

MMCG (3) Limited

Kings Manor Care Home

Inspection report

Pavey Run
Ottery St. Mary
EX11 1FQ

Tel: 01404808337

Date of inspection visit:
11 November 2020

Date of publication:
23 December 2020

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Kings Manor Care Home is a purpose built home providing personal and nursing care to 40 people aged 65 and over at the time of the inspection. The service can support up to 66 people.

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

People told us they were happy and felt safe living at Kings Manor. They told us that the staff were "very kind, very patient" but that there were not always enough staff on duty. One person told us that when they use their call bell they "wait longer than you should usually wait, it goes on and on and no one comes." Staff consistently told us that whilst they had enough time to meet peoples needs and keep them safe, they did not have time to spend with people to support their emotional wellbeing. One staff member told us "there are a lot of unhappy staff here, the main worry is for the residents because they're so isolated and no one can sit and have a cup of tea with them and just talk – just not enough staff."

There had recently been a high turnover of staff, including senior staff and the previous registered manager. The provider had taken action to recruit more staff. However, there had been times when low staffing levels made it difficult for staff to meet people's needs and give them the time that they felt they deserved.

Peoples relatives shared similar concerns, telling us that whilst the staff were "phenomenal" and "absolutely amazing" it was clear that they were "under pressure." Two people's family members told us that they had had concerns around communication which they had raised with the home previously. They both told us they had confidence in the interim manager to now address these concerns.

Risks to people were assessed and regularly reviewed, but inconsistent record keeping meant it was difficult to identify when people might need more support.

We were assured that there were effective measures in place to prevent and control infection.

People's care plans contained enough information for staff to care for people safely. However, detail about people's personal preferences was inconsistent. The provider had identified this as an area for improvement prior to the inspection.

Prior to the inspection, the provider had identified areas for improvement and put an action plan and a team of senior support staff in place to drive improvement. This meant arrangements were already in place when the previous registered manager left, and ensured people continued to receive safe care. Improvements had begun to be made and a staff member told us "it's all going in the right direction".

The staff members we spoke to shared a vision and a passion to deliver person centred care and were

dedicated to the people living in the home and to making improvements.

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

Rating at last inspection

This service was registered with us on 20 June 2019 and this is the first inspection.

Why we inspected

We undertook this targeted inspection to check on specific concerns we had about staffing and record keeping.

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 coronavirus and other infection outbreaks effectively.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service responsive?

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Kings Manor Care Home

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. This was a targeted inspection in relation to specific concerns we had received. These concerns related to staffing levels, completion of food and fluid charts and that the previous registered manager along with three senior clinical staff had left their posts.

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 two Inspectors.

Service and service type

Kings Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The previous registered manager had recently left their post, and the provider was actively recruiting to replace them. An interim manager was overseeing the day to day running of the home.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had about the service and sought feedback from the local authority. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the acting manager and six staff including two registered nurses, senior care staff and care staff. We spoke with people living in the home and looked at four peoples care records. We reviewed records relating to food and fluid and looked at the quality assurance system and providers action plan.

After the inspection

We reviewed records and documents provided by the home and spoke with 11 staff via video call. This included a registered nurse, senior care staff, care staff, the head chef and head housekeeper, a receptionist and the maintenance person. We spoke with two people living at the service on the telephone and spoke with three family members.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. We have not rated this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about staffing levels and records relating to food and fluids. We will assess all of the key question at the next comprehensive inspection of the service.

Staffing

- There were not always enough staff to meet people's needs.
- There had recently been a high turnover of staff, including senior staff and the manager.
- The provider used a dependency tool to assess how many staff were required to meet people's needs.
- Staff told us that when the planned amount of staff were on duty, they were able to meet people's needs. However, there had been a number of occasions where there had been less than the planned number of staff on duty. This meant people had to wait longer to have their needs met. One person's family member told us that their loved one sometimes had to wait until late morning for assistance with personal care, and on one occasion didn't receive their breakfast until 11am.
- One staff member told us "we have been chronically short staffed for a little while", another said that "it would be beneficial to have a few more hours, especially at pressure points. They're working as hard as they can". A person living at the home told us there was "not enough people working in the place."
- All of the staff we spoke to told us people were safe, one said that the people living in the home "come first, above everything else", another said "we always put the residents first, even if we're short staffed."
- Staff consistently told us that they felt frustrated they could not spend more quality time talking to people, all the staff we spoke to told us they wanted to "go above and beyond" and provide the "luxury" service they felt the home was presented as. One person's family member told us the home had "over promised but under delivered" and, whilst they felt their loved one was safe, had not had their expectations met when it came to the things that really mattered to their loved one, such as having their regular paper or assistance with personal care at the time that suited them.
- The provider had identified that recruiting staff had been difficult over recent months, they had taken the decision to delay the opening of, and admission of people to, the top floor of the building. They were actively recruiting at the time of inspection and several new members of staff, including nursing staff, were completing their induction. There were experienced staff from the providers support team working in the home to ensure there were sufficient staff while new permanent members of staff were recruited.

Assessing risk, safety monitoring and management

- Risks to people were assessed and regularly reviewed.
- Where risks were identified, records did not always reflect how the person was being supported to manage

the risk. For example, completion of food and fluid charts was inconsistent, meaning staff could not be sure how much people had to eat and drink.

- Staff told us this was because some staff did not know how to use the electronic system well, or because sometimes they were too busy to complete the records. One staff member told us "I am confident people are getting enough to eat and drink." People told us they had enough to eat and drink, and where we identified people had lost weight appropriate action had been taken.

- The provider had identified the accurate completion of food and fluid charts as an area for improvement prior to the inspection, and had already begun work to address this.

Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.

- 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.

We have also signposted the provider to resources to develop their approach.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. We have not rated this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about records relating to peoples care. We will assess all of the key question at the next comprehensive inspection of the service.

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

- People's care plans did not consistently give staff enough information to be able to meet people's needs and preferences.
- People's care plans contained basic information which was sufficient to enable staff to care for people safely. However, detail about people's personal preferences were inconsistent. For example, one person's care plan stated that the person "needs full assistance dressing and undressing" but did not describe how they wanted to be assisted. Another care plan contained more detail, explaining how the person liked to wear their makeup and what brand of perfume they prefer.
- Staff who had worked in the home for some time knew people well. They told us that they shared information verbally and took time to ensure peoples personal preferences were met.
- The provider had identified that improvements needed to be made to people's care plans prior to the inspection and had put an action plan in place to address this.

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.

This is the first inspection for this newly registered service. We have not rated this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about the management and governance of the service. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and senior staff were clear about their roles and had a good understanding of quality performance. There were effective systems in place to monitor quality and drive improvement.
- The previous registered manager and three clinical staff had recently left their roles.
- The provider's monthly quality assurance visits had identified where improvements needed to be made and an action plan was already in place. A peripatetic support team had been working with the home for several weeks to support these improvements. This team which included a manager, clinical and senior support staff, took responsibility for managing the home when the previous registered manager left their post. This team were being made available for as long as the service needed the support.
- This meant there was always somebody with suitable qualifications and experience managing the home.
- Work had begun at pace to implement the improvements required, recruit and fully induct new staff members and to recruit a new registered manager.
- People and their relatives told us they had confidence in the interim manager, one person said the interim manager was "very very good, you can talk to them".
- Staff told us they had felt unsettled at the change in management but felt confident with the interim management team and could see improvements were already being made. One staff member said, "I feel like they are making progress", another said "It's all going in the right direction".