

Mariposa Care Group Limited

# Kingston Court Care Home

## Inspection report

Newtown Road  
Carlisle  
Cumbria  
CA2 7JH

Tel: 01228528542

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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

Kingston Court Care Home is a residential care home providing personal and nursing care for up to 76 people. At the time of inspection there were 74 people living there.

The home is a modern, purpose-built care home over three floors. The accommodation on two floors is specifically for older people living with dementia-related conditions. Kingston Court is sited in the grounds of the Cumberland Infirmary and the home also provides a number of interim places for people leaving hospital.

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

The provider's systems for monitoring the service were not always effective. Audits had not always identified shortfalls, or actions had not been taken to make improvements.

Medicines were managed safely but medicines records were not always accurately maintained. There were gaps in the records about staff testing for COVID-19, so it was unclear if government guidance had been followed.

People's nutritional health was monitored but it was not always clear what actions were taken to support improvements. We have made a recommendation about this.

People and their relatives said the home was a safe place to live. Staff followed good infection control practices and the home was clean and well maintained.

People and relatives were positive about the kind and caring nature of staff and had good relationships with them. They described staff as "helpful" and "friendly". People said staff were always busy but came when they requested support.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

People, relatives and care professionals said the management team were open and approachable. They had information about how to raise issues and were confident about discussing anything with the management team.

There was a positive, friendly culture in the home and there was a range of activities for people to join in. Staff said they were happy in roles and described the provider and management team as "supportive".

The provider was committed to continuous improvement of the service and welcomed people's views.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating

This service was registered with us by a new provider on 10 June 2019 and this is the first inspection. The last rating for the service under the previous provider was good, published on 9 June 2018.

### Why we inspected

This was a planned 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.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

### Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to good governance of the service. Please see the action we have told the provider to take at the end of this report.

### 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** ●

# Kingston Court 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.

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, a pharmacy inspector 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

Kingston Court 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 had a manager who was in the process of becoming registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service including notifications about events. We sought feedback from the local authority, care professionals and Healthwatch. We used the information the

provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and 12 relatives about their experience of the care provided. We spoke with 14 members of staff across a range of roles including managers, nurses, care workers, housekeeping, catering, administration, activities and maintenance staff. We also contacted 18 staff by email for their views.

We reviewed a range of records. This included 15 people's care records and multiple medication records. We looked at three staff files in relation to recruitment. We also viewed a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed further documentation including medication audits, recruitment records and quality assurance records. We contacted professionals who regularly visit the service.

# 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 registered service under the new provider. This key question has been rated requires improvement. This meant there was limited assurance about safety in some aspects of the service.

### Using medicines safely

- Medicine records were not robust. Records did not always demonstrate medicines were administered in line with prescribed instructions. For example, there were gaps in the records of flushes for one person who received their medicines via a PEG (Percutaneous Endoscopic Gastrostomy) tube.
- Records did not always demonstrate that medicines were being stored in line with manufacturers' guidelines. For example, on all three units there were gaps in the fridge and room temperature monitoring. Systems were not sufficiently robust to support the administration of topical medicines. Records were not in place for some people to show where their prescribed creams were to be applied.
- Records did not demonstrate that thickener (medicine used to thicken fluids for people with swallowing difficulties) had been administered in line with prescribed instructions. During the inspection, some people's drinks were provided with thickener from a 'shared' tin. The manager stated this was not accepted practice and would be addressed immediately.
- Written plans were not always in place to guide staff in the safe administration of medicines which were to be administered on a 'when required' basis. Records that were in place required improvement to ensure they were person specific. Also, staff did not always follow the provider's policy when recording the administration and effect of 'when required' medicines.

We found no evidence people had been harmed, however the provider's failure to ensure medicines records were well-maintained contributed to a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Preventing and controlling infection

- Records about staff testing for COVID-19 did not always demonstrate government guidance had been followed. For example, records of weekly tests were missing for some staff and agency staff.

While we found no evidence people had been harmed, the provider's failure to ensure systems were in place to effectively monitor COVID-19 testing contributed towards a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place to screen any visitors before they entered the home to reduce the potential spread of infection. The premises were very clean and housekeeping staff carried out enhanced cleaning schedules to maintain good hygiene in the home.
- Staff wore personal protective equipment (PPE) correctly and there was sufficient PPE around all areas of the home. Staff had training in infection prevention and control measures and PPE.

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

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

- The provider had safeguarding systems in place to protect the people who lived at the home. Staff understood their responsibilities to report any concerns.
- People and relatives said the home was a "safe" place and had no concerns about the service. Their comments included, "Staff are all nice to [my family member] I really haven't seen anything to worry me" and "We've no worries at all."

#### Assessing risk, safety monitoring and management

- The provider assessed and monitored potential risks to people's safety. People's care records included information about individual risks, such as pressure care and mobility, which were kept under review.
- Safety checks relating to the premises were carried out, such as fire systems and lifting equipment. The home was well-maintained.

