

Acacia Care (Nottingham) Ltd

Kingsfield Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Kingsfield Court is a residential care home providing personal care to 59 people aged 65 and over at the time of the inspection. The service can support up to 70 people.

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

People said they felt safe. Staff understood their responsibilities to protect people from abuse and avoidable harm. People received their medicines in a safe way and in the way they preferred.

Infection prevention and control policies and procedures and national guidance were followed. The service was clean and hygienic and people were protected from the risk of infection.

Staffing numbers had recently increased, and staff deployment had improved to ensure increased support and supervision for people who required it.

Lessons were learned when things went wrong and changes were made to reduce further risk and improve the quality of care and support.

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 processes to monitor the quality of the service were robust and identified risk and areas for improvement. People were consulted and involved in the day to day running of the service. For example, people chose the activities and menu they preferred. People's equality and diversity needs were considered and respected.

Staff and managers had a shared vision and person-centred approach. Staff were supported and said their managers were accessible, approachable and open. The provider worked in partnership with other professionals and followed best practice guidance within the sector.

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

Rating at last inspection

The last rating for this service was Good (Published 24 April 2020).

Why we inspected

The inspection was prompted in part due to concerns received about staffing and management of risk. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We received concerns in relation to staffing and the management of risk. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingsfield Court on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well led.

Details are in our well-led findings below.

Kingsfield 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 one inspector.

Service and service type

Kingsfield 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.

At the time of our inspection the service did not have a manager registered with the Care Quality Commission. This meant that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A manager was in post and in the process of applying to become registered with the Care Quality Commission.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 three people who used the service about their experience of the care provided. We spoke with eleven members of staff including the provider, nominated individual, manager, regional support managers, senior care workers, care workers, housekeeper, lifestyle coordinator and maintenance staff.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were confident staff would take action if they were worried about anything.
- Staff had received training about protecting people from abuse. They knew how to recognise the signs of abuse and how to report it. Staff were confident any concerns would be taken seriously. Safeguarding was discussed at meetings and staff supervision.
- Safeguarding was included on the provider's improvement plan so that people and staff would be empowered and supported to raise any concerns. Appropriate action including involving other authorities such as the local authority or the police was taken when abuse was suspected.

Assessing risk, safety monitoring and management

- Risk was assessed and monitored. For example, risks such as falls or pressure sores were included within individual care plans. Specialist pressure relieving beds were provided, and staff checked these were being used correctly and at the right setting for the person's weight. Assistive technology was used where people were at risk of falling.
- The electronic records and care planning system enabled early identification of risk and action required because staff could see at a glance the care and support provided and if people had not had enough to eat or drink.
- All accidents and incidents were recorded and analysed so that action could be taken to reduce further risk.
- Regular safety checks were completed on the environment and equipment to ensure it remained safe.

Staffing and recruitment

- People told us there were enough staff to meet their needs. They said they did not have to wait long for staff to come when using their call bell.
- The provider had experienced staffing shortages along with other providers within the sector. Action had been taken such as improving pay and conditions in order to encourage new staff to join the service and retain existing staff and this had been successful.
- Staff told us they had experienced staff shortages but were beginning to see improvements.
- Required staffing numbers and skill mix were calculated to meet people's dependency needs. Staffing rotas showed the required numbers of staff were being met.
- Staff were recruited in a safe way. The manager was supported by the provider's human resource team so that checks and references were carried out before new staff were offered employment.

Using medicines safely

- People told us they received their medicines at the right time and in a safe way, Staff had received medicine training and had their competency assessed at least annually.
- Medicines were stored securely and at the correct temperature. Records were electronic and this system enabled quick identification of any missed doses or other exceptions. Reports were produced daily to check people had received their prescribed medicine.
- Where medicines were prescribed on an 'as required basis', more detail was required about when they should be given so that staff administered this in a consistent way. The provider agreed to review all 'as required medicine' and to ensure this detail was added.
- The provider's service improvement plan had identified audits and records needed improvement. This had been actioned.
- Medicines were reviewed by the prescribing doctor. Staff gave us examples of action they had taken when people's medicines were either not effective or causing adverse effects.

Preventing and controlling infection

- The service was clean and hygienic. There was a separate housekeeping team. They followed daily and weekly cleaning schedules.
- The provider and staff were following national guidance for COVID-19. Staff wore personal protective equipment and cleaned their hands frequently.
 - Staff and people were taking part in regular testing and had received COVID -19 vaccinations unless exempt.
- Staff understood and followed isolation, and social distancing procedures to prevent the spread of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported. The provider had a risk register, and this was reviewed and discussed at monthly management meetings.
 - The manager told us the incidence of falls had reduced following action taken to address staffing numbers and the deployment of staff.
- Robust action had been taken following an accident which had caused harm to a person to make sure it could not happen again.

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

- People told us they were supported in the way they preferred. They liked the staff and felt able to make decisions about their care and support. Staff were motivated and proud of the service. A senior care worker said, "Care and support is delivered with a lot of love."
- Staff and managers had shared values and a person-centred approach. A lifestyle coordinator said, "I love it here, there is no one I couldn't go to [for support]. 'Residents meetings were held so that people could provide feedback and suggest changes.
- A new process had recently commenced known as 'resident of the day', this involved each head of department asking the person if they were satisfied with the service provided and if they required any further support.
- Senior staff carried out observations to ensure care and support was delivered in a dignified and person-centred way. This process were new and had not been fully implemented at the time of our inspection. People and their relatives had not always been involved in care plan reviews, however this was being rectified as part of the provider's service improvement plan.

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

- The manager was in the process of applying to become registered with the CQC. They understood their responsibilities and notified the CQC and other authorities of events and incidents they were required to. This meant risk were identified and shared with appropriate professionals.
- An additional regional support manager role had been developed to support the registered manager and the service.
- There were comprehensive and robust systems and processes in place to monitor quality performance and identify risk. All staff were involved, and each head of department carried out checks and audits and reported on these to their line managers. This information was reported to senior managers and discussed at monthly meetings.
- The provider had developed a 'service improvement plan' and all staff were aware of the action plans and what they were required to do to improve the service. For example, audits had identified improvements were required to recording care and support and food and fluid intakes. Staff had taken action and records we saw were up to date and accurate.

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 understood their responsibilities to be open and honest with people when things go wrong. We saw examples of action the provider had taken and how this had been clearly communicated. The provider accepted responsibility and offered people and relatives support where this was required.

Continuous learning and improving care

- The provider was continually working towards improvement, had clearly identified areas requiring improvement and was taking action. For example, staff deployment had changed to ensure more staff were available to support people at mealtimes.

- A new learning and development manager role had been developed and recruited to and due to commence January 2022. Staff training and induction had been improved with the aim of providing more comprehensive and in-depth induction and ongoing training to all staff.

Working in partnership with others

- Staff worked in partnership with other professionals such as healthcare professionals and the local authority. This meant appropriate information was shared with other agencies for the benefit of people who used the service.