MMCG (3) Limited

Kings Manor Care Home

Inspection report

Pavey Run
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Kings Manor is a residential care home providing personal and nursing care to 54 people aged 65 and over at the time of the inspection. The service can support up to 66 people.
Kings Manor accommodates people in one purpose-built building set over three floors. Each floor has a dining room and at least one lounge area. Each bedroom has its own en-suite and some rooms are interconnecting for couples who choose to stay together.

People's experience of using this service and what we found
People said they felt happy, safe and well cared for. Comments included, "I feel very safe here, the staff know how to look after you" and "I am happy, and I feel safe".

Some people said getting help and support at key times was more difficult and they sometimes had to wait. One person said, for example, "It can be difficult getting them at times as we are all wanting then at the same time, but they come as quick as they can. They are very good at understanding me though, like yesterday, I didn't want to get dressed as I didn't feel well, and they looked after me". Staffing levels were sufficient, but like all care providers there had been key times during the pandemic and lockdown when staffing levels had fallen slightly below the providers preferred numbers. This had not compromised anyone's safety but did mean that care and support may be delayed slightly for some people at peak busy times.

During the inspection visit we observed staff being observant to people's needs and wishes. Even during a medical emergency, staff remained calm and dealt with this in a professional and compassionate manner. Staff understood people's needs and responded to them patiently and were warm and friendly at all times.

Relatives said the care and support was good but three mentioned that there were occasions when their relatives personal care was not as good as they had expected such as dirty or long fingernails. We fed this back to the registered manager and operations manager who said they had not been made aware of these issues from family members. They planned to hold some additional evening meetings for families and said this would be an opportunity to gain peoples' views and ask for direct feedback for ongoing improvement.

There was sufficient staff with the right skills and competencies to provide safe and effective care to people at the time of the inspection. The registered manager said this was kept under review using a dependency tool to help them assess the right numbers and right deployment of staff for each floor. She explained that the top floor was mainly complex nursing, middle floor for people living with dementia and bottom floor for those who were more able. The whole service is registered as a care home with nursing so although nurses were based mainly on the top floor, their support was used across all floors for people assessed as needing nursing support.

Staff training and support was seen as key to providing high quality care and support. In discussion with the

registered manager, we identified that staff had not yet received training in working with people with complex dementia care where diffusion and breakaway techniques may be needed. By the second day of inspection activity, the registered manager confirmed this training had now been sourced and booked for staff.

Staff were positive about the support and training they received. One staff member said they were being supported to complete a nursing qualification. Another said, "This is the best training I have ever had since working in care." The training matrix showed staff had a wide range of training in all aspects of their work.

People were kept safe because risks for individuals and the environment were completed and reviewed when needed. Staff understood about abuse and who to report any concerns to. Staff recruitment was robust and ensured new staff only started employment once all their checks were in place to show they were suitable to work with vulnerable people.

People were supported to have a varied diet and snacks and drinks were offered throughout the day and evening. One person said they were not offered anything after teatime. We fed this back to the registered manager who said she would ensure people were made aware they could access food and drink 24/7 if they wished, and that there was a later supper trolley available with hot drinks, cakes and sandwiches. People said the meals and choices were good. Comments included "The food is very good, I enjoy everything they give me, especially the puddings."

Where people were at risk of poor hydration or nutrition, staff supported them to encourage additional drinks and snacks and their daily intake was monitored.

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.

Systems and audits were effectively used to ensure the quality of care and support as well as the environment was being monitored and to help drive up improvement. An action plan was used to review areas identified for improvement.

Some relatives said that communication was not always consistent and three said they would like more regular contact from the service about their loved one. This had been fed back to the provider who agreed to look into how they could make improvements to this.

The service employed a liaison person whose role included forging links with the local community. Prior to the pandemic this was working really well with local groups coming to use the facilities, such as the ground floor, coffee bar area for things such as will writing sessions. People using the service were also able to join in these groups.

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 June 2019 and this is the first rating inspection.

Why we inspected
This was a planned inspection based on the fact the service had been registered for over 12 months and had not yet had a rating.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of two inspectors and a member of the medicines team on the inspection visit. An Expert by Experience assisted the team with phone calls to people using the service and relatives. 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
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.

Notice of inspection
This inspection visit to the service was unannounced. The phone calls to people and relatives were planned with agreed times. We also provided a video call feedback session to the registered manager and the providers representative.

What we did before the 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.

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.

