

Moundsley Hall Limited

Kenilworth House

Inspection report

Moundsley Hall Care Village
Walkers Heath Road
Birmingham
West Midlands
B38 0BL

Date of inspection visit:
11 March 2019

Date of publication:
18 April 2019

Tel: 01214333000

Website: www.moundsleyhall.com

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Kenilworth House is a home located in Moundsley Hall Care Village. This service provides nursing and personal care for up to 30 people living with dementia.

People's experience of using this service:

People did not always receive safe and consistent support with their medicines. The provider did not have systems in place to consistently record the support people required with their topical creams.

Although the provider had systems in place to identify and address any unsafe staff members practise these were not consistently followed. There was a lack of appropriate signage to direct people and visitors in the event of an emergency in some parts of the building.

Information confidential to people was not always securely stored and there was inappropriate information contained in individual's personal files. People's privacy and dignity was not always respected.

People did not always have personalised care and support plans that reflected their needs and preferences. People did not always have information presented in a way they found accessible. People had mixed experiences of the provider's complaints process and outcomes were inconsistently provided.

The management team did not have effective quality monitoring processes in place and when areas of improvement were identified these were not followed through to ensure people received good care and support.

People were protected from abuse and ill-treatment as the staff team had been trained to recognise potential signs of abuse and understood what to do to safely support people. Staff members followed effective infection prevention and control procedures.

Staff members were knowledgeable about the relevant legislations that informed their practice and supported the rights of people. People were promptly referred to additional healthcare services when required. People were supported to maintain a healthy diet and had choice regarding food and drink.

People received help and support from a kind and compassionate staff team with whom they had positive relationships. People participated in a range of activities that met their individual choices and preferences which they found interesting and stimulating.

The provider had systems in place to ensure the Care Quality Commission was notified of significant events in a timely manner and in accordance with their registration. The provider, and management team, had good links with the local community which people benefited from.

Rating at last inspection: Good (published 18 June 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection, 'Good.'

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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

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 not always caring

Details are in our Caring findings below.

Requires Improvement ●

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 ●

Kenilworth House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by one inspector and one 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. In this instance the support of a family member in residential care.

Service and service type:

Kenilworth House is a care home that accommodates up to 30 older people who may be living with dementia. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection there were 26 people living at Kenilworth House.

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.

Notice of inspection:

This inspection took place on 11 March 2019 and was unannounced.

What we did:

Before our inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We spoke with two people living at Kenilworth House and nine visitors. We also spent time in the communal areas observing the care and support people received to understand the experiences of those who were not able to talk with us. In addition, we spoke with the registered manager, two nurses, two care workers, one housekeeper and the activities coordinator.

We reviewed a range of records which included two people's care and medication records. We confirmed the safe recruitment of three staff members and reviewed records relating to the provider's quality monitoring, health and safety and staff training.

Is the service safe?

Our findings

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

Requires Improvement: 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.

Using medicines safely

- People did not receive safe and consistent support with their topical creams. For example, we saw one person needed two types of cream to maintain healthy skin. There was no guidance to the staff members regarding what the creams were, when they were to be administered, where on the body they were to be used or how to record them. We checked this person's creams with the nurse and the registered manager and confirmed with them these had not been recorded. We followed this up with the person concerned and their relative who confirmed they did receive their creams and were happy with the support they received. However, the lack of guidance and recording put people at risk of receiving inconsistent support to maintain healthy skin integrity.
- The provider did have systems in place to respond to any medicine errors, including contact with healthcare professionals and, if needed, retraining of staff members. However, these were not consistently followed. For example, we saw a medication error had been identified as part of the medicines audit. The management team were not aware of this error and had not acted to address this with the staff member concerned. We asked the registered manager about this and they told us they hadn't read the medicine audit to see what the results were or if any action was needed. This put people at risk of inconsistent care and support with their medicines. This was because when an error was identified the management team failed to follow the providers procedures which included documenting any action taken.
- We saw medicines were securely stored in accordance with the manufacturer's instructions.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. We saw people were asked if they required this medicine and if they declined they understood that this would be available when they wanted and in accordance with the set guidelines.

Learning lessons when things go wrong

- The registered manager told us they reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accidents and near miss incidents were recorded and passed to the registered manager for their review. They analysed these incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people. However, they failed to identify the medicine error highlighted as part of their medicines audit or take any corrective action.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to address unsafe staff practise including disciplinary processes if needed. However, this were inconsistently followed. For example, the registered manager told us the staff member concerned in the medication error should have received a one-on-one discussion following the

incident. However, the provider's process had not been followed in this instance.

- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to any potential concerns.
- One relative told us, "I know [relative's name] is in good hands when I am not here."
- Information was available to people, staff, relatives and visitors on how to report any concerns.
- The provider had made appropriate notifications to the local authority to keep people safe.

