

Moundsley Hall Limited

Kensington House

Inspection report

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

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Kensington House is part of a purpose-built care village development which consists of five care homes. It is registered to provide accommodation, personal and nursing care for up to 30 adults. At the time of the inspection there were 28 people living at the service, some of whom were living with a dementia.

People's experience of using this service: Sufficient evidence was not available at the time of the inspection, to verify that safety checks and tests were carried out in relation to the premises. New checks and tests on the electrical installations, gas and legionella were carried out following our inspection. Aspects of the environment did not always meet best practice guidance for people living with dementia. We have made a recommendation about this.

Quality assurance systems were in place. However, in some cases they had failed to identify issues.

People we spoke with told us they felt safe living at Kensington House and staff supported them well. There were enough staff deployed to meet people's needs.

Medicines were managed safely.

Staff were knowledgeable about people's dietary needs and information was shared with catering staff. Food looked appetising. However, we did receive feedback that it was not always served at a hot temperature.

People were supported with their health needs. People were referred to other health and social care professionals when required and were supported with their emotional well-being.

Staff we spoke with told us they felt supported by the registered manager.

Activities were available for people. We did receive feedback that activities were repetitive. Staff told us of ways in which they planned to develop activities using technology.

Most care plans were detailed and recorded person-centred information. End of life care plans need to be developed to include people's wishes.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Rating at the last inspection: The service was rated as good. The report was published in June 2016.

Enforcement: Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

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 ●

Kensington 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: The inspection team consisted of two adult social care inspectors.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. This means they and the provider are both legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: Prior to the inspection, we checked all the information we had received about the service. We assessed the information received in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

During the inspection we spoke with seven people who used the service and eight relatives.

Throughout the inspection we spent time in the communal areas of the home observing how staff interacted with people and supported them. We spoke with both registered managers, a team lead, activity

co-ordinator, the head of estates, human resources manager, a total of seven care staff from both day and night shifts, a director of the company, the company secretary and the administrator.

We reviewed a range of care records for four people. We looked at one staff personnel file, in addition to a range of records in relation to the safety and management of the service. We also spoke with three visiting healthcare professionals. After the inspection the registered manager sent us further information which we had requested.

Is the service safe?

Our findings

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

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.

Assessing risk, safety monitoring and management.

- A risk assessment was not in place in relation to the management of legionella bacteria within the home. This is necessary to comply with the requirement of the Control of Substances Hazardous to Health Regulations 2002 (COSHH) and the Health and Safety at Work Act 1974. The provider wrote to us following the inspection to advise they were in the process of organising the completion of a risk assessment.
- Evidence was not available at the time of the inspection to show premises checks had been completed. The provider organised new checks and tests on the electrical installations and gas. After the inspection they sent us evidence which showed these systems had been assessed and were safe.

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

- Risk assessments were in place for people. These included risks due to the health and support needs of the person. When a change in need was identified, risk assessments were reviewed and updated for people.
- Emergency plans were in place to ensure people were supported in certain events, such as fire.

Systems and processes to safeguard people from the risk of abuse.

- Systems were in place to safeguard people from abuse. Staff understood their role in how to protect people and had taken appropriate action by reporting incidents of a safeguarding nature to the local authority safeguarding adults' team. However, we found the provider had not notified CQC of all safeguarding allegations. This meant that CQC did not have oversight of all safeguarding allegations to make sure that appropriate action had been taken.

This was a breach of regulation 18 of the Care Quality Commission Registration Regulations 2009. Notification of other incidents. This is being followed up and we will report on any action once it is complete.

- A visiting health and social care professional told us, "I think it's safe here [Kensington House]. I am notified of safeguarding incidents and I have been happy with the actions taken."
- People told us they felt safe. Comments included, "Oh yes I feel safe, I have no concerns just the opposite."

Preventing and controlling infection.

- Moving and handling slings were shared and not laundered between each use. This was an infection control risk. Following our inspection, the general registered manager wrote to us and stated more slings had been purchased and they were liaising with the infection control team.

- The environment was clean, homely and had no malodours.
- Personal protective equipment such as gloves were available for staff use.

Using medicines safely.

- Medicines were managed safely. Medicines records were completed and showed people had received their medicines as prescribed.

Learning lessons when things go wrong.

- Systems were in place to review accidents or incidents. Accidents and incidents were reviewed to identify if there were any trends or if lessons could be learned and improvement actions taken to minimise future risks.

Staffing levels and recruitment.

- Safe recruitment procedures were in place.
- There were enough staff on duty to meet the needs of people. Staffing levels were determined using a dependency tool and an additional member of staff was available who were trained to support the work of nurses. However, some people told us there could be a delay in staff responding to call bells, especially at night. Comments included, "The buzzers [call bells] wake you through the night. They go off often, it's like having an alarm clock." We brought this to the attention of the registered manager and provider who assured us they would investigate. They also told us the target response time for responding to call bells was under two minutes.
- Checks were carried out to ensure nurses were registered with the Nursing & Midwifery Council.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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.

- Mental capacity assessments were carried out and documented but the process for making best interest decisions were not consistently recorded. We identified shortfalls with records relating to one person's mental capacity. We brought this to the attention of the registered manager who told us this would be addressed immediately.
 - The registered manager followed the principles and guidance related to Deprivation of Liberty Safeguards (DoLS). Applications had been made to the local authority for DoLS authorisations in line with legislation.
 - People and their representatives told us they were involved in decisions about their care.
- We recommend the provider ensures people's records evidence how the principles of the MCA are followed.

