

Caring Homes Healthcare Group Limited

Kingsclear

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kingsclear is a registered care home providing personal and nursing care to up to 97 people. The service provides support to older people and 'Windsor' first floor provides care and support to people who are living with dementia. The accommodation is purpose built and arranged over three floors. At the time of our inspection there were 47 people using the service.

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

Risks in relation to the monitoring of people's weight, broken equipment and health and safety had not been identified in order to keep people safe. Although communal areas and people's rooms were clean we found other areas such as sluice rooms, storage and housekeeping room were dirty and cluttered. Medicines were not always monitored safely.

Quality assurance systems were not always effective in identifying shortfalls which meant areas of improvement were not always acted upon. Relatives and staff told us that although the management team were approachable, they did not always respond promptly to requests. They felt communication and organisation needed to be improved. The registered manager was in the process of implementing systems to ensure complaints were consistently acknowledged and people were aware of the outcomes.

In other areas we found improvements had been made to the way in which risks were managed. Systems to monitor people's well-being, food and fluids and catheter care had been embedded into practice. People were protected from the risk of abuse as staff were aware of their responsibilities in reporting concerns. The management team ensured potential safeguarding issues were reported to the local authority in line with requirements. Accidents and incidents were reviewed and monitored to identify trends and action was taken to minimise the risk of them happening again. There were sufficient staff available to support people and a range of activities were planned which people enjoyed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us staff treated them with kindness and respected their dignity and privacy. Staff knew people well and used this knowledge to support them in a personalised way. People told us they enjoyed the food and always had a choice. Where people had specific nutritional needs, these were known to staff and catered for.

People's had access to a range of health care professionals and guidance provided was acted upon. The service had worked closely with a range of professionals to make improvements in the care people received such as the local authority safeguarding team, dieticians and pharmacy support.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 December 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last six consecutive inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified continuing breaches in relation to risks to people's safety, safe medicines practices, infection control and good governance at this inspection. We issued a warning notice in relation to the governance of the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good.

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 caring.

Details are in our caring findings below.

Good ●

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 ●

Kingsclear

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors, a nurse specialist with experience in caring for older people and an 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.

Service and service type

Kingsclear is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kingsclear is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and gained feedback from nine relatives about their experience of the care provided and spent time observing people's care. We spoke with 11 members of staff including the head chef, deputy manager, registered manager, regional manager and regional operations manager.

We reviewed a range of records. This included seven people's care records and medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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.

At our last inspection the provider had failed to robustly assess and monitor the risks relating to the health safety and welfare of people and safe medicines management. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that although improvements had been made there were continued concerns in relation to people's safe care and the provider was still in breach of regulation 12.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems to monitor people's weight loss were not always robust. One person identified at risk of weight loss had not been monitored for five months. Due to health concerns the person was unable to be weighed. However, no alternative method of monitoring the person's weight had been used. A second person who had lost weight in the previous month had not been monitored for two months. Despite this, their monthly reviews of risk assessments for nutrition and skin integrity stated they had not lost weight. The registered manager assured us training on using alternative methods of monitoring people's weight would be provided to staff.
- Risks to people's safety were not always responded to promptly. We observed one person being pushed in their wheelchair without footplates. Staff did not observe they were starting to slide out as their feet were dragging under the chair until we alerted them. We were informed the person's footplates had been broken for some weeks and requests for repair made but not actioned. This had meant the person had been placed at risk and had also limited their opportunities as they had been unable to go out with their family. We alerted the registered manager to our concerns and the person's footplates were repaired the same day.
- Following the inspection, the provider told us they had been made aware of the broken foot plates only a few days prior to inspection and had made a request for repairs, however staff and relatives told us the plates had been broken for a number of weeks and had been reported to the maintenance team but not been fixed.
- Health and safety risks were not always identified. We observed one person who was living with dementia was sat in their room with their zimmer frame beside them. Housekeeping staff mopped the floor around the person. The wet floor sign was left outside the person's room to alert staff to the risk but had not considered the risks to the person. Staff confirmed this was the normal cleaning routine rather than a response to a spillage. On another occasion we observed housekeeping staff vacuuming in the corridor of Windsor, the area of the home supporting people living with dementia. The wire of the vacuum cleaner was trailing along the corridor where people were walking. No precautions had been taken to minimise the risk of this trip hazard. Following the inspection the provider told us they had previously met with staff to communicate the correct process. However, this had not been effective in ensuring the safe systems were used.

