Mrs Lara Yusuff

Kings Lodge

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Kings Lodge is a supported living service. It provides support and personal care to people with learning disabilities living in their own home. At the time of our inspection there were four people receiving personal care.

People's experience of using this service and what we found
The service had safeguarding processes in place but had not done all it could to ensure people's finances were safeguarded. Risk assessments had been completed but were out of date and overdue for review. Medicines were not managed effectively, we have made a recommendation about this. There were sufficient staff working at the service and they had been recruited in a safe manner. Staff understood the need for infection prevention. There was evidence of lessons being learned when things went wrong.

People's needs were assessed before the service began working with them. Staff received induction, supervision and training. People were supported to eat and drink healthily. Staff recorded interactions with people and shared them appropriately with other professionals. People were supported to access healthcare. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People and relatives told us that staff were kind and caring. There was documentation that promoted people's human rights. People were supported to express their views. People's privacy and dignity were respected and their independence promoted.

Care plans recorded people's preferences and needs in detail. People were supported to partake in activities they wanted to, including going on holidays abroad. People told us they knew how to complain and would do so if needed. End of life care and support was available if necessary.

Methods for continuously learning and improving care could be improved. People could be further engaged with the service. People and relatives spoke highly of the registered manager. Policies and documentation supporting care at the service was overdue for review or completed incorrectly. The service worked with other professionals and had community links that supported people.

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 previously rated Good (published 15 December 2016).

Why we inspected: This was a planned inspection based on our scheduling of regulated services.

Follow up: We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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? 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 responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our Well-Led findings below.	**Requires Improvement**

Kings Lodge

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was completed by one inspector.

Service and service type:
This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

Notice of inspection:
This inspection was unannounced on 21 May 2019 and announced on 23 May 2019. We had to return for the second day as we were unable to obtain all the information we required on our first visit.

What we did:
Before the inspection we contacted the commissioning local authority about their views of the service. During our inspection we spoke with two people who used the service. We looked at two people's care records. We also looked at records the provider held that supported the management of the service. We spoke with two members of staff; one carer and one deputy manager. After the inspection we received feedback from three relatives of people living at the service and received information from the registered manager who had been on leave during our inspection.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

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.

Systems and processes to safeguard people from the risk of abuse

● Staff looked after money for people using the service. We counted the money for two people and found that it was incorrectly recorded in both cases. Staff were unable to explain this other than stating that the registered manager, who was on planned leave during the inspection, had "topped up" people's money before leaving. We saw that the money the registered manager had added had been recorded and the totals were still incorrect. This meant we could not verify whether people's money was being looked after properly.

● Following our inspection, the registered manager informed us that the financial discrepancies we found were a 'mistake on their part' and that they had 'converted loose coins to paper.' They also informed us since the inspection they had changed their process for handling money.

● Staff told us they would report abuse. One staff member said, "[I would report] Anything and everything. Abuse and or any disclosure or observation." No safeguarding alerts had been raised with the local authority nor had the Care Quality Commission been notified of any safeguarding concerns. Staff had received training in safeguarding that was refreshed regularly.

● There was a safeguarding policy in place that highlighted duty of care towards vulnerable adults.

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

● People had risk assessments completed with them to manage and mitigate risks they faced. Risk assessments focused on people's behavioural tendencies and negative health outcomes if left unmonitored. We saw risk assessments based on self-neglect, hording, epilepsy and medicine compliance. In the two care plans we looked at, risk assessments were overdue for review by at least three months meaning they had not been reviewed for 15 months. We spoke with the registered manager about this following the inspection and they provided us with updated risk assessments and care plans

● We saw no evidence of lessons learned when things went wrong at the time of the inspection. However, following the inspection the registered manager provided us with current and previous accident and incident reporting tools and staff meeting minutes. The registered manager told us that there had been no incidents or accidents and that if there were, they would record them appropriately.

● The service had a statement for dealing with accidents and emergencies that had been completed in 2015 and was due for review in April 2018. However, it had not been reviewed or updated. We have asked the service to review and update their records and they have told us they will do so.

Using medicines safely

● People told us they managed their own medicines. One person said, "I've got medicines and there's some in the cupboard just in case. They will help me get the medicines." At the time of our inspection the service was not administering medicines to people. Staff told us they supported people to manage their own medicines and assisted through ordering from the pharmacy. At the time of the inspection staff were unable to show us any paperwork for supporting people with medicines. Following the inspection the registered manager provided us with a document they created with regards to medicine administration and also provided with evidence of how they recorded people taking medicine.
● We saw no evidence of medicine competency checks being completed with staff and noted one staff had not received training on medicine administration.

