

Making Space

Kingshill Rehabilitation and Outreach Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Kingshill Rehabilitation and Outreach Service is a residential care home that provides short term accommodation and 24 hour care, support and enablement services for a maximum of 15 people who live with a mental illness. The service also provides outreach support for people living in the community. The accommodation is provided in one building with bedrooms across two floors and communal areas on the ground floor. At the time of the inspection 15 people lived at the service and two people received support with their personal care in the community.

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

Staff were not always suitably trained to meet the needs of the people living at the service. Staff skill mix was not appropriately implemented or reviewed. The provider did not have a systematic approach to determine and regularly review the number of staff needed to meet the needs of people using the service. Robust safeguarding systems were not always in place.

The provider's care planning processes involved monthly reviews of people's care. However, these monthly reviews did not always happen consistently. Auditing systems were not always robust. Governance systems did not identify some of the issues we found during the inspection.

People were unable to access any other snack type food besides fruit after 8pm, due to the service trying to promote healthy eating. We have made a recommendation about the provider reviewing their food provision systems.

People told us they trusted staff to keep them safe. People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. Medicines were managed safely.

Staff felt supported and praised the acting manager and provider. The service worked in partnership with other health and social care organisations to achieve better outcomes for people.

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 good (published 20 October 2017).

Why we inspected

We received concerns in relation to the management of medicines and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating at this inspection.

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 has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe 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 are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to the governance of the service, staffing systems and training.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Kingshill Rehabilitation and Outreach Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Kingshill Rehabilitation and Outreach Service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service also provides outreach support in the community. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager was on a period of long-term absence. The service was being managed by an acting manager and the regional head of operations.

Notice of inspection

The inspection was announced on the day of the inspection to assess any COVID-19 risks.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the regional head of operations, acting manager, senior care workers and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We looked at staff rotas and audit systems.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Staffing and recruitment

- Staff were not always suitably trained to meet the needs of the people living at the service safely. For example, the provider facilitated conflict management and breakaway training. However, this training was not consistently completed by all staff to ensure people were safely supported.
- Staff were not always deployed effectively to ensure an appropriate mix of skills. For example, the provider did not always ensure staff on duty were first aid trained.
- The provider did not have a systematic approach to determine and regularly review the number of staff needed to meet the needs of people using the service. No form of staffing level assessments was used, and we received mixed feedback in relation to staffing levels.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to determine staffing levels and ensure staff training was maintained. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team assured us they would implement staffing level assessments and review their training compliance.

Systems and processes to safeguard people from the risk of abuse

- The provider had not always identified safeguarding concerns during the registered manager's absence. However, we were assured systems and processes were sufficiently in place to safeguard people from abuse.
- Staff had received training in safeguarding people. Staff we spoke with were confident about how to report concerns. A staff member told us, "I would report [safeguarding concerns] to the line manager, or if needed I would report concerns to the head office."
- People told us they trusted staff to keep them safe. Comments included, "I feel very safe here. The support workers are brilliant" and, "The staffing team are really good, beyond amazing."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. One staff member told us, "We read the care plans before a new service user comes in. We need to be aware of risk factors."
- Accidents and incidents were recorded and monitored. Lessons learnt were identified and shared with the staff team.

Using medicines safely

- Medicines were managed safely. People received their medicines in a safe way and systems ensured timely administration of medicines. One person told us, "They [staff] are on the ball with medication."
- Staff were trained to administer medicines. Staff had to undertake training before they could administer medicines and received regular competency checks to ensure they administered medicines safely.

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 admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

- Cleaning regimes had increased, and some checklists were used. However, a specific checklist for high touch surfaces was not in place. Staff encouraged people to socially distance. However, there was no social distancing signage to prompt people. Staff had access to PPE and wore PPE appropriately. However, donning and doffing areas were not always clear.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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; 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

- Auditing systems were not always robust. Governance systems did not identify some of the issues we found during the inspection.
- The provider's care planning processes involved monthly reviews of people's care plan. However, monthly reviews did not always happen consistently.
- Where people were supported with their finances, the service conducted daily financial audits of people's monies. However, these audits were not detailed.
- Robust safeguarding systems were not always in place. For a period of time the service did not have the registered manager or the acting manager available. In this period, we found two incidents where the provider failed to oversee and escalate safeguarding concerns to the relevant local authority.
- The service did not always make statutory notifications to the CQC when required. Registered providers have a duty to submit statutory notifications to the CQC when certain incidents, such as serious injuries or allegations of abuse happen.

Effective governance and quality assurance systems were not in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The acting manager made the safeguarding referrals and submitted the notifications to the CQC during the inspection process.
- At this inspection we saw the rating from our last inspection was displayed in the building and on the provider's website.

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; Continuous learning and improving care

- People's views had been sought through regular contact and resident meetings. Resident meetings consisted of discussions of various topics. However, there was a missed opportunity to have open discussions about food provisions. People were unable to access any other snack type foods besides fruit after 8pm, due to the service trying to promote healthy eating for all people. One person told us this regime

was not suitable for their routine.

We recommend the provider reviews their food provision systems.

- The management team responded during the inspection and facilitated other choices of snack type foods which could be accessed by people as needed.
- Staff surveys had been collected and analysed. An action plan was implemented to address matters raised.
- Staff felt supported and praised the acting manager and provider. Their comments included; "Both [provider and manager] are great" and, "[Acting manager] is great, very approachable, they have even come in and done [care] shifts themselves."

Working in partnership with others

- The service worked in partnership with other health and social care organisations to achieve better outcomes for people. The service also obtained regular feedback from the professionals they worked with. One professional who worked with the service wrote, "Making Space provide an excellent service to individuals who have a mental health disability. I liaise with Making Space management on a regular basis and I think that the communication is very good. Management are professional, approachable, efficient, reliable and supportive."

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 Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not always robust enough to ensure safeguarding concerns were appropriately escalated. Auditing systems were not always effective. Governance systems did not identify some of the issues we found during the inspection.
Accommodation for persons who require nursing or personal care Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Systems were not always robust to determine staffing levels and ensure staff training was maintained.