

Angels (Kingsleigh) Ltd

Kingsleigh Residential

Inspection report

78 Berrow Road
Burnham On Sea
Somerset
TA8 2HJ

Tel: 01278792768

Date of inspection visit:
12 June 2019
18 June 2019

Date of publication:
24 July 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Kingsleigh Residential is a care home. People in residential care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Kingsleigh Residential accommodates up to 23 older people. At the time of the inspection, 13 people were living there.

People's experience of using this service:

People were at risk of cross contamination due to staff not being able to access effective hand washing facilities. Hot water temperatures were not being undertaken to ensure they were within safe parameters and on occasions they were recorded as being above recommended guidelines.

Staff were not receiving supervision, training and an annual appraisal in line with the providers policies. People were not always supported by staff who demonstrated compassion and a positive approach to people. The provider failed to ensure quality assurance systems were in place to identify shortfalls.

Some areas of the home required improving such as ceilings and a broken extractor fan. Staff received training in safe administration of medicines however staff were not always recording the administration of topical medicines such as creams. Staff were not always able to demonstrate a good understanding of the types of abuse or the Equality Act 2010. Care plans were not always current and up to date reflecting people's current care needs or end of life wishes. Not all people knew how to make a complaint should they need to.

People and staff felt the service was safe and that the food was nice. People were supported to access medical appointments and health professionals when required. People had choice and control and had their views sought. Care plans contained important information such as likes and dislikes and people's personal information. Activities such as exercises, dancing, themed days, and listening to music were provided to people.

People were supported by staff who had checks undertaken to ensure they were suitable to work with vulnerable adults. Incidents and accidents were recorded, and an overview held so that any trends and themes could be identified.

Rating at last inspection: Good (published December 2016).

Why we inspected: This was a planned inspection based on previous rating. At this inspection we found a deterioration had been made and the overall rating had changed from Good to Requires Improvement.

Follow up: We found three breaches of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014. We will continue to monitor the service through the information we receive. We will visit the service in line with our inspection schedule, or sooner if required.

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 not always Effective

Details are in our Effective findings below.

Requires Improvement ●

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 Responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always Well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Kingsleigh Residential

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:

The inspection was carried out on the first day by one adult social care inspector, an expert by experience who has experience of caring for an older person and a specialist advisor, who was a nurse. On the second day the inspection was carried out by one adult social care inspector.

Service and service type:

Kingsleigh Residential is a residential care home. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means 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:

The inspection was unannounced on the first day.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about. We also looked at information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people and five members of staff, including the registered manager and deputy manager. Following the inspection, we contacted six relatives and managed to gain views from two. During the inspection we reviewed four people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records,

questionnaires, recruitment and training records, policies, audits and complaints.

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 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.

Preventing and controlling infection

- People's rooms had no facilities for staff to undertake effective hand washing. For example, we found no liquid hand wash or paper towels were available for staff to use in people's rooms. This is important as staff washing their hands at the point of care prevents the risk of infections and cross contamination. We fed this back to the registered manager.
- Staff had no access to antibacterial hand gel whilst administering medicines and staff had to enter the manager's office to wash their hands as there was no liquid hand wash within the medicines room.
- The sluice room's extractor fan did not work, and it was dirty and dusty. Staff had no hand washing facilities in the sluice room or in people's rooms to prevent the risk of infections and cross contamination.
- One of the upstairs toilets had no hand basin or hand washing facilities so that people could wash their hands to prevent the risk of cross contamination and infections.
- The service was not ensuring water temperatures were safe and regularly undertaken to ensure they were safe and within the recommended Health and Safety guidelines. For example, we found during the inspection various water outlets were above safe parameters and people and staff could be at risk of scalding. This shortfall was not in line with the provider's 'Heating, water, lighting and ventilation policy.'

