

Conquest Care Homes (Norfolk) Limited

Kalmia & Mallow

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kalmia and Mallow is a purpose-built residential care home providing personal care to up to 13 people. The service provides support to people with learning disabilities and autistic people. The service is split into two bungalows which are linked together and share a garden. At the time of our inspection there were 12 people using the service.

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

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.

Right support

The management of risks, including those posed by the environment, required further improvement. Recording and monitoring of known risks was not always accurate and staff knowledge of risk was not comprehensive. This placed people at risk.

Safeguarding incidents were investigated, and the provider took action to reduce future risks. Staff understood their safeguarding responsibilities and there were enough staff to meet people's complex needs. Infection control practices were good but the poor state of some areas of the building made the risk of infection harder to manage. A scheduled refurbishment programme began during our inspection period. Medicines were administered safely.

Right care

Care plans reflected people's needs and choices and people were involved in decisions about their care. Records did not always document how often people had been supported to access the community to follow areas of interest. The provider was continuing to prioritise access to outside activities and relatives told us they had noticed improvements since the new manager had been appointed.

The model of care and setting was designed to maximise people's choice control and independence. 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 included in decisions about their care and support.

Right culture

Staff treated people who used the service in a way which upheld their dignity, privacy and human rights. Some written and verbal language needed to be more person centred.

Oversight of some aspects of the service required improvement. The provider had recognised this and was introducing a new recording system to address this. The new manager had made a positive impact on the service in a short time, supported by staff and senior management. The provider gave us assurances they understood where the improvement priorities were and would continue to work on these. There was a clear ethos in place and the provider's values promoted inclusion and empowerment for the people who used the service. There was still work to do to fully embed these values but the direction for the service was clear.

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

Rating at last inspection and update.

The last rating for this service was requires improvement (published 11 January 2020). The service remains rated requires improvement. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We carried out an unannounced, comprehensive inspection of this service on 14 and 18 November 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve standards of person-centred care and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-Led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection. We have made a recommendation relating to good governance.

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

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.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Kalmia & Mallow

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

This inspection was carried out by two inspectors on the first day onsite and by one on the second. One inspector carried out the feedback session on the final day of the inspection.

Service and service type

Kalmia and Mallow 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. Kalmia and Mallow 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was no registered manager in post at the start of the inspection period but one registered during the inspection period. For the purposes of the report, they are referred to as the 'manager.'

Notice of inspection

This inspection was unannounced on the first day and we told the provider we would be returning for the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR.) 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 information gathered as part of monitoring activity which took place on 26 April 2022 to help plan the inspection and inform our judgements.

We used all of this information to plan our inspection.

During the inspection

Most people who used the service were not able to speak with us about their care and so we observed care and support being provided. 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.

We spoke with four relatives, the managing director, the operations manager, the director of quality and governance and the manager. We also spoke with four care staff, three agency staff and one member of the domestic team. We received feedback from one healthcare professional who works with the service.

We reviewed a range of records. This included five people's care plans, five sets of medication records, staff recruitment files and other records relating to the quality and safety of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We found actions documented in one person's plan and risk assessment, were not fully understood by agency staff and embedded into the service's safeguarding practice. This placed the person at an increased risk of harm. We fed this back to the provider who took immediate action to update agency staff knowledge and understanding of the risk.
- The manager identified safeguarding concerns and reported them to CQC and the local authority as required. When needed, they reviewed a person's care plan and risk assessment in order to keep them, and others, safe
- Relatives fed back positively on the safeguarding skills of the staff, including agency staff. They said staff were able to distract and de-escalate situations where there was a risk of one person's actions negatively impacting on other people who used the service.
- Financial recording systems were in place to safeguard people from the risk of financial abuse. We identified one error in financial records. The provider acknowledged this oversight and took remedial action. Other financial records were found to be accurate.
- Staff had received safeguarding training and understood how to raise concerns should they suspect a person might be at risk of abuse. Staff knew how to raise concerns both within the company and externally.