The failure to ensure risks to people's safety were identified and robustly monitored was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other areas we found risks to people's safety were managed well. Systems to monitor risks in relation to hydration, nutrition, mouthcare and catheter care had been embedded into practice. Detailed care plans were in place in relation to these risks and regular daily checks were completed to monitor people care and well-being. For example, targets had been set for people's fluid intake and this was monitored throughout the day. Where people were found not to be meeting this target action was taken to increase the prompts and support to drink, offer a range of different drinks and foods with high water content.
- Risk assessments were also completed in areas such as mobility, moving and handling and skin integrity. Steps were taken to minimise risks and this information was transferred to care plans to ensure staff were aware of people's needs. Clinical risk meetings were held regularly in order to review people's care and action taken where concerns were identified such as involving other health professionals and additional monitoring.
- Accidents and incidents were recorded and action taken to minimise the risk of them happening again. Accident and incident reports were completed in detail and reviewed in a timely manner. This ensured prompt action could be taken to keep people safe. Regional and health and safety managers also had access to accident and incident forms which enabled them to monitor if appropriate action was being taken in response to concerns.
- Regular reviews were completed of accidents and incidents in order to identify any themes or additional actions required to support individuals. This helped to ensure that accidents and incidents were not repeated and any learning needs addressed.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We observed of one person's wheelchair had mildew and cobwebs on the back. Staff had not identified this but addressed the concern as soon as we alerted them.
- There was a risk of infection due to areas of the home and equipment being unclean. Sluice rooms were dirty and contained items of disused equipment. We observed stained bedpans stored in the area designated for clean equipment. The floors, bins and sinks in both the sluice rooms and cleaning cupboard were also unclean with dirt which had been allowed to build up over time. These concerns were discussed with the management team and the sluice rooms cleaned during the inspection.

The failure to ensure robust infection control processes was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The majority of people and relatives told us they were happy with the standard of cleanliness in the home. Communal areas and people's rooms were cleaned to a good standard.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had ensured people were able to receive visitors in line with government guidance. People were also supported to maintain contact with their loved ones on the telephone and via video calls.

Using medicines safely

- The times that people received their medicines were not always accurately monitored. We observed two occasions where staff administered medicines at 11am but had signed to say they had been administered at 9am. Staff were therefore unable to monitor if the required gap between doses had been left. This presented a risk people's medicines may not be as effective or of potential side effects from receiving medicines too close together. Staff told us morning medicines were regularly being administered after 11am.
- Where people received their medicines covertly (without their knowledge of consent) this was not always administered safely. We observed one person receive their medicines in a full cup of tea. Staff left the person unattended and did not return to monitor if the tea had been drunk. We observed the person left half of the drink before it was disposed of by staff who were unaware of the contents. The registered manager took immediate action to discuss this concern with staff and to review their training.

The failure to ensure safe medicines practices were in place was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other areas we found improvements had been made in the way people's medicines were managed. Medicines administration records (MAR) were organised and contained the required information. No gaps in administration of medicines were identified and the application of skin patches was monitored.
- Protocols were in place where people were prescribed PRN medicines (as and when required). These contained details for staff in relation to how, when and why the medicine should be used. Regular stock checks were completed, and medicines no longer required were disposed of safely.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed ensure effective safeguarding processes. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Systems were in place to monitor and report safeguarding concerns to the local authority in line with requirements. Records showed that information was shared promptly, and action reviewed to minimise the risk of reoccurrence. Where the local authority safeguarding team required additional information this was provided, concerns investigated, and learning outcomes noted.
- Staff understood their responsibilities in keeping people safe from the risk of abuse. They were able to describe signs of concern to be aware of, the action they would take and reporting procedures. One staff member told us, "I would highlight (concerns) to the manager and if they didn't take it further then I would go to the local authority. I know I could look in the staff room for information on how to do that. I would absolutely whistle blow."
- Information on how to report a concern was displayed so people, staff and relatives were aware of how to raise concerns.

