Kingarth Limited

Kingarth

Inspection report

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Ratings

Overall rating for this service	Good
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an announced focused follow up inspection, which took place on 2 May 2017. At our last inspection, which took place in September 2016, we found that the service did not have a manager who was registered with the Care Quality Commission (CQC). This is a condition of the services registration with us. Because there was no registered manager in place at the service and we were yet to receive an application from the registered provider we placed an automatic limiter on the well led section of the report of requires improvement.

We also issued a requirement action that related to shortfalls identified in the management of the service. We found that the service was in breach of the regulations because there was a lack of robust monitoring of risk and quality relating to the service being provided, which included action being taken to make identified improvements to service delivery. This included a review of people's individual risk assessments and ensuring that staff had signed that they had read and understood them, as well as some outstanding training mainly for bank staff and supervision. This report only covers our findings in relation to this topic. You can read the report from out last comprehensive inspection by selecting the 'all reports' link for 'Kingarth' on our website at www.cqc.org.uk.

Following the inspection the acting operations manager, sent on behalf of the registered provider, an action plan which informed us of what action the registered provider would take to make the necessary improvements required.

This service is registered to provider 24 hour nursing and personal care support for up to seven people with learning disabilities and associated mental health needs, that might present as behaviours that are challenging to others. There were five people living at the service at the time of our inspection. Two people were also accessing the service during their assessment period to see if Kingarth was a suitable place to meet their needs.

At this inspection, we found that the service had a manager who was registered with the Care Quality Commission so the condition of registration previously applied was met. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We looked at what action had been taken to make improvements to the shortfalls identified at our last inspection.

We saw that the registered provider had undertaken an online quality assurance review since our last inspection. This gave people who use the service, their families and relevant health and social care professionals the opportunity to give their views and opinions about the service. However, only two people responded to the online quality assurance request. The registered manager told us that plans were in place

to send out paper versions of the quality assurance review survey.

The registered provider's quality monitoring form, the operations manager's monthly quality monitoring reports and other records we saw showed that the required improvements had not yet been fully made or sustained.

You can see what action we have asked the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Requires Improvement

Systems were in place to assess and monitor the quality of the service. However, we found that there were still outstanding actions to
be undertaken to ensure the requirement was met.

A manager was now in place who was registered with the Care Quality Commission.

We saw that the registered provider had undertaken a quality assurance review since our last inspection. This gave people who use the service, their families and relevant health and social care professionals the opportunity to give their views and opinions about the service. However, only two people responded to the review request.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced focused follow up inspection undertaken by one adult social care inspector on 2 May 2017. The inspection was carried out to check that action had been taken to make improvements about a breach in a regulation relating to the management of the service.

The provider was given notice of the inspection because we needed to speak with the registered manager for the service and so we wanted to ensure that they would be available.

Before our inspection, we reviewed the action plan the operations manager had sent us following our last inspection that took place in September 2016. This gave us information about what action was to be taken to ensure that a manager was registered with Care Quality Commission, which was a condition of the regulatory requirements and what improvements were to be made by the registered provider to ensure that good governance was achieved.

During the inspection, we talked with the registered manager and the operations manager. We also reviewed a number of documents relating to the management of the home.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection, we found that the service did not have a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We spoke with the director of operations who was visiting the home for a planned meeting at the time of our last inspection. They told us that they were moving quickly to ensure that the post of registered manager was filled and that there was a live recruitment process in place.

At this inspection, we were aware that there was now a manager in place who was registered with the CQC on 16 January 2017. The registered manager was a qualified mental health nurse who had many years' experience working with people who had a learning disability and whose behaviours may challenge others. The registered manager had previously been the deputy manager at the home so they knew people who used the service well. We were also aware that the acting operations manager had been appointed to the position permanently. The operations manager, had also worked at the home previously and had a good working knowledge of the home. There was a new deputy manager in place. We were told that there was a good working partnership between the deputy manager and the registered manager.

