.
- Care plans detailed information about people's choices and preferences, we found detailed information to guide staff on how to support people with their daily routines.
- Care records had been regularly reviewed and updated to reflect people's changing needs.

Staff support: induction, training, skills and experience

- Staff training was relevant and up to date. We reviewed the staff training matrix which evidenced staff had undertaken the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us the training they had received enabled them to carry out their roles effectively. One staff member told us "It was the best training and induction; I have had all the training needed to support people." Another told us, "Onboarding was really good." Onboarding is a term to use an induction process.
- The service had effective systems in place to support and supervise staff. Staff confirmed they received regular supervision, this included one to one sessions and checks of their competencies in key areas such as medicine administration.

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

- We received mixed opinions from people and their relatives about the quality of the meals served. One person told us, "The food is intermittent in quality." And a relative told us "There is variety of food, it is pretty good, hot breakfasts, no fresh fruit on display, they do have good puddings."
- The service had recently employed a new chef who told us about their plans to improve the menu options following feedback they had received from people.
- Staff worked together to ensure mealtimes were enjoyable, people were provided with choice through various means which included the use of menu's and show plates. The show plates were prepared to provide a visual support to inform people's choice.
- People's care plans detailed the support they required from staff to eat and drink. Where people had specific dietary preferences, this was highlighted for staff to follow.

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

- The service was well maintained, and the décor and furnishing met the people's needs. The home

provided safe and comfortable furnishings for people to use.

- The provider told us of their plans to review and improve the signage within the service to inform and orientate people.
- People had personalised their bedrooms with pictures and items of their choice, equipment which promoted people's independence and preference was found to be in place. For example, people were able to adjust the temperature in their bedrooms to their desired temperature.

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

- People were supported to access healthcare. Records showed us that appropriate referrals had been made when people were experiencing swallowing difficulties or weight loss.
- People were supported to live active and healthy lives. The service provided various activities which included dancing and singing and people told us they enjoyed this.
- People's records showed they accessed support from healthcare professionals to meet their needs such as GP's, opticians and chiropodists.

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.

- People had mental capacity assessments and best interest decisions in place when relevant. These had involved people who had the legal authority to do so on behalf of the person where appropriate.
- Staff had received training in MCA and understood how to support people in line with the act.
- Where people were deprived of their liberty, DoLS were in place and people were supported in line with their agreed plans.

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 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 and their relatives told us they felt supported and treated well. One person told us, "Staff are very good, excellent." and a relative told us "Staff seem to know their stuff and are kind and caring."
- Care plans contained information about people's lifestyle choices and personal relationships, and the support required to ensure people's individual needs were met.
- Staff received training in equality and diversity understood how to apply this training in the support they provided.

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

- People were given the opportunity to be involved in their care planning and how they wished to be supported. People were also given the opportunity to regularly review their care plan to see if any changes needed to be made.
- Where people were unable to express their views, staff consulted their relatives and professionals involved to ensure care was delivered in the person's preferred way and in their best interests.
- People were supported and encouraged to make decisions about their day to day lives. We observed staff adapting their approach to meet people's individual needs when supporting people with their meals.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity. Staff told us when they provided personal care the steps, they took to ensure people's privacy and dignity was protected.
- We observed staff supporting people with dignity and respect throughout our inspection. For example, we observed staff to offer discreet and dignified support to people when supporting people with their medicines.
- Staff promoted people's independence. One staff member told us, "I see if people can do things on their own and encourage them." And another staff member told us, "I always encourage people to be independent, we don't take people's skills away."

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.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, however the process had not always been followed or completed. This meant the provider could not assure themselves complaints were dealt with in line with their policy and to the complainant's satisfaction.
- People and relatives told us they knew how to make a complaint or raise concerns if needed, however relatives told us of concerns they had raised with the registered manager and had not received any update or resolution on.

The registered manager had not operated an effective system for handling complaints. This was a breach of regulation (16) (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

- Following our inspection, the provider told us of the actions they were taking to improve opportunities for relatives to discuss any issues of concern. This included hosting face to face weekly forums and relative surgeries.

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

- The service employed a lifestyle and activities coordinator who planned and arranged a variety of activities which included quiz's, book clubs and one to one time.
- We received mixed opinion on the activities available from people and their relatives. One person told us, "We don't always get to watch the end of the films as lunchtime happens." A relative also told us this was their experience too. Another relative told us, "Activities are amazing, [person] was withdrawn but now joins in bingo, singers come, guinea pigs, rabbits, horses come in, [person] does gardening, there is always something happening."
- People told us they felt supported to maintain relationships with people who were important to them and that they could receive visitors at anytime.

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

- Care plans provided staff with detailed information and guidance about people's needs, choices and preferences. However, we could not be assured all staff read this information as one person told us, "Some staff are kind and know me, but other staff don't understand my routine, I have to explain it every time."
- Care plans contained information on people's life history and included information on people's employment and family.

- People and their relatives where appropriate had been involved in planning and reviewing people's care and relatives told us they felt they were kept up to date with any changes in their family members care.

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.

- The provider was aware of their responsibility to meet the Accessible Information Standards. Information was available in formats people required.
- People's communication needs were identified during their admission process. This ensured people were provided with information about the service in their preferred format.

End of life care and support

- People using the service were given the opportunity to express their wishes for the care they would like to receive at the end of their life.
- At the time of the inspection, the service was not supporting anyone who required end of life care. Staff however, had received training in this area so were able to support people in partnership with external professionals if this need was identified.

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

- The providers systems and processes had not been followed by the registered manager in relation to safeguarding and complaints. A range of audits had been regularly completed, however they had not identified the shortfalls we found. The provider immediately reviewed their systems and added additional measures to aid their oversight of these systems.
- Medicine systems and processes had not identified the recording issues we found, however the provider took immediate action to ensure these issues were rectified and a new system was implemented to mitigate the risk of reoccurrence.
- The provider had robust systems in place to ensure risks to people's health such as weight loss, and skin integrity were addressed. This information was regularly analysed by the provider to ensure these risks were mitigated where required.

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

- There was a positive and friendly atmosphere in the service. A person told us, "I'm quite happy. Lots of staff around, always told I can speak to people about certain things." And another told us, "I have a lovely relationship with the staff, I think they're great, always have a smile, laugh and a joke."
- Staff told us they had regular supervisions and felt able to raise any concerns they had, however they also told us they had not always received an outcome to queries they had raised.

Continuous learning and improving care; 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 had a service improvement plan in place which was regularly reviewed and updated. We reviewed the plan and found improvements had been made to areas which included the admissions process and care planning.
- The provider demonstrated their commitment to learn and make improvements to the quality of care by taking immediate actions during and following our inspection to the concerns we identified.
- The provider was knowledgeable about the duty of candour, they had not had to put this into action, however, they were able to explain the steps they would take.

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

- The registered manager had gathered feedback about the quality of the service through the residents committee, relative meetings and surveys. We reviewed this feedback and found it to be mainly positive, where people had raised concerns, the registered manager provided people with a response of the actions taken.
- Staff meetings regularly took place and staff told us they felt supported in their roles, however staff told us they felt communication could be improved in the service to ensure all staff have an awareness of people's needs.
- People's equality characteristics were respected. This information was recorded in people's care plans and was known and supported by staff.

Working in partnership with others

- The service worked in partnership with other professionals such as GP's and nurses to support people to access healthcare when they needed it which had improved people's outcomes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not consistently protected from the risk of abuse or improper treatment because systems and processes to safeguard people were not always followed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The registered manager had not operated an effective system for handling complaints.