Staffing and recruitment

- We received mixed comments from people and relatives regarding staffing levels. Comments included, "There are not enough staff for the number of residents living here. I now have to use the call bell for a carer to take me to the toilet. I hate having to wait.", "They are short-staffed at times and things become disorganised.", "I do have a call bell and they arrive quickly." And, "The staff are very attentive."
- The registered manager told us that although the service had experienced some staff difficulties things

were now improving and fewer agency staff were now required. Staffing levels were monitored in line with providers dependency tool to assess how many staff were required. Call bell responses were audited regularly in order to monitor how long people were waiting. Records showed that the majority of calls were answered promptly. The registered manager told us where longer times were noted these were investigated.

- On the day of our inspection we observed there were sufficient staff to meet people's needs safely. People's requests were responded to quickly and those requiring support in communal areas were not left unattended.
- Staff confirmed that there had been difficulties with staffing numbers, but this was now improving. Regular agency staff had been used to cover shifts which had helped to ensure safe staffing numbers were in place. One staff member told us, "It's much better now, I think we have a good amount of staff."
- Staff had been recruited safely and appropriate checks completed. These included identity checks, references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them moving into Kingsclear. This ensured the service would be able to meet their needs and specialist needs or equipment was available to them. Assessment covered all areas of people's needs including mobility, nutrition and hydration, health care and medicines.
- Recognised tools were used for assessing people's needs in line with best practice. This included skin integrity care and oral health care. People's oral health was assessed on them moving into the service and periodically after this to monitor for any concerns.

Staff support: induction, training, skills and experience

- People and their relatives expressed mixed views regarding staff skills and knowledge. One person told us, "The doctor showed the nurses how to (support the person with a specific need). Since then I have this done regularly and they do it well." A second person said, "They are well trained. There are always new people being trained by others." A relative told us, "I don't think the staff are well trained." They gave an example of an issue with their loved ones care not being recognised promptly.
- Staff told us they felt the training they received was useful and relevant to their roles. One staff member told us, "We have very regular training and I have access to the eLearning platform to refresh on anything. (Dementia care manager) is brilliant at supporting with training." And, "The training has been really good and professionally done. I've learnt a lot and also learn from each other." Staff and records confirmed new care staff completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Records showed staff had training in areas including moving and handling, health and safety, skin integrity and safeguarding. The provider had an eLearning platform which contained a range of optional courses staff could complete should they wish. We observed care staff appeared confident in the roles and their approach to people. They were able to demonstrate their understanding of their training during our conversations with them. The additional monitoring of health needs had also helped to provide staff with the information and knowledge of how to identify someone's changing needs or health concerns.

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

- The majority of people told us they enjoyed the food and were always provided with a choice. One person told us, "I have pureed food. They do make sure I have the same meals but obviously prepared differently. I never feel hungry. We can go to the bistro to make a tea/coffee." A second person said, "They will always do you something else if there is nothing on the menu that you like. Being a diabetic it is very difficult for them to get things right for me. They've recently introduced some new desserts for diabetics. The new chef does

cook beautifully."

- Catering and hospitality staff had a good understanding of people's needs including food textures, allergies and intolerances. Information was shared in relation to people's needs and updated when there were any changes. People were shown the options to help them in making a choice and food which was modified such as pureed was presented well.
- Dining areas were pleasant and people were well supported. There was a nice atmosphere at lunchtime where people were able to sit with friends. We observed people sharing jokes and conversations with each other and staff. Where people required support to eat this was done in line with people's care plans and in a dignified way.
- People had access to snacks and a range of drinks throughout the day. The bistro on the ground floor offered a range of snack and food display cases were in place in other areas of the service.

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

- People's rooms were personalised with their own items such as photographs, ornaments and pictures. People and their relatives told us they liked the design of the home. One person said, "I have a beautiful room and a lovely outlook." There were a large number of communal rooms of different sizes. This enabled people to have choice of where they wanted to be and to have privacy when receiving visitors should they not wish to meet in their room.
- Kingsclear is a purpose built care home which was designed to meet the needs of the people living there. There were large communal areas which supported people in meeting others. Lifts were available to all floors and corridors and doors were wide with handrails as required. Bedrooms were of a good size which gave people space and enabled any equipment required to be used safely. People had access to well maintained gardens.
- In Windsor the decoration had been adjusted to support people living with dementia. Different areas had been given clear highlighted by using different colours. There were areas of interest and seating in corridors which were used by people who chose to walk frequently. Chairs had been arranged in groups to enable people to converse and provide a more homely feel.