Assessing risk, safety monitoring and management

- Risks were assessed and clearly documented in care plans and had been reviewed within the last two months. Records monitoring people's eating and drinking, and their continence, were not always accurate. Information was sometimes duplicated or contradictory, which could place people at risk, although we had no evidence to suggest people had been harmed.
- The provider took immediate action to simplify records to make them clearer. They also told us a new electronic recording system, planned to be in place in the next few weeks, would ensure accurate recording in the future.
- Risks relating to the environment had not all been fully assessed and mitigated. We identified a kettle that was not cool touch and posed a potential risk of scalding and wardrobes were not fixed securely to walls. By the time of our second onsite visit these issues had been rectified. A programme of complete refurbishment of the environment was underway.
- Other environmental risks were well managed. Window restrictors were in place and health and safety equipment and systems were regularly checked and maintained.
- Fire risks were mostly well documented and managed but we noted no fire evacuation had taken place at night even though this was a recommended action on a recent fire risk assessment and had been noted as an action by the provider since March 2022.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

At our last inspection we issued a recommendation for the provider to use a recognised dependency tool to ensure all staff hours were provided and accounted for. At this inspection we saw a dependency tool was in place.

- There were enough staff to meet people's needs and enable them to make choices. Agency staff were used in addition to the permanent staff team and the manager blocked booked staff to ensure consistency. One relative commented, "There have also been a lot of different staff but now at least the agency staff are the same ones and they get to know the guys."
- Staff were recruited safely, and the provider took up references and carried out Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. One person's recruitment record needed to be more rigorously assessed. We raised this as an issue with the service who agreed to ask the provider's human resources department to take the matter forward.

Using medicines safely

- Medicines were well managed and people received their medicines as prescribed. There was an effective auditing system in place to monitor the safe administration of medicines.
- People made their own decisions about medicines wherever possible. They received information about medicines in a way they could understand and staff supported them to take their medicines safely.
- Staff ensured people's behaviour was not controlled by excessive and inappropriate use of medicines, in line with recognised best practice.
- Staff followed national practice to check that people had the correct medicines when they accessed activities outside the service.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were not fully assured that the provider was promoting safety through the layout and hygiene

practices of the premises, as some areas needed to be refurbished. A refurbishment plan was in place to address this.

- 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

- We were assured the provider was facilitating visits for people living in the service in accordance with the current guidance. Relatives told us the service enabled them to visit their family members as soon as it became possible after pandemic restrictions were relaxed.

Learning lessons when things go wrong

- There were systems in place to monitor and analyse incidents on a monthly basis, with evidence of actions taken to mitigate the risk of reoccurrence.
- Following any significant incident, the manager held a 'safety huddle' with staff to discuss future strategies.
- The provider responded quickly to review and act on the issues we brought to their attention on inspection.

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 for this key question 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; 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

At our last inspection the provider had failed to meet people's daily needs and ensure they could do the things they enjoyed. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's goals, aspirations, choices and preferences were documented in their care plan. We observed people taking part in activities and receiving person centred care in line with their expressed preferences.
- Staff and relatives told us access to the community had improved significantly in recent weeks. One relative explained, "The atmosphere generally is a lot better and they are doing more with the [people who use the service.]"
- Staff were able to tell us what was important to people and what strategies worked well if people were unhappy or anxious. However, we observed some agency staff needed a better understanding of risks people faced.
- Keyworker meetings had not been held regularly for everyone in recent months. However, staff had begun to reintroduce these, along with some other initiatives to give people the opportunity to set goals of their own choosing and make plans.
- The provider offered in-house activities tailored to people's interests. In addition, people had sensory items to enjoy and the use of a sensory space. Most staff were knowledgeable about activities people enjoyed. One staff member explained, "Everything we do is 'their' choice. We will hold up two things and [people] can make a choice. We are a people led service."
- One person had had their funding to take part in a particular activity in the community removed during the pandemic. They had requested to return to this activity in one of their keyworker meetings. The provider had advocated successfully to reinstate the funding and they had begun to enjoy this activity again.

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.