#### Staffing and recruitment

- There were enough staff on duty to provide safe care. Staff told us staffing levels were safe, although occasionally they would benefit from more staff. Comments included, "We could use a couple more staff at times but if there's a good skill mix on then it runs smoothly" and "We are normally adequately staffed but in these trying times we are occasionally under-staffed due to sudden sickness, but I feel we offer good care to our residents."
- The provider used a dependency tool to calculate the number of staff required. People and relatives said staff responded when they used their call alarm. They told us, "They are busy, but they come to see me if I want them" and "Staff try really hard, they seem really busy, but I always see staff about."
- The provider had systems for the safe recruitment of staff. Checks were carried out prior to appointments to ensure staff were suitable to work with vulnerable people. In one instance, the provider had not sought the full employment history of a senior member of staff.

#### Learning lessons when things go wrong

- The provider had a system for recording accidents and incidents. The manager used this system for checking if there were any trends to falls and other incidents.



# 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 registered service under the new provider. This key question has been rated good. This meant people's outcomes were good, and people's feedback confirmed this.

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

- Overall, people were offered meals that met their nutritional well-being. The home had equipment to support people to remain independent with their meals, including plate guards and coloured crockery. However, these were not always used during the inspection and some people struggled with their meals as a result.
- Catering staff were aware of people's individual dietary needs and preferences. Catering staff said senior staff told them if someone was losing weight and the management team checked changes in people's weight. It would be useful for catering staff to routinely have a record of people's weights to make sure they can manage this in a planned way.
- Records were kept of how much people had to drink and target amounts were calculated for people who were at risk of dehydration so needed additional support to drink. There were detailed handovers to inform the next staff team where people had not managed to drink their target amount. However, there was no record of the additional actions taken to address this even where the targets had not been met for several days running.

We recommend the provider makes sure mealtime equipment is given to the people who would benefit from it. Also, to review the recording of people's fluid intake, where they have a specific need, to make sure any actions taken to improve this are recorded.

Staff support: induction, training, skills and experience

- The service had arrangements for staff to receive essential training in topics relevant to their roles. Staff confirmed they had access to on-line training.
- The provider used an electronic management tool to record this, but the system did not alert the provider to continued gaps in some staff's training. Following the inspection, the manager arranged to receive weekly updates so they could monitor this.
- Staff said they were well supported by the management team. They received regular supervision and annual appraisals that promoted their professional development.

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

- Each person's needs were assessed before they came to the service to make sure the right care could be provided.
- The service and other care professionals used a multi-agency approach to make sure people's needs were kept under review.
- Information about people's abilities, preferences and needs was being used to develop personalised plans

of care.

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

- The service supported people to access health services, when necessary.
- Health care professionals told us staff made appropriate referrals for advice about people's specific health care needs and recognised changes in people's well-being. One specialist commented, "The carers have been very knowledgeable and helpful, and I have been able to follow up with the nurses after visits."
- The home had hosted a physiotherapy project where a number of physiotherapy students had worked with people at the home to help improve posture and prevent contractures. This had been a very successful collaboration and had improved staff's knowledge of supporting people with their mobility and posture.
- The service did not have access to routine community dental care unless people were attended by their own private dentists. The home supported people to receive urgent dental care at the neighbouring hospital where necessary.

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

- The service was a modern, purpose-built care home which was well-maintained and decorated. The provider made sure there was sufficient equipment to support people with their mobility needs, such as assisting bathing facilities.
- The accommodation of people living with dementia-related conditions. There was some picture signage to support people to find their own way around.
- The home had secure outdoor space for people to meet visitors or to sit out in better weather.

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service followed the principles of the MCA. People were involved in decisions about their care where they had capacity to do so. People who lacked capacity were supported by relevant representatives and decisions were made in their best interest.
- The service verified and recorded whether relatives had Lasting Power of Attorney (LPA) status. This made it clear who would have the legal right to make decisions in the future on behalf of people.

# 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 registered service under the new provider. This key question has been rated good. This meant people were supported and treated with dignity and respect.

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

- People were well treated, and we saw staff had a friendly attitude towards people. People commented, "They are all very nice to me, I am well looked after" and "it's good here, I like it."
- Relatives praised the attitude of staff and the care they provided. Their comments included, "I think they went above and beyond when all this pandemic started" and "It's great care, they couldn't have been kinder [to my family member]."
- Staff told us the culture of the home was very caring. They commented, "Every member of staff I have worked alongside has been compassionate and caring to every resident", "Staff truly do care for the residents" and "The home does a good job of looking after our residents and staff in these difficult times."

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

- Care records showed people or their representative had been involved in making decisions about their care and support.
- Staff told us they used their knowledge of people's preferences to support decision-making. One care staff commented, "All the staff across all departments make a conscious effort to get to know the residents, make conversation, tend to their needs and base the care they provide around them."