Assessing risk, safety monitoring and management

- The registered manager told us checks to the physical environment were completed to ensure it was safe for those living there. However, at this inspection we saw items of maintenance and repair which were needed to keep people safe which had not been identified as part of these checks. For example, the lock to the nurse's station on the third floor had been removed. This meant people and visitors had access to this area without supervision. No one we spoke with could tell us when this lock had been removed. On the third-floor communal area one toilet was out of order and the door lock on the second toilet was broken. The registered manager was not aware of this and was not able to tell us what action was taken to repair it. Also, in the third-floor communal area, there was a lack of signage to direct people in the event of an emergency. Once these issues were identified to the registered manager action was taken to correct them.
- People's care plans contained risk assessments linked to their support needs. These explained the actions staff took to promote people's safety and ensure their needs were met appropriately. Risk assessments were updated following significant events. For example, when one person had fallen the appropriate healthcare professionals had been contacted and their risk assessment updated.
- We saw staff members followed people's individual risk assessments to ensure safe and consistent care and support.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them.
- We saw people were promptly supported when they needed assistance.
- The provider followed safe recruitment processes when employing new staff members.

Preventing and controlling infection

- The provider had effective infection prevention and control systems and practices in place. These included regular checks to minimise the risks of communicable illnesses which followed recognised best practice.
- Staff members were provided with personal protective equipment to assist in the prevention of communicable illnesses.

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 (published 18 June 2016) we identified improvements needed to be made regarding the assessment and recording of people's abilities to make decisions for themselves. At this inspection we found improvements had been made.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance.

- All the staff members we spoke with had a clear understanding of The Mental Capacity Act 2005 (MCA) and how this was effectively applied to those they worked with to ensure their rights were maintained.
- The 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 Act 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 with appropriate legal authority.
- 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider had made appropriate applications and had systems in place to renew and meet any recommendations of authorised applications. Staff members told us about these applications. Those which had been approved and those which were still awaiting approval. This demonstrated to us that staff members understood the legislation that informed their work with people.
- People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do in order to protect the individual's rights. Decision specific mental capacity assessments were completed and the best interest process was followed in relation to decisions about people's care and treatment. When it was appropriate, people had access to independent advocates.

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

- People's needs were assessed and regularly reviewed. People's physical, mental health and social needs had been holistically assessed in line with recognised best practice.
- One relative told us they had recently asked for a care plan review and were involved in the decisions and were happy with everything that was recorded. The care and support plans we looked at contained accurately scored clinical assessments for people's identified needs. For example, risk associated with diet and hydration.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.

- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment. However, the registered manager told us they did not have effective systems in place to encourage people to identify some areas of their lives which were important to them. For example, sexual orientation. However, at this inspection we saw they had gathered information and best practice guidance to encourage people to share such aspects of their lives.

Staff support: induction, training, skills and experience.

- People were supported by a well-trained staff team who felt supported by the provider and the management team. One staff member said, "I do feel supported and if there is ever anything I need I can go to [nurses name]."
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, adult safeguarding and moving and handling.
- In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively.

Supporting people to eat and drink enough with choice in a balanced diet.

- People were supported to have enough to eat and drink to maintain their well-being.
- When it was identified that people needed additional support with their eating and drinking a specialist assessment was requested. The outcomes of these assessments were then included in people's care and support plans for staff members to follow. We saw staff members supporting people in accordance with professional guidance and where necessary specialist adapted crockery and cutlery was provided.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff members had effective communication systems in place to share appropriate and relevant information with those involved in the continued care and support of people living at Kenilworth House. We saw staff members sharing appropriate information between themselves to ensure the correct care was provided.

Supporting people to live healthier lives, access healthcare services and support.

- People had access to healthcare services when they needed it. This included foot health, GP, opticians and dentists. The provider referred people for healthcare assessments promptly if required.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

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

- The physical environment, within which people lived, was accessible and suitable to their individual needs.

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

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- We saw the systems and practices in place at Kenilworth House did not always promote respectful and dignified care and treatment. For example, information confidential to people was not always kept securely. When we arrived, we saw people's daily records had been left on a table unsupervised by any staff members. One person was sat at this table having a drink. They were being visited by a family member who also had unrestricted access to this information.
- The nurses station on the third-floor had a broken door lock and people and visitors had unrestricted access to people's private and confidential information.
- The toilet door used by people in a communal area did not have any means of locking which compromised the dignity of anyone wishing to use this toilet. The second toilet was out of order meaning people only had the option of using the toilet with the broken lock.
- We saw people's individual care and support plans contained the names and dates of birth of other people using the service. When we asked the registered manager about this they said staff members had just photocopied existing records which contained such personal and identifiable information rather than creating a separate document. The registered manager told us they would take immediate action to correct the points we raised with them.

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

- People and relatives told us those living at Kenilworth House were treated well by a kind and caring staff team. One relative told us, "They love [relative's name] to bits. You can tell by how they are with them. Even if they are just passing they will speak and check everything is okay." Another relative said, "We are thrilled that we got [relative's name] a place here. They (staff) made such a fuss the day they arrived, and it's been the same since. They have been so good."
- Staff members we spoke with talked about those they supported fondly and with compassion. One staff member said, "I do just love coming here to work. I treat everyone as if they are my own family."