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were locked safely however the medicines trolley required securing to the wall.
- Medicines Administration Records (MARs) confirmed oral medicines staff had administered however there was no system in place to record what topical creams people had received.
- Records were not always consistent. For example, on occasions two staff were signing when people had their pain patches removed and applied, however this was not always consistent.
- Staff were interrupted whilst administering medicines to people. For example, we found the member of staff responsible for administering medicines answered the front door to visitors whilst administering medicines to people. They had a tabard with 'Do not disturb' on it, however this tabard was ineffective as they were disturbed.
- Care plans had body maps in place.
- Staff received competence checks to ensure they were competent in administering medicines.

- Medicines were stored safely.

Systems and processes to safeguard people from the risk of abuse

- Staff were not always able to demonstrate a clear understanding of the different types of abuse. For example, one member of staff told us, "It's about people's rooms being locked. It could also be emotional, behavioural, sexual and mental". After some prompting they also confirmed financial. Another member of staff confirmed, "Safeguarding is protecting people from harm, i.e. mental, physical, sexual, financial and neglect. We raised this with the registered manager who confirmed they would review how was best to update staff's knowledge.
- People and staff felt the service was safe. One person told us, "Yes, I am safe". One member of staff told us, "Yes they're safe here". Another member of staff said, "Yes, people are safe".

Assessing risk, safety monitoring and management

- Records relating to risk assessments and skin care were not always accurate and up to date. This related to the use of evidence based tools that assessed people at risk of developing pressure areas. These assessments were not undertaken in line with the guidelines of the risk assessment. We also found one person's care records had no goal recorded of what support they required with their repositioning. We fed this back to the deputy manager for them to address this shortfall.
- Most people had locks on their rooms and could choose to lock their door should they wish.
- Windows had restrictors in place and radiators were covered.
- People's care plans had risk assessments in place that identified risks, equipment and what support people required. However, we found two that required updating. One person's risk assessment was out of date following a change to their care needs. Another person's risk assessment had different information to that within their care plan. We fed this back to the registered manager.
- The service had emergency plans in place that confirmed what support people required in the event of an emergency.

Learning lessons when things go wrong

- Incidents and accidents were recorded within people's care plans. The registered manager kept an overview monthly log, so trends could be reviewed and similar incidents prevented from occurring again.

Staffing and recruitment

- People were supported by enough staff who had checks undertaken to ensure they were suitable to work with vulnerable adults. Checks included a full Disclosure and Barring Service check (DBS) and references. Staff files contained the member of staff's application forms or CV's and their interview questions.
- Staffing levels reflected people's needs and the amount of people living at the home. Staff did not raise any concerns about staffing levels. At the time of the inspection there was one night care assistant vacancy.

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 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 effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not consistently receiving supervision or an annual appraisal. For example, six staff had not received supervision within the last 12 months.
- Not all staff had received training to ensure they were competent and skilled to support people with their individual needs. For example, one member had received moving and handling training since they started in March 2019. However, they had received no other training. Another member of staff had received fire safety and moving and handling since they started in October 2018. However, they had received no other training since they started. This meant some staff had not receiving training in safeguarding adults, fire safety, infection control, mental capacity, first aid and health and safety. This meant staff were not receiving supervision and training in line with the provider's 'Staff training and development policy'.
- The registered manager confirmed new staff received an induction. This was so they were familiar with the expectations of their role and the service. However, we found limited records that confirmed staff had received an adequate induction that prepared them for their role and covered the necessary training.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Care plans had important personalised information relating to people's religion, personal information and family information.
- Staff had variable knowledge around protected characteristics under the Equalities Act 2010. For example, not all staff were able to identify all the protected characteristics such as age culture, gender, sexuality and race. We raised this with the registered manager who confirmed they would review how was best to update staff's knowledge.

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

- People liked the food and had choice and control with their diet and staff offered support when required. One person told us, "I like the food and I get choice". However, improvements could be made to the menu so that people could visually see what was being offered that day.
- Condiments were not available for people on the tables. People living in the service might not be able to request these due to their dementia, however if they were displayed on the tables people could be visually

prompted to use them.