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

- People told us they found video consultations with the GP difficult and did not feel as involved in their health care. The registered manager told us this system had now changed. COVID-19 restrictions had eased so people received a visit when required.
- People's care records contained details of health professionals involved in their care. This included the GP, specialist nurses and consultants, opticians and dentists. Appointments and outcomes were recorded, and any follow-up action required such as blood tests or referrals were organised.
- Oral healthcare was provided in line with people's needs and wishes. People told us they received the support they required, and staff felt the oral healthcare training they received enabled them to support people in this area.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. 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

- Staff understood their responsibilities in relation to gaining consent and ensuring the principles of the MCA were followed. One staff member told us, "The management would complete the assessments, it's just about finding the least restrictive way to support someone and keep them safe."
- Although the principles of the MCA were followed for the majority of people we reviewed, we spoke to the management team about restrictions to one person where processes had not been followed. Although agreements in relation to the restrictions had been discussed with the persons family and agreed to be in their best interests no capacity assessment had been completed. The management team assured us they would address these concerns promptly.
- People's care records contained capacity assessments for specific decisions where appropriate. These included the use of bed rails and key padded doors. Where people were deemed to lack capacity best interest decisions were taken and involved people who knew the person well. The least restrictive options were considered such as the use of a low bed and crash mat to minimise the risk of someone falling from bed rather than the use of bedrails.
- Where restrictions were in place and people lacked capacity, DoLS applications were submitted as required. Applications contained information regarding the persons needs and impact of restrictions to enable the DoLS team to prioritise.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us the staff who cared for them were considerate and kind. One person said, "The staff are certainly kind and easy going." One relative told us, "I'm really pleased with the care. They do treat my relative with a lot of kindness."
- Interactions we observed between people and staff were warm and friendly. Staff stopped to speak with people, pay them compliments and ask how they were. When speaking to people staff knelt or sat beside them to make eye contact rather than standing over them. We heard staff using terms of endearment and offering reassurance by holding people's hands or rubbing their arm.
- Staff understood and respected people's religious views. One staff member told us they regularly read the bible with someone as they knew it was important to them and made them smile. Other people told us they had missed the church services during the COVID-19 lockdown. The registered manager informed us they had approached the local church who had previously visited and services would start again in the near future.

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

- People told us they were involved in making choices regarding their care on a day to day level. One person told us, "There is enough support for me here at the moment. I can go out to the garden if I want to, there's a lot of freedom." A second person said, "They never force you to do anything that you don't want to do. I'm happy with that."
- We observed staff offering people choices throughout the day such as where they wanted to sit, activities they wanted to join, when they wanted support and where and when they wanted their medicines. Staff were clear in their communication with people and ensured they were aware of the options available to them.
- People told us that permanent staff members knew them well. One person told us, "The carers/nurses who have been here a while know you." We observed staff have conversations with people about their relatives and sharing jokes around things which were relevant to them.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respected their privacy. One person said, "I have help with showering and general washing. They are always very gentle and respectful. It's all done well."
- Staff were respectful and discreet when approaching people to offer support with their personal care. We observed staff knock on people's doors before entering and requesting permission to go in.
- People were supported to maintain their independence. One person told us, "One thing that has made a huge difference to me is their support and encouragement in helping me to walk again. I had lost the ability