At our last inspection, we looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations.

We found shortfalls in quality assurance in relation to the review of people's risk assessment and ensuring that staff had signed that they had read and understood them. We also found there was some outstanding training and supervision to be completed, mainly for bank staff. There was no evidence to show that a quality assurance review had taken place to gain feedback from people who use the service, their relatives and other relevant people such as health and social care professionals.

We were sent an action plan from the operations manager dated 22 November 2016, on behalf of the registered provider that informed us about what action was to be taken to ensure improvements were made.

At this inspection, we saw evidence that the registered provider had undertaken an online quality assurance review. However, only two people had responded to the survey, which did not give enough information to make a judgement about the service. The registered manager told us that they intended to put out paper versions of the quality assurance review survey.

We looked at the providers quality monitoring checklist (CMT) dated 6 May 2017 for the service. This record

covered a wide range of areas about the day-to-day management of the service. We looked at the shortfall areas for the service we identified at our last inspection. The CMT record showed that a quality assurance review was marked at 50% completion. This was because although an online quality assurance was put out there had been a poor response. The review of risk assessments and ensuring that staff had signed that they had read and understood them was marked as 50% complete. Staff mandatory training was marked at 100% though service specific training was marked at 50%. Supervisions to be held at least two monthly and recorded was marked at 50% complete.

We were informed by the registered manager that since the last inspection In September 2016 all risk assessments and support plans have been re-evaluated and redone.

We saw copies of the operations manager's monthly quality monitoring reports for 24 March 2017 and 27 April 2017. The reports showed shortfalls in the availability of risk assessments and when they were last reviewed, particularly in relation to one service user. We saw that this person's risk assessment was now in place. However, not all staff had signed to confirm that they had read and understood the person's risk assessments. We were informed following our inspection that some progress had been made in relation to staff signing the care records.

We looked at the findings in the operations monthly reports regarding the provider's mandatory training and the staff team mandatory training record. The reports noted shortfalls in foundation care of medicines and safeguarding for staff. We were informed that the foundation care of medicines was for support staff. It was confirmed that nurses remained responsible for administering medicines and not the support staff at this time. However, it was intended that support staff would administer medicines in the future. We note that in the providers external monitoring record and the operations manager monthly quality monitoring information showed there was a shortfall in service specific training with 'urgent action required'. This training helps staff to support people safely and effectively around their individual needs.

The quality assurance reports showed that supervision was taking place more regularly. The registered manager sent us a copy of the supervision record for staff following our inspection. However, the record only gave us information about staff training that took place in April and May 2017. This meant we were not supplied with enough information to make a judgement as to whether or not staff were receiving regular supervision or not.

The continued lack of a robust monitoring of risk and quality that includes action being taken to make improvements to the service delivery was a breach of Regulation 17 (2) (a) Good governance.

We saw in the operation manager's monthly quality monitoring reports that feedback from people who use the service was positive. However, it was noted that morale was recorded as low amongst the staff team on both reports. This was because some staff thought that other staff were not making equal contributions to the team. Staff thought no action was being taken about this issue and there was negativity about the job role.

We talked with the registered manager and the operations manager about this. We were told that this was in part due to the ongoing changes in working practices. This was because at a service level nurses were using their skills more in direct support with people and support staff. The registered manager also wanted to improve person centred thinking amongst the staff team to promote better person centred care and use of initiative. At a local level, the organisation had grown with additional services in place in the North West region. The operations manager told us that work to standardise practice across all the local services was ongoing.

A new team leader post was to be introduced to help provide support staff with an opportunity for career progression. Other improvements noted included that there was more evidence of people engaging in activities.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance People who used the service and others continued not to be protected from unsuitable and unsafe care, treatment and support because findings in quality monitoring reviews, for example, a review of people's individual risk assessments and shortfalls in training and supervision had not been fully addressed.