- Meals were relaxed, and people could choose to have their meal in their room, one of the lounges or the dining area.
- People's care plans contained important information relating to their individual dietary requirements and their individual preferences.

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

- People's rooms were clean and personalised with items of their personal preference. However, one relative felt their loved one's room required cleaning and the window needed fixing. They told us, "The room is dusty and needs a Hoover. The window also doesn't open. We have told them". We fed this information back to the registered manager for them to take the necessary action.
- Some areas of the home required some general upkeep such as one person's ceiling had stained ceiling tiles where there had been a water leak. A leak in the roof had also caused some plaster board damage where it had flaked and come away.

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 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 service submitted DoLS applications for people when required. Records confirmed those authorised and those pending.
- People had mental capacity assessments and best interest decisions in place.

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

- People were supported to access health care services and appointments were arranged to see GP's, district nurses or other professionals when required. However, improvements could be made to people's care plans, as they contained limited information relating to what support the person was receiving from these professionals and why.

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

- The service sought advice and support from other agencies so that people could receive effective care. For example, one person had been losing weight. However, following a change to their diet and eating plan they had gained weight in the last 6 months.

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.

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 people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity

- At times staff didn't demonstrate a kind and caring positive approach with people. For example, we observed one person who was requesting their medication. They continued to request their medication for over an hour. During this time staff either ignored the person or spoke to them in way that did nothing to reassure them. On one occasion a member of staff replied to the person, "You have Alzheimer's, can you remember what that does to you? It takes your memories from you". Within this hour the person became upset and agitated as their request for medication was being ignored. On another occasion a member of staff said to a visitor in front of the person, 'She can have chatty days and sleepy days, she can really wind me up' This would have been overheard by the person who the member of staff was talking about. We shared these observations with the registered manager so that they could address this practice with the staff.

- People and relatives felt the home was a nice place. One person told us, "It's alright living here, people are friendly". One relative told us, "Staff are very nice". Another relative told us, "Staff are very good – very caring".

Respecting and promoting people's privacy, dignity and independence

- Staff held important conversations in private so that they couldn't be overheard.
- Staff were knowledgeable about how to support people with their dignity and respect. For example, staff confirmed they would close bathroom doors and windows, knocked on people's doors and close curtains when required. However on occasions we observed staff were not always respectful in their support to people.
- People were encouraged to be independent. Staff were able to demonstrate a positive enabling approach to people being independent.

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

- People were involved in making daily decisions about their care. Care plans confirmed if people had an advocate or if the person had someone who had lasting power of attorney. An advocate can represent the person to exercise their rights.
- Staff were able to give examples on how they supported people to make choices and care plans confirmed people's wishes in relation to their care and support needs.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people's needs were met through good organisation and delivery.

End of life care and support

- Care plans required improvements to recording people's wishes relating to their end of life care. One person at the time of the inspection was on end of life support. Their care plan confirmed a conversation held with their advocate along with end of life instructions. However, there was limited information relating to the person's wishes regarding how they wished to have their care needs met during this time.
- One Person's care plan stated they were receiving end of life care however this had changed. Their care plan was therefore inaccurate and could mislead staff to thinking their needs were different than they were.
- People received care and support from health care professionals should they require end of life care.

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

- Most people's care plans were current and up to date. However, on the first day of the inspection we found one person's care plan did not reflect the person's change in care needs. We fed this back to the deputy on the first day. Action had been taken to update this care plan when we returned for the second day.
- People's care plans contained important information relating to their individual personal history such as occupation, family, where they had lived.
- People had a 'This is me' document. The document confirmed what people liked to eat and drink, their hobbies, social events, favourite singer, happy memories, favourite meals, things the person liked and disliked.
- The service had a 'resident of the month'. This was an opportunity for the person's care plan to be reviewed and for the person to experience that day something that was important to them. The deputy confirmed this could be going for a walk, having their nails painted or something else of their choosing.
- People had access to various activities such as games, music, dancing, and exercises as well as themed days. During the inspection we observed people signing along to music and getting up to have a dance.