Respecting and promoting people's privacy, dignity and independence

- Overall, people were supported to be well-dressed and well-groomed.
- Relatives felt people were treated with respect and dignity. One relative commented, "I can't praise them enough. When we lost [another family member] staff were wonderful, and we were able to take (person) to the funeral and staff got their hair done and clothes sorted."

# 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 registered service under the new provider. This key question has been rated good. This meant people's needs were met through good delivery.

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

- The service had introduced an electronic recording system for people's care records. The provider had identified the records about each person's individual preferences needed to be more detailed. During this inspection an experienced staff member was writing a personalised, respectful 'blog' about each person's life, preferences and support needs.
- Staff we spoke with were clearly committed to providing person-centred care to people. They told us, "Staff are very eager to learn about people and support them in their preferred way" and "We're all really invested in the residents and can spot any tiny changes [in well-being]."
- A care professional commented, "During my visits residents appear well cared for and well supported" and "[Management] are responsive to my suggestions regarding changes in care for residents."

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.

- The provider worked within the AIS requirements. Information could be made available in alternative formats or languages to meet individual needs.

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

- Throughout the pandemic the service had used a number of ways to support people to keep in touch with relatives, including telephone calls, Facetime and outdoor visits.
- The home employed enthusiastic activity staff who offered a range of events to engage people. One activity staff commented, "We try and do something different every day. I go round and see people in their rooms if they want to do things." There were activities boards up on each floor and a list in each room so people could see what was available.
- The home was introducing a new activities programme called 'Oomph' which focused on improving social, physical and mental wellbeing for senior citizens in care. People will have a good choice of monthly quizzes, activities, online videos and live exercise sessions. The programme will also include regular trips out.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints procedure. This was available to people in different formats and was

also on display for visitors.

- People and relatives said they would feel comfortable about raising any comments and the management team listened to them. One person commented, "If I had any gripes I would just have the conversation with someone – it's always an open door, they are very approachable."
- The provider kept a record of complaints as part of its quality assurance process to check for any trends that required action.

#### End of life care and support

- Staff were experienced at providing compassionate care to people who were at the end stages of their life.
- Staff had training in supporting people with palliative care needs. The service worked closely with other care professionals to make sure people were pain-free and comfortable during this stage.

# 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 registered service under the new provider. This key question has been rated requires improvement. This meant the service management and leadership had been inconsistent.

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

- The management of the home had recently changed and there had been periods over the past year where there was inconsistent or lack of management oversight. The new manager had applied to CQC to be registered.
- The provider completed a range of audits to monitor quality at the home. These had not always identified the shortfalls we found during inspection. For example, audits had not always identified the gaps in medicines management or in staff testing for COVID-19. Where shortfalls had been identified, for example, missing storage temperature records, these had still not been addressed two months later.
- The provider had introduced a number of electronic management tools to check actions were up to date, for example care task records and training records. However, these were ineffective and had not alerted managers or staff to multiple gaps seen during this inspection.

The provider's failure to ensure effective quality monitoring systems were in place was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service had a positive, friendly culture. One relative told us, "I really like the vision and values of Mariposa. It feels nice and caring when I visit, and I feel my own well-being is included in the caring culture here."
- Staff commented positively on the home's morale and values. Staff said it was a good organisation to work for. They told us, "It's an amazing team – I love working here" and "I always feel appreciated. Colleagues have been supportive of me and positive about my work."
- The provider had introduced a number of initiatives to improve the service, including electronic recording systems, physiotherapy student placement and an innovative activities service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The provider used surveys for people and their relatives to check their views of the quality of the service. Suggestions for improvement and actions were set out on a 'You said We did' board in the entrance. There were relative and visitor feedback forms at the entrance.
- Informative newsletters were provided to people and to relatives. The new manager had also sent an

introduction letter to all residents and relatives and had plans to hold monthly Sunday afternoon meetings for relatives.

- Staff said they felt included and involved in discussions about the running of the home.

Daily 'flash' meetings were held to inform department heads of any specific issues. Regular staff meetings were held so that all staff were included in information and organisational expectations.

- Staff felt the way the home was run was improving. They commented, "The new manager who has only been there for a few weeks has made a difference" and "The management team seek our views to see if improvements can be made to the way we operate."

#### Working in partnership with others

- The provider and staff promoted good relationships with other care professionals and worked collaboratively to achieve the best outcomes for people who used the service. Care professionals described the management team and staff as "open and approachable".

- A health professional commented, "I have always been made to feel welcome in Kingston Court, staff have been polite and friendly. They seem to know their residents well and the staff that I have been working with there appear to have good relationships with the residents."

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

- The provider and manager worked in an open and transparent way. Statutory notifications were submitted to the Commission in line with legal requirements.

- The provider was committed to making improvements and was working on a development plan that would include a new dementia care strategy for the service. The manager was also planning to introduce 'champions' in the home for staff to take special interest in specific areas such as end of life care.

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 17 HSCA RA Regulations 2014 Good governance  Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's governance systems did not effectively monitor and improve the quality and safety of the service.  Regulation 17 (1)(2)(a)(b)(c)(d)(f)