During the inspection-
We spoke with 12 staff including, nurse lead, senior carers, housekeeping staff, cook and hospitality staff as well as the registered manager and the operations manager.
We spoke with six people on the day of the inspection and four others by phone after the inspection visit. We also spoke with eight relatives by phone.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed three recruitment files, training records and supervision records. We also looked at three care plans and risk assessments and 11 medicine records. We also reviewed and discussed with the registered manager a range of quality assurance records and audits.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from two professionals who regularly visit the service and received information from one.

Good

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. This key question has been rated good.
This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe at Kings Manor. On person said, "I feel very safe here, we are being well looked after."
- Relatives confirmed they believed people were being well cared for and safe. One relative said "They update me regularly, for example (relative) slipped out of her chair in the lounge the other day and they rang me immediately and said she was fine, and they had checked her over. I feel she is safe there as she was falling at home."
- Staff had training to understand what abuse was and how to report this. Staff confirmed they would be confident to voice any concerns to their senior team leaders including the registered manager.
- There had been four safeguarding alerts prior to this inspection. The registered manager worked closely with the local authority to ensure they had the right information to be assured people were being kept safe.

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

- There were systems in place to monitor the service, this included an annual programme of audits for example a monthly care plan, medications, clinical analysis and meal service audits as well as other audit which were completed quarterly, half yearly or yearly during the year.
- Audits were reviewed by the registered manager and other senior managers who then took action to ensure there was learning which led to improving care.
- Audits were used to analyse accidents and incidents to see if there were any patterns and trends.
- Staff were aware of risks for individual people and what to do to mitigate the risk. For example, for risk of pressure damage, specialist mattresses and cushions were used. Staff were aware of making sure people were repositioned at regular intervals.

Staffing and recruitment

We had received some information stating staffing levels were low and this meant people's needs were not always being met. We found no evidence to show this was substantiated.

- The registered manager assessed staffing levels and ensured there were sufficient staff on duty to support the differing needs of people. On the second floor, where people required nursing care, during the day there were four care workers and a nurse on the first floor where people were living with dementia, there were three care workers during the day, and similarly on the ground floor where some people required some support with personal care, but were generally independent, there were three care workers on duty. At night there were two staff on each floor including a nurse on the second floor.
- Recruitment processes were robust and ensured new staff were only employed once checks and references had been obtained to show they were suitable to work with vulnerable people.

Using medicines safely

●Staff were assessed to ensure they were competent in the safe administration of medicines. We saw that staff gave medicines to people in a caring and supportive manner.

●Staff were able to say how decisions were made to support people with medicines prescribed to be taken "when required".

●Controlled drugs (medicines that have additional controls due their potential for misuse) were stored in accordance with current regulations.

●Pain relief patches were applied in accordance with the prescriber's directions. The recording of the location of application of the patch was inconsistent. There was no documented monitoring that the patch remained in place or that the previous patch had been removed. When we fed this back, the provider sent us details of how their monitoring would change to reflect checks were made to show the patch remained in place.

●We saw that while clinic room monitoring was being recorded as undertaken, some records did not have actions recorded against them. We also found several sterile products that were beyond the manufacturer's expiry date. These were removed and disposed of once identified. The registered manager also confirmed that all other sterile products had been checked after the inspection.

●Staff carried out limited medicines audits, although these had not identified the issues found at the inspection. Since providing feedback, audits documents have been adjusted to ensure issues we picked up were being appropriately monitored.

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 were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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 said their needs and choices were considered. For example, one person said, "They are very good at understanding me though like yesterday I didn't want to get dressed as I didn't feel well, and they looked after me". One relative commented "The staff are very good at supporting (relative) it may be that she is suffering from dementia. The staff really appear to understand her whole wellbeing and she is relaxed and settled. (Relative) can have anxious moments and they just know how to calm her, so reassuring with her."
- Best practice and guidance were used in assessing people's needs. For example, national tools were used to assess people's dependency, risk of falls and risk of pressure damage.

Staff support: induction, training, skills and experience

- Staff said they received good training and support to enable them to work effectively. One staff member said "This is the best training I have ever had since working in care."
- The training matrix showed staff had a wide range of training in all aspects of their work.
- The registered manager and operations manager were very responsive to staffs needs and wishes around their training and support. For example, when we identified staff may need more specialist dementia training in diffusing behaviours and breakaway techniques, this was quickly sourced and organised.
- Some senior staff were being supported to gain a nurse associate qualification. One staff member said, "We have been encouraged to develop our skills and to gain qualifications which the company fully support and fund."