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

- The environment did not meet best practice guidance relating to supportive environments for people living with dementia.

We recommend that the provider follows best practice guidelines with regards to the décor of the premises to ensure it meets the needs of people with a dementia related condition.

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

- Records confirmed an assessment of people's needs had been completed and these records were reviewed as people's needs changed. Care plans were person-centred and contained detailed information to guide staff on how to deliver support.

Staff support: induction, training, skills and experience.

- There was a training programme in place. Staff were competent, knowledgeable and skilled, and carried out their roles effectively and were appropriately supported through supervision and appraisal processes.

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

- Staff were knowledgeable about people's dietary needs and preferences.
- Most people were positive regarding the choice of food available and quality of meals. However, we did receive feedback that food was not always served at a hot temperature and was too cold. One person requested their meal was re-heated.
- The environment at meal times was noisy. Music was playing on the radio, it was not clear if it would be the choice of people to listen to the type of music which was playing.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People were supported to have access to a range of healthcare professionals to ensure they remained healthy.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- We received mixed feedback from people regarding the attitudes of staff. Comments included, "Some staff are really caring and some just do their job."
- Two people raised concerns regarding the approach of one member of staff. We brought this to the attention of the registered manager and provider who told us this would be investigated.
- Throughout the inspection we observed staff treat people with kindness and engage with people in a warm and compassionate way.
- Relatives told us staff were caring. Comments included, "The staff are caring. Everyone [staff] talks to [name of person] and they always get [name of person] to smile."
- Staff knew people well, including their personal history and preferences. Care plans recorded people's preferences of what was important to them.

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

- Care plans demonstrated people and their representatives had been involved in developing and had agreed decisions about their care.
- Advocacy services had been used to support people. An advocate helps people to access information and to be involved in decisions about their lives.
- Information was available for people in accessible formats. For example, documents could be produced in a large print version for partially sighted people.

Respecting and promoting people's privacy, dignity and independence.

- Staff worked in ways which maintained the privacy of the people they cared for. Staff treated people with respect and described ways in which they worked to protect people's dignity during personal care support.
- People's confidential information was stored securely and could be located when required. This meant that people's confidentiality was maintained as only people authorised to look at records could view them.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- The home employed a full-time activities co-ordinator and a range of activities were available for people to take part in. During our inspection we observed people engaged in the activities that were provided.

However, we received mixed feedback regarding this. One person told us a greater variety of activities would be appreciated.

- Staff told us of ways in which they hoped to develop the choice of activities available using technology.

Staff participated in a non-uniform day on Friday's to fund raise for the home. Staff hoped to raise enough money to fund an I-Pad and Wi-Fi which could then be used during activities with people.

- People received personalised care and support specific to their needs and preferences. Care plans were developed with the involvement of people and their representative. They reflected people's health and social care needs and demonstrated other health and social care professionals were involved.

- Communication systems were in place to share information between staff. Handover meetings took place from one shift to the next to ensure important information was passed from one staff team to the next.

- Visitors were welcomed into the home. Staff understood what was important to people and supported them to maintain relationships with their partners, family and friends. Comments included, "I feel welcomed when I visit, all the staff are very good. I came here for Christmas dinner and it was lovely."

Improving care quality in response to complaints or concerns.

- People told us they knew how to complain if they needed to. One person told us, "As far as I am concerned things [complaints] have been dealt with promptly."

- Systems were in place for any concerns, complaints, or compliments to be acknowledged. The provider had a clear policy which detailed how any complaints would be investigated and responded to.

- The registered manager had an open-door policy and engaged with people and their relatives in a proactive way to address any concerns straight away.

End of life care and support.

- No one using the service was receiving end of life care.

- End of life care plans were in place for people. They contained some person-centred information of what people's wishes were for their end of life care.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and how the provider understands and acts on duty of candour responsibility.

- An effective system was not in place to ensure notifications were submitted to CQC; the registered manager and provider did not understand their legal responsibilities in what they had to notify to CQC.
- The service had a quality assurance system which included checks carried out by the manager and the provider. However, in some cases audits had not identified the issues we found during the inspection. For example, the provider was unaware the building safety checks had not been carried out at regular time intervals in relation to best practice guidelines.

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

Planning and promoting person-centred, high-quality care and support.

- The registered manager promoted person-centred care to achieve good outcomes for people. Care records demonstrated people and their representative had been involved in their development.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

- Staff told us the manager was approachable and they received regular supervisions. A plan was in place to ensure staff were up to date with training.
- Staff felt confident to raise any issues and felt assured they would be listened to.
- Clinical review meetings were held to discuss the health and needs of people.
- Meetings and surveys were carried out to obtain the views of people, relatives and staff.

Working in partnership with others.

- Relatives and a health and social care professional were complimentary of the service and how they engaged with others.
- Staff had positive relationships with people and understood the needs of the people they supported.
- The culture of the home was caring. Staff knew people well and understood their needs.

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 12 HSCA RA Regulations 2014 Safe care and treatment Not all risks had been assessed or action taken to reduce the risk of harm. Action to ensure the premises were safe was not taken in a timely manner. Regulation 12 (1)(2)(d).
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 An effective system was not fully in place to enable the provider to assess, monitor and mitigate risk and ensure improvements were carried out in a timely manner. Regulation 17 (1)(2)(a)(b)(c)(f).