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

- People and relatives told us they were supported to be involved in making decisions about their care. Throughout this inspection we saw people being supported to make decisions regarding their care and support. This included the personal care they wanted assistance with.
- We saw people were supported at time they were upset and distressed. One person started to show signs that they were becoming anxious. This was recognised by a staff member who supported this person to engage in an activity during which they visibly relaxed.
- People were supported to express their individual likes and dislikes. These were known to staff members

who supported them to meet their stated decisions. This included, but was not limited to, food, drink and activities.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People did not have information presented in a way they found accessible and in a format, they could easily comprehend. For example, one person was registered blind. Their care and support plan told staff members how to communicate with this person. However, the information contained in their care and support plan was completely inappropriate for someone with such a sensory impairment. We asked the registered manager about this. They told us the staff member who had written it most likely had used a set template for someone else and it shouldn't have been done like this. This meant that people did not have personalised care and support plans based on their individual needs and preferences. However, we saw staff members interacting and communicating with this person in an appropriate way which supported their communication and aided them to interact with their surroundings.
- None of the staff we spoke with, including the management team and registered nurses, were aware of the Accessible Information Standards, and had therefore not implemented its principles when assessing people's support needs. The Accessible Information Standards sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.
- Throughout the care and support plans we looked at there were the names and dates of births of other people who were living at or who had lived at Kenilworth House. In some instances, we could not be sure the information contained in individual's files related to them or to another person. The registered manager told us they believed staff members "Had cut corners" and had copied other people's plans before adapting them to the person they related to. They went on to say they would address this as a matter of priority.
- People took part in activities that they enjoyed, found interesting and stimulating. At this inspection we saw people completing puzzles, reading and doing "inside gardening." One person was assisted to their preferred place of worship.

Improving care quality in response to complaints or concerns

- People and relatives gave us mixed responses regarding their experience of the provider's complaints and concerns procedures. One relative said, "I have had meetings with [registered manager] and I always feel listened too, but I'm not always sure what actions are taken." Another relative told us, "I'm comfortable going to [registered manager], but I'm not always sure what is done." Others we spoke with felt able to raise any concerns or comments.
- The provider had systems in place to record, investigate and to respond to any complaints raised with them although people, who had raised concerns, felt unsure about the outcomes.

End of life care and support

- At this inspection no one at Kenilworth House was receiving end of life care. However, nurses and the registered manager told us they would use their care assessment processes to provide the support they

needed and seek assistance of other healthcare professionals if required.

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

Requires Improvement: 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 provider had ineffective quality monitoring systems in place. Although we did see evidence of some quality monitoring checks these were ineffective in identifying the issues that we found at this inspection. For example, an audit of the medicines people received had been completed. However, this was not looked at by the registered manager to ensure all corrective actions had been taken. A quality check completed by a visiting local authority representative identified concerns about the recording of medicated creams yet the management team could not evidence what action they had taken to address this issue which we also found at this inspection. A care plan audit had identified the inappropriate assessment of one person's communication needs but there was no evidence this had been corrected. The registered manager was not aware of the maintenance issues we identified at this inspection although they did take immediate action to rectify them. The management team failed to act when the unsafe behaviour of one staff member was identified. The management team failed to ensure information confidential to people was stored securely and only accessed by appropriate people. The management team failed to identify and act when the wrong names and incorrect information was included in people's care and support plans.

These issues constitute a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We spoke with the registered manager about the issues we found at this inspection. They told us they worked over several homes within the provider's organisation and they were currently without a designated manager for Kenilworth House. They told us a manager had been appointed and they were waiting for them to start. They went on to say they had felt stretched and had not given Kenilworth House the attention it had needed recently to maintain good standards of care.
- The provider had displayed their last inspection rating on their website and at Kenilworth House as required by law.

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

- People gave us mixed responses to if they were engaged with decisions about where they lived or not. One relative told us, "There used to be meetings but I haven't noticed any recently."
- The registered manager was not always available to people or relatives at Kenilworth House. One relative said, "[Registered manager's name] is not visible on the unit. They are always welcoming when they are though. However, this impacts on confidence, when there's no visible manager." They went on to tell us

that [registered manager's name] had provided an email address to use if needed, and that a reply was always received on the same day.

Continuous learning and improving care

- We asked the registered manager how they kept themselves up to date with developments in health and social care to provide good care and support for people. They told us they attended training updates and subscribe to several professional updates and alerts. However, they had failed to keep themselves up to date with changes in the law. For example, the provision of the Accessible Information Standards. They did tell us they had lapsed recently and had not read as many updates as they would have liked.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff members told us they felt listened to by the management team and their views and opinions were valued. Staff members were encouraged to attend staff meetings. One staff member said, "We get our chance to say what we want at staff meetings. If I want to say something outside of a meeting I can always go to the nurse in charge, it's good because we can go to anyone."
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Working in partnership with others

- The management team had established and maintained good links with the local community and with other healthcare professionals.

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider did not have effective quality monitoring systems in place to ensure people received good care.
Treatment of disease, disorder or injury	