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

- People said they enjoyed the meal choices. One said, "The food is nice and there is plenty of choice although sometimes there is a lot. I suppose I could ask for a smaller portion. There is plenty to drink too and you can always ask if you want more."
- People were supported to have a varied diet and snacks and drinks were offered throughout the day and evening. One person said they were not offered anything after teatime. We fed this back to the registered manager who said she would ensure people were made aware they could access food and drink 24/7.
- Where people needed support to eat and drink, this was provided by staff in a kind and caring way.
- The mealtime experience was observed to be unrushed and a social and relaxing experience for people. There were nicely set tables with condiments and people were offered a visual choice of the two main meal options. When people could not decide, staff supported them with suggestions of choices they had enjoyed in the past but waited patiently for people to process information and decide for themselves.

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

●Care plans and daily records showed people had been referred where needed to healthcare professionals.

● On the day of inspection, one person appeared to staff to be very unwell. Staff took immediate action including involving one of the nurses, calling paramedics and supporting the person before and once this had arrived.

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

● The service had been built in the last 5 years to be a care home. Each floor was laid out with wide corridors, en-suite bedrooms with washrooms as well as dining rooms, communal lounges, accessible outdoor spaces and communal bathrooms on each floor. There was also a therapy room and a cinema room which could be used by people in the home. Bedrooms were spacious and people could decorate them as they wished.

●There was clear signage with pictures to help people orientate themselves around the building.

● The first and second floor had large balconies which were furnished with outdoor furniture. Tall glass panelling around the perimeter ensured people's view was unrestricted while keeping them safe. This ensured each floor had accessible outdoor space.

●On the ground floor there was a large courtyard garden. The gardener had discussed with people their preferences for this area and had ensured their wishes to have flowers throughout the year was being addressed. The gardener had also developed raised beds to grow both flowers and vegetables and was working with people to find out what fruit and vegetables they would like to grow and eat. The produce was given to the kitchen to incorporate into meals. The garden also said they were developing the garden to provide a sensory experience which included fragrant plants.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

●DoLS had been applied for 13 people. The registered manager monitored progress on each of the DoLS and would follow up routinely with the DoLS team where there was a change in a person's presentation.

● Three DoLS had been granted, one as an emergency DoLS. All the DoLS were in date and there were systems to ensure the DoLS were reapplied for if needed. Where conditions had been imposed on the granting of the DoLS, there was evidence that these conditions were adhered to by the service, for example, use of a lap belt on a person's wheelchair and on their recliner.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated as 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 said they were treated with kindness and respect. Comments included "They knock on the door and wait until I say come in. They are very respectful." One relative said "We are very happy; we feel she is safe and well cared for. They try to encourage her to do what she can, yet they don't force her. They seem to know the right balance and use gentle encouragement. They are very, very kind, and she is particularly fond of (name of care worker)."
- Our observations showed people were being supported and cared for with kindness. People's choices were fully respected, and staff were actively listening to people to ensure their views were heard and their diverse needs met. For example, making sure people's choice about who they sat with for mealtimes were honoured.
- Staff demonstrated a good knowledge of people's personalities, diverse needs and what was important to them.
- The service had a large number of thank you cards to thank staff for the way they treated people. Comments included "An enormous thank you for your wonderful care and attention and for looking after me as the family too" and "We are so grateful for all the time you gave her and us, for making the transition easy and making us feel welcome."

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

- We observed numerous examples of how staff actively listened to people to ensure their choices were being considered, such as at mealtimes and where they wished to spend their time.
- The registered manager said that where possible people were involved in the process of developing and reviewing their care plan, but this was also done in a more general sense with staff guiding people to make choices and decisions every day.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity. Staff had time to build trusting relationships with people allowing them to show compassion and respect. For example, during lunch time we observed how staff knew people who would take longer to finish their meals and staff adapted the service to ensure people were not sat waiting for others to finish.
- People confirmed their privacy and dignity were maintained. For example, one person described how staff supported them with a strip wash and maintained their modesty by ensuring body parts were covered.
- Independence was promoted through ensuring people had the right adaptions to maintain their mobility. Staff were encouraging and only stepped in to assist people when needed.
- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files

and other private and confidential information were stored securely.

Good

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. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

● Care plans were detailed and personalised to show how care and support should be delivered in line with individual's needs and preferences.

●People were able to decorate and furnish their rooms to make themselves feel at home. There were memory boxes outside each person's room (on one floor) which provided them with an opportunity to put small items such as photos or memorabilia which might help anyone entering the room know something about them.

●Some relatives were not clear whether the plans in place were relevant to the person's current needs as they thought they had been written by the hospital. As part of the communication strategy to families, care plans will be shared and discussed as appropriate.