- Care plans were written in partnership with the people they concerned, as much as possible. Plans were written in simple clear language and pictures and photos were used throughout. We observed some language, both written in care plans and spoken, which was not inclusive. We fed this back to the provider who agreed with us and assured us they would be reminding staff about how they spoke to people and wrote in care notes.
- The service had photo boards showing which staff were on duty and there was a pictorial 'You say, we did' board documenting concerns and requests people had made and the action taken to address them. We viewed an accessible complaints procedure. Minutes of meetings held with the people who used the service used pictures to document the issues discussed.
- Object of reference were in place for some people to help them communicate and staff demonstrated a good understanding of people's specific communication needs. A pain and distress assessment tool was in place. This aimed to establish how a person was feeling if they were not able to tell staff verbally.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. Complaints were documented and managed in line with the provider's procedure. Informal phone calls, reinstated key worker meetings and annual feedback surveys with relatives and people who used the service provided opportunities to raise informal concerns.

End of life care and support

- Staff demonstrated a good understanding of end of life care provision, as an important part of their job role. People's end of life wishes for their care were recorded in an accessible document called, 'When I'm sick and might die.'
- We observed staff arranging for a person's anticipatory medicines to be made available to them, despite numerous challenges as pharmacy services were not open locally. Great efforts were made to secure medicines as quickly as possible to help ease any discomfort or distress the person might have been experiencing.

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

At our last inspection the provider had failed to ensure the quality and safety of the service was well managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, although further improvement was required. We have issued a recommendation regarding ongoing good governance.

- The poor state of the environment, and the infection control and safety risks this presented, had been identified by the provider as a priority. However, action to address this had been slow. One relative commented, 'Some things like the redecorating and the garden really need doing now as they have been talking about it forever.' The comprehensive refurbishment work began during our inspection period. We have agreed the provider will keep CQC informed of the progress in implementing this plan on a regular basis.
- The provider had recognised recording systems needed to change and was in the process of introducing new electronic recording systems to ensure more consistent recording and better oversight in future. The new system aimed to provide staff with more timely and straightforward access to key information in order to reduce risk.

We recommend careful implementation of new recording systems with regular review with staff to ensure information about people and records of their wellbeing are readily available.

- Incidents and accidents were analysed to see if there were any learning points. If there were, these were shared with staff. Daily flash meetings provided an opportunity to discuss any trends and strategies needed to reduce risk.
- A system of audits, structured observations and walkround checks of staff practice was in place to monitor the ongoing safety and quality of the service. Senior staff completed weekly and monthly updates of a rolling quality monitoring and improvement plan.
- However, no audit had not taken place at night which meant the provider did not have an accurate picture of how people's needs were met over a 24-hour period. The new manager told us they had scheduled a night audit for the week following our inspection site visit and planned for these to take place regularly in

future

- The manager became registered with CQC during the inspection period. They had a very good understanding of their role and the responsibilities of being registered. They had made a positive impact on the quality of the service in the weeks they had been in post.
- The provider told us the manager would remain in post until a permanent registered manager could be appointed. A three to six- month handover period was planned to ensure continuity and maintain the improvements already in place. Relatives were concerned about the future management of the service and were keen to be kept informed. The provider assured us they would be doing this.

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

- Staff told us they felt supported in their roles, especially since the new manager had been in post. Staff were empowered and able to challenge and put their own ideas forward. One person commented, "I can express my opinion or ask stupid questions, [the management team] are very supportive."
- Relatives also felt that the service had recently improved communication and included them more. They were positive about recent changes at the service. One person commented, "They have worked so hard... overall things are much better."
- The service had reviewed and rewritten people's care plans and involved them in the process as much as possible. Annual surveys had invited people who used the service and relatives to comment on various aspects of the care provided. Relatives told us that they felt consulted about their family member's care and involved in decisions more than before.
- People who used the service had been asked about their goals and aspirations and these had been documented in their plans. Further work was needed to ensure people's stated goals and preferences continued to be prioritised and achieved.
- Resident and relatives' meetings had not been held in recent times due to the pandemic and had not been reinstated. The manager told us they kept in touch with people by telephone, sometimes by daily call. Informal social gatherings had been held and more were planned.

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

- Where serious incidents had taken place, the provider had been open and honest about it. Some relatives commented they had not always been fully informed but there had been a significant change in recent weeks. One relative explained, "Now they tell us if something is wrong."

Working in partnership with others

- Feedback from one healthcare professional was mixed and stated the service delivered extremely good outcomes at times but at other times had failed to meet people's routine care needs. This mirrored our findings.