We would recommend the service follow best practice guidance for supporting people with medicines.

Staffing and recruitment
● People told us there were enough staff working at the service. One person said, "Yes there is staff." They also told us staff would come quickly if needed, "Yes they[staff] would, whoever was here." We looked at a staff rota and saw there were sufficient numbers to meet people's needs. Staff also told us that if necessary, more staff could be called upon to work.
● The service had robust recruitment practices. Checks were made on prospective candidates' suitability for roles, ensuring people were kept safe by employing experienced capable staff of good character.

Preventing and controlling infection
● Staff told us they understood the need to prevent infection. One staff member said, "We do personal care - we have a Control of Substances Hazardous to Health cupboard, locked. We will wear gloves when necessary." There was an infection control policy in place.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same, 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 had their needs assessed before they began using the service. This was so the service could identify whether they were able to meet people's needs. Assessments we saw detailed people's physical and mental health needs, their preferences and their aspirations in life.

Staff support: induction, training, skills and experience
● Staff told us they received an induction at the service. One staff member said, "[Registered manager] gave me an induction, a trainer came in and trained us. We read policies and procedures, fire safety and health and safety and dementia training."
● Staff told us they received adequate training and we saw various training materials. There were certificates in staff files indicating what training staff had, though some appeared to have been undertaken with other providers. When we asked for a training matrix evidencing what training all staff had had and when, we were shown a document from 2015 that did not indicate current staff training. Following the inspection we were provided with an updated matrix that stated what training staff had.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink what they liked when they liked. One person told us, "Yes I am [able to eat what I like when I like.]" Care plans recorded people's preferences with regards to food. People were supported to buy the food they wanted each week and choose the daily meals they wanted to eat.

Staff working with other agencies to provide consistent, effective, timely care
● The service recorded interaction with people and the support they provided in daily logs. Daily logs provided information about whether personal care was provided and how the person spent their day. This information could be shared with social workers, relatives or GPs as and when necessary.

Supporting people to live healthier lives, access healthcare services and support
● People were supported to access health care professionals when they needed. One person told us, "They support us visiting the GP." People's care plans recorded people's health care needs, people's interactions with health care professionals and communication with health care services.

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.
We checked whether the service was working within the principles of the MCA and found that they were.

● People's capacity was recorded in mental capacity assessment forms and there were also best interests forms completed. Everyone using the service was deemed to have capacity and make their own decisions about health and wellbeing and finances.
● People told us that staff sought their consent. One person said, "They ask my permission and knock on my door." Staff confirmed their understanding of the MCA. One staff member said that the MCA was, "decision specific, assuming capacity", which reiterated some of the principles of the MCA.

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

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

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

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us they were happy with their care. One person said, " Yes they do [listen to you and are kind]." A relative told us, "Yes they are – [Registered manager] loves them all." Surveys completed with people indicated their ongoing satisfaction with the service.
- The service sought to treat all people equally. Policies and documentation within the service assured people's rights and sought to protect them from discrimination. The service had equality and diversity, race relations and disability discrimination policies all which referenced relevant law which protected people's rights.
- Signage within the service also indicated a focus on ensuring people were well treated. For example, we saw a sign stated the service's values within the office and the resident's kitchen which read 'Respect, respect, respect' reminding how staff should treat people.

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

- People told us staff listened to them. One person said, "Yes they do [listen to me]." A relative told us they were involved in the planning of care, they said, "I am involved with whatever needs to be done and I am kept informed."
- People's preferences were recorded in their care plans. Care plans held various documentation that captured people's views and preferences towards their care support.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. One person said that, "yes if you want you can go in your room no problem - your private space." Staff confirmed this, "[we respect people by treating them] With dignity – if [person] is in their room I will always knock on the door and give people their privacy."
- Staff understood the need to maintain people's confidentiality. One staff member said, "Not disclosing service user's private information to people outside the service." We saw that people's information was kept on password protected computers or in lockable filing cabinets in locked offices.
- Staff understood the importance of promoting people's independence. One staff member told us, "With the promotion of independence you offer support in ways you can, for example, open bottle of water for someone with physical disability - we pour milk in a jar - let people do what they can, you don't take over - they are happy doing things for themselves." People confirmed they felt staff supported them maintain and promote their independence. We saw evidence of a range of fulfilling activities that people did, such as attending places the wished to visit and hobbies they enjoyed doing.

Good

Is the service responsive?