●Staff understood about ensuring care and support was personalised and tailored to meet people's needs and preferences. For example, ensuring those who wished to be supported earlier in the day got their care sooner than those who preferred a slower start to the day

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

●People's communication needs were identified, and reasonable adjustments were made. Information was presented in a way people could understand.

● Care plans showed how to communicate with people. This included describing whether they had any hearing or sight problems and whether they were able to communicate verbally. For example, one care plan described how a person who had difficulty communicating verbally would communicate by writing on a whiteboard and through their eyes and hands. It described how they enjoyed staff singing to them and how they would clap along. Staff were observed communicating with the person using non-verbal signals.

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 pandemic and having to follow lockdown rules had restricted how, when and what visits people could have with their family and friends. Some relatives expressed some levels of frustration about this, saying the rules had been confusing and all agreed it had been very difficult for them and for people living at the service.

●People were supported to stay in touch via video calls and telephone calls during lockdown and since visiting had been allowed, systems were in place to ensure this was done safely and fairly to ensure each person had an opportunity to spend time with their close family members.
●Activities were planned around people's interests where possible. Prior to the pandemic there had been some good links being forged with local community groups. Since the COVID-19 pandemic and restrictions including the lockdown and people having to remain at the care home, activities have been provided in house and included games, quizzes, cinema afternoons, coffee and chat events and gardening groups.

Improving care quality in response to complaints or concerns
●People and relatives knew who they could make a complaint or raise a concern to. One relative said, "We have no complaints, if you bring anything up it is noted and implemented. (Relative) is really happy now she has a wheelchair which they are hoisting her into it so she can sit in the lounge as she likes to see other people."
●The complaints log showed all complaints were taken seriously and complaints were given a written response in relation to how their complaint had been investigated and whether any resolutions or changes had been made.

End of life care and support
●Staff were passionate about providing good quality end of life care. Where appropriate people were asked about their end of life care wishes.
●People who were at end of life were enabled to have their close family and friends visit irrespective of any outbreak.

Good

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. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

●The registered manager had been in post for over six months. Prior to this there had been a number of managers which may have contributed to some staff feeling low in morale. However, staff reported positively about the registered manager. One said, "I feel our manager does listen to us and wants us to progress to make this home the best it can be."

● The registered manager was working to ensure there were open channels of communication for people, staff and relatives. One relative said "(name of manager) is very good we, have had two or three meetings before admission, she was very helpful." Some relatives felt communication could improve. We fed this back to the registered manager and provider. They agreed they would set up some more family liaison meetings for evenings so those who worked could still attend. They were also sending out family surveys and would review outcomes form this.

● The registered manager said that recruitment was their biggest challenge. To support better recruitment, they had appointed a new member of staff who would focus on how to improve recruitment in the service.

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

● The registered manager and the clinical lead both described their roles and how they were responsible for ensuring the safety and quality of the service and care provided to people. This included monitoring the risks to the service as a whole as well as risks to people and staff.

● The registered manager understood their role in terms of meeting regulatory requirements. For example, ensuring applying for DoLS for people and informing the CQC about issues which regulations require services to report on.

●Duty of candour was fully understood, and we saw examples of where apologies had been sent to families following investigation of complaints.

●A range of audits were used to review the records environment and medicines.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● The registered manager, deputy manager and clinical lead spent time working with staff which helped to them to engage. Feedback from staff was positive about the new management team.

●The management team were also supported by a community liaison co-ordinator who worked with

external people and organisations to ensure there was good communication with the community. This had helped during the COVID-19 crisis when community organisations had helped to provide PPE for the home. For example, a member of the community had raised money through sponsorship to buy a fish tank and tropical fish for people to enjoy.

●There was clear evidence of the service working in partnership with the commissioners and healthcare professionals. Feedback from these groups was positive.

●The service worked in partnership with other health and social care professionals, such as GPs, social workers and healthcare specialists. The service also liaised with community organisations to support people's quality of life, for example a local solicitor had been based in a ground floor communal area for a period of time, which had meant people in the service as well as in the community had been able to access them to write a will.

●Catering staff from the home were taking part in the town's food festival to encourage people to be still involved in the local town community, where many of them had lived.

Continuous learning and improving care

●On going learning was seen as paramount to improving outcomes for people and the quality of care and support being provided. The service had a comprehensive training programme and were open to staff suggestions for different training topics.

●The provider was keen to promote a progressive career for care staff and some staff had been supported to complete a nurse associate course.