Improving care quality in response to complaints or concerns

- People had access to a complaints policy, however people were not sure on how to make a complaint. One person told us, "I don't know how to make a complaint".
- Relatives felt able to raise any complaint with the staff and management. One person raised a complaint with us during our inspection. We shared this with the registered manager for them to investigate and take any necessary action.
- The complaints policy was available to people on the wall in their rooms and within the welcome letter. However, feedback from the resident's survey confirmed not all people were knowledgeable about how to complain. We raised this with the registered manager so that people could be empowered in their right to

raise a complaint should they need to.

- Complaints were logged, and actions taken to prevent similar incidents from occurring.

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

- Staff were not receiving supervision and an annual appraisal, and training in line with the provider's training and development policy. Induction records failed to confirm new staff had undertaken adequate training in line with the provider's policy. There was no quality assurance system in place to monitor and identify these shortfalls prior to our inspection.
- One person's care plan was not current and up to date following a change to their care needs. Action was taken on the first day of the inspection to update this care plan.
- The service was not ensuring hot water temperatures were within the recommended Health and Safety guidelines and the provider's policy. There was no quality assurance system in place that identified this failing or that checked the safety and standard of the building.
- The infection control audit failed to identify shortfalls relating to no liquid hand soap, paper towels, a dirty, rusty extractor fan that was not working and a missing sink and hand washing facilities within one toilet.
- The provider and registered manager had failed to identify shortfalls through effective quality assurance systems. There was no action plan in place that confirmed areas for improvement or actions required.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff meetings were an opportunity to discuss updates and changes to people's care and support. Other topics included, resident of the day, the running of the service, changes to the business and record keeping.
- All staff had a handover before commencing their shift. This was an opportunity to discuss any changes to people's needs that day and any planned appointments or visits.
- The provider sent questionnaires to people and health care professionals. Most feedback was positive. Some areas for improvement included, people's meal choices, décor and ambience, people knowing how to make a complaint. No action plan had been implemented to address these areas for improvement.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility

- During the inspection we observed the deputy manager spend time reassuring people and talking to them. They knew people well.
- Staff spoke positively of the team work and the culture in the service. One member of staff told us, "I couldn't be anywhere else. The residents are lovely it's like a home from home". Another member of staff told us, "We can discuss anything with the management. They are very supportive".
- The registered manager was on site 50% of the time. The other time they were managing another home locally. The registered manager confirmed they had spent some time away from the service. On returning they had identified areas requiring improvement. There was no action plan from the registered manager or provider confirming these improvements.
- Notifications were made when required. The service was displaying their CQC rating in the main entrance.

Working in partnership with others

- The registered manager liaised with outside agencies such as the local authority, district nursing teams, safeguarding, DoLs and social work teams.
- People had a 'This is me' document which could be used for hospital admissions.

Continuous learning and improving care

- The registered manager kept a log of incidents and accidents, so they could be reviewed each month. They also confirmed they reviewed falls people experienced and identified any trends and risks to prevent similar incidents from re-occurring.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service did not always have liquid hand soap and paper towels available at the point of care. One toilet had no sink or hand washing facilities for people to use. The sluice room had no working extractor fan and it was dirty and rusty.</p> <p>12). (2), (h)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to identify shortfalls relating to supervisions, annual appraisals, training, and a lack of induction records. One person's care plan was out of date and there was no audit that identified issues with the building and hot water temperatures.</p> <p>The infection control audit had failed to identify issues with a lack of hand washing facilities and liquid soap and paper hand towels.</p> <p>17). (2), (a)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff were not receiving training, supervision and an annual appraisal in line with the provider's policies.</p>

Induction paperwork was unable to confirm new staff had received training and orientation into the service as per the provider's policies.

18). (2), (a)