Our findings

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

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

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

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

● People's care plans recorded their needs and preferences in detail. They were personalised and contained a wealth of information about what was important to people, their support plans and records that supported their health needs. They held useful information that assisted staff to provide care and support that people liked.

● Care plans focused on how people liked things done and the best way to support them, with a strong emphasis on inclusion. For example, one care plan stated, '[Person] enjoys worshipping on Sundays. Staff accompany them and go by taxi.' This meant that staff were explicitly instructed how best to support people and know their likes and dislikes.

● Care plans identified activities people liked to do and people spoke highly of the service in this regard. One person we spoke to said, "Orlando Florida. It was alright! We went out a lot. We went to the cinema and a dinner show, rock on. We went out for lunches, all of us went…We've been on other holidays. We've been to France." Another person said, "[Staff] get me in the pool, we went on holiday, Florida. The clubhouse was fun!" We saw photos of people on holiday smiling and taking part in activities. We also saw documentation where people had stated desires to go on holiday to places like Florida.

● We observed people leaving the service to attend activities on the day we inspected and we saw numerous photos and documents demonstrating that people had been supported to undertake interesting and meaningful activities. These included attending cafes, day centres, parks and farms.

Improving care quality in response to complaints or concerns

● People told us they would complain if they needed to. One person said, " Yes I would [complain]. I haven't had to complain about anything for a long time… Yes, they did [the service responded to the complaint.]"

● There was a complaints and compliment log maintained by the service. However, there had been no complaints since our last inspection only compliments from relatives. The service had a complaints policy, of which easy read copies were kept in people's care plans and available to them within the service.

End of life care and support

● At the time of our inspection, there were no people using the service who were at the end of their life. The service showed us they were able to support people at the end of life and had recently had training on end of life care. We saw the training material and noted how it could benefit people and staff using the service.

● People's care plans contained information about their end of life preferences. This included their cultural and religious needs.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

● We saw no quality assurances measures in place other than surveys that had been completed by people and their relatives at the time of the inspection. The registered manager was on leave and we were supported by the deputy manager. The deputy manager was unable to provide us with any evidence of quality assurance processes at the time. Following the inspection we were sent annual audits that looked at service records, physical standards of the service, staffing and service user interview. Surveys indicated people's satisfaction with their care and audits sought to enable the service to continuously learn or improve their care. However, we saw no evidence of medicines audits.

● People's engagement with the service could be improved upon. We were told that people at the service did not have meetings, but that as the service was small their feedback and engagement was considered on a one to one basis. When we asked for records of staff meetings the only records we were provided with dated back to 2016, which did not provide picture of staff being engaged with the service. However, following the inspection the registered manager provided us with copies of meetings that highlighted staff had the opportunity to engage with the service running.

●We were provided with a report compiled by an external professional from February 2019 that highlighted many issues that we identified, such as documentation overdue for review, a lack of current training oversight and recommendation for further auditing.

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

● People and relatives spoke highly of the management and the service they received. One person said, "{Registered manager] is nice, they do a good job". A relative said, "I think [registered manager] is very good and they are loving and have the best interest of the clients at heart." What people told us indicated that the service was person centred, which was also evident in their paperwork. However, various paperwork we looked at was out of date. Specifically risk assessments, but many other documents appeared to be last reviewed or updated in 2016. These included meeting minutes and policy reviews. Similarly, we saw teaching plans that stated they had been reviewed in July 2019, so had been completed incorrectly ahead of time. Following the inspection the registered manager provided us with updated risk assessments. for people using the service.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory

requirements; Working in partnership with others

● The service had a registered manager who was on planned leave during our inspection. The staff knew their roles and responsibilities and were driven by a desire to provide high-quality care. One said, "Putting a smile on someone's face" was what made the service a good place to work. We saw that people were often smiling and laughing in the company of staff.

Working in partnership with others

● The service had forged relationships and community links with local health professionals and other social care organisations to the benefit of people using the service

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: the service had failed to assess risks to people in a timely manner. Also, there was no evidence of lessons being learned when things went wrong. Regulation 12 (1) (2)

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users. In particular: People's money was not being properly recorded leaving the potential for financial abuse. Regulation 13(1)&(2)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had failed to ensure accurate, complete and contemporaneous records were maintained securely in respect of each service user. The registered person had systems or processes in place that operated ineffectively in that they failed to enable the

registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: documents due for review were not reviewed in a timely manner. Quality assurance methods were limited and did not continuously monitor and improve quality of care. Regulation 17 (1) (2)