to walk when I lived at home but since living here that has changed. The staff encouraged me walk up and down the corridor with my zimmer frame. That really made me determined and I gained confidence, which I had lost when living at home."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our inspections in July 2019 and September 2020 the provider had failed to ensure people consistently received person-centred care. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- We received mixed reviews regarding the involvement people and their relatives had in care plans and reviews. Comments included, "I'm sure there must be a care plan. I have never had a review of my care." And, "We have been through the care plan, reviewed it and I feel that it reflects all of her needs well." One relative told us they did not feel informed of changes in their loved one's care needs. We observed that when they asked staff questions about how their relative had been they were given incorrect information.
- We found the information within care plans had improved and care plans were completed in a more personalised way. They contained information in relation to people's needs, preferences and life histories. Staff were able to give us details of things which were important to people and information such as what people did for a living and where they had lived. One staff member told us, "I like to talk to them and ask them questions about their lives. Things that are important to them. There is information on the back of residents doors and we can use it as a conversation prompt."
- Where people were unable to request or call for assistance, we observed staff to be attentive to their needs. Staff regularly checked people's welfare in Windsor and ensured they were comfortable. One person sat in the lounge had fallen asleep in an uncomfortable position. Staff were gentle in their approach and helped the person to a safer and more comfortable position.

Improving care quality in response to complaints or concerns

- People and their loved ones told us they did not always feel their complaints were fully responded to or taken seriously. Comments included, "If you do make a complaint sometimes things get done and other times not. They don't tell you why something won't be done." And, "I think it probably is a rotten time everywhere but things need to be acknowledged. Everyone moans about what goes on, but no-one has been prepared to complain." They told us they had made their concerns known.
- Comments in relation to how responsive the service was to complaints had also been identified as a concern within the resident's survey with all those responding stating improvements were needed. The registered manager told us they had started to implement changes as a result of this feedback to ensure

people felt they had been listened to. They told us they were starting to record the more minor issues such as those reported to us during the inspection as complaints. With more significant concerns, the complaints log showed these were responded to promptly. The registered manager told us they had started to meet with people and relatives to ensure improvements were made to their satisfaction.

- The provider had a complaints policy in place which highlighted how people could raise a concern, how this would be investigated and anticipated timescales for a response.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Communication plans highlighted people's needs and preferred ways of communicating. Details were also included of family members who people wanted to be contacted should there be any significant changes with their needs or within the service.
- We observed staff took time when communicating with people and checked they had understood the information correctly. One staff member told us, "I always triple check to make sure I've understood people and they have understood me."
- Where people found verbal communication more difficult, we observed staff had begun to use pictures as prompts. They told us this had been positive in helping people make choices and communicate what they wanted.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The majority of people and relatives spoken to told us there were a range of activities available should they wish to join in. One person said, "I join in the activities. We do tai chi and a keep-fit class once a fortnight. Entertainers put on shows and I love the pets upstairs (pet therapy). We have parties too, there's one planned for the jubilee."
- We observed people being offered a range of activities arranged by a dedicated activities team. Improvements had been made to the activities provided in Windsor with people taking part in sing-a-longs, baking groups and games. In other areas we observed a lively discussion group and quiz.
- Staff were aware of people's hobbies and interests. We observed one staff member approach a person with a rugby magazine as they were aware of their interest in this. Staff were seen to go around people's rooms to offer one to one time. One relative told us, "The activities staff are brilliant. They know her well and spend time with her painting her nails."
- People were supported to maintain contact with loved ones. One relative told us, "Staff did a WhatsApp videos when he had COVID. We can come in when we want now." We observed relatives were made to feel welcome when visiting. People told us they had formed new friendships at Kingsclear which were important to them. One person told us, "I have made friends here and we get together daily. Since I have been unwell, I've not been able to leave my room but the people who I'm friendly with drop by to say hello."

End of life care and support

- People's care plans highlighted how they wanted to be cared for at the end of their life. This included details such as who they wanted to be informed and to be with them, where they wanted to be cared for, any specific music they wanted and any spiritual care.
- People were supported to remain at Kingsclear if this was their wish. Staff had received training in

supporting people at this stage of their life including administering medicines to ensure people were comfortable and pain free.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

At our last inspection we found the provider had failed to ensure effective management oversight and good governance. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that although improvements had been made there were continued concerns in relation to the management of the service and the provider was still in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- Relatives told us the management team were approachable although expressed concerns regarding the communication and organisation of the service. One relative told us, "Staff need direction and structure. There is no structure". A second relative said, "(Registered manager) is lovely but doesn't seem to be able to get things done. The place needs better organisation and that comes from the top." A third relative told us, "I would like more communication with the home. I'd like regular contact about the care and medication changes." Relatives told us they felt the lack of organisation led to delays in requests being actioned, staff becoming frustrated and updates regarding their loved ones care not being shared.
- Staff told that although they felt supported in their roles, they felt communication and management oversight of the service needed to improve. One staff member told us, "Communication is hit and miss with management, there are things that they don't tell you. There was a new person today and we weren't told. The care plan just appeared on the system and we saw them in the lounge." A second staff member told us, "(Registered manager) is good one to one but may be slow in responding to ideas or things that are mentioned to them. It means things don't get done."
- Surveys had been completed by people and relatives regarding the quality of the service people received. A You Said/We Did document was produced in response. However, concerns raised such as how complaints were responded to and the lack of communication regarding the home and people's care continued to be raised during our inspection. The concerns highlighted had not been added onto the Home Improvement Plan (action plan) to ensure progress could be monitored and reviewed.
- Quality assurance systems were not always effective in identifying concerns. For example, the House Keeping and Laundry Department audit had been completed the week before our inspection. This stated, that staff were aware of the need to keep trailing wires close to the walls and that mopping was completed at times when it was safe to do so. However, we identified concerns regarding both cleanliness and safety issues. We were made aware of one person whose pillow had been stained by coffee and had not been

changed for several days. During this time a pillow audit had been completed which stated there were no concerns.

- Clinical review meetings had not highlighted concerns regarding people's weight being monitored. Meeting minutes identified where people could not be weighed but had not ensured other systems were in place to monitor people's weight. Concerns regarding how medicines were recorded and administered had not been identified by clinical staff or during audits.
- Whilst improvements had been seen in a number of areas during our inspection there was a continued lack of consistency in the management oversight of the service. The service had not achieved a rating of good since its first inspection in 2018. Breaches of regulations had been identified at five of the previous six inspections.

The failure to ensure risks to people's safety were identified and robustly monitored was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt the management team were approachable. Comments included, "(Registered manager) is approachable. I feel comfortable with her." And, "All of the managers are approachable. In the morning, (registered manager) brings the newspaper to my room and says hello. Very friendly."
- In other areas we found the provider had embedded quality systems to support people's safe care. The management team were responsible for ensuring daily checks of people's care needs such as food and fluid and catheter care were completed and actions prioritised when required.
- The senior management team had an increased oversight of the home with additional audits and reviews being completed. These were detailed and highlighted where requirements in people's records and care needed to be reviewed or adjusted. The registered manager told us this had supported the team in understanding what areas to prioritise. The action plan was on-going and support to upskill staff was being provided by other senior and registered managers.
- The quality of record keeping had been prioritised. This had led to more accurate recording of the support people received and enhanced details within care plans. Staff told us handovers were now easier due to the information being clearer. These areas continued to be reviewed by the management team.
- Staff were aware of the aims and values of the service and felt as a team they were able to promote these. One staff member told us, "The aims are to provide compassionate care and treat people with dignity and respect." They went on to tell us that they worked as a team and alongside people in order to achieve this.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The management team had improved working relationships with other professionals. This had led to greater transparency and being able to seek advice and reassurance when required and developed a greater trust and confidence in the service.
- Prior to the COVID-19 pandemic the service had begun to establish links within the local community. The registered manager told us they were keen to rekindle these relationships as restrictions were easing to enable on-going partnership working. We saw positive outcomes for people had been achieved from frequent visits from a pharmacist and dietician such as reductions in people's medicines and greater choices for those on restricted diets.
- The provider had a duty of candour policy in place which highlighted the action they would take to be open with people and those close to them when things went wrong. Records showed investigations were completed and outcomes shared with people and their families as appropriate where people had sustained injuries. The explanation of events were accompanied by an apology and details of actions to minimise further concerns.
- The registered manager was aware of their responsibilities in ensuring CQC were notified of significant

events which had occurred within the service. Notifications were forwarded to CQC as required to ensure risks within the service could be monitored.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure risks to people's safety were consistently followed, safe infection control process were in place and medicines were managed robustly.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure consistent provider oversight and good governance

The enforcement action we took:

We issued a Warning Notice