

Buckland Care Limited

Kingland House Residential Home

Inspection report

Kingland House
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20 June 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Kingland House Residential Home is a 'care home' registered for 44 people. There were 32 older people living in the home at the start of our inspection. People had a variety of care and support needs related to their physical and mental health.

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

Kingland House Residential Home provided a friendly, welcoming and relaxed environment for people and visitors.

People were supported by staff that were caring, compassionate and treated them with dignity and respect. Staff knew about people's life history and understood their personal circumstances, preferences, interests and communication needs.

People received person centred care from staff who developed positive, meaningful relationships with them. People had opportunities to socialise, engage in activities and pursue their interests and hobbies. Care plans were detailed and reflected people's individual needs and preferences. People used the communal areas of the building and people's experience of meal times had improved since our last inspection.

People and relatives said the service was safe. Staff demonstrated an awareness of each person's safety and how to minimise risks for them. They were supported by staff with the skills and knowledge to meet their needs. Staff had regular training and felt confident in their role.

Risks to the majority of people's health, safety and wellbeing were assessed. Risk management plans were put in place to make sure risks were reduced as much as possible whilst still promoting their independence. Where we identified shortfalls in risk management actions were taken immediately by the registered manager and staff team. Dark coloured sensor mats were used in the home. People with dementia can perceive these as holes in the ground and this can make their use restrictive. We have made a recommendation about reviewing this use in line with good practice.

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.

There was strong and committed leadership in the service and people, relatives and staff spoke highly of the registered manager. There was a positive culture at the service where staff felt listened to and supported. There was a drive to continuously improve the service for people and the registered manager and staff team were very responsive to any areas for improvement identified.

There was open culture that focused on learning lessons and finding different ways of making improvements for people. Since our last inspection they had kept the number of people living in the home at below capacity to allow improvements to be made.

The registered manager and provider had implemented quality assurance systems to assess, monitor and improve the quality and safety of the service provided. These were not fully embedded. There was a continued breach of regulation.

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

Rating at last inspection and update. The last rating for this service was Inadequate (supplementary report published May 2019). There were multiple breaches of regulation. We served a Notice of Decision to add conditions to the provider's registration requiring them to report on actions taken to improve the service.

This service has been in Special Measures since 25 January 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

At this inspection enough improvement had not been made in relation to oversight and the provider was still in breach of one regulation.

You can see what action we have asked the provider to take at the end of this full report.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will request an action plan from 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Kingland House Residential 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

One inspector and one assistant inspector visited on the first day of inspection. Two inspectors visited on the second day.

Service and service type

Kingland House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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. We visited the service on the 18 and 20 June 2019.

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 five people, five relatives, nine staff, the registered manager and the provider's regional manager.

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

We also spoke with a health professional who regularly visit the service.

After the inspection

We agreed additional information and feedback could be provided up to 26 June 2019. We did not receive additional information or feedback.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant 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

At our last inspection the provider had failed to operate systems and processes to protect people from abuse and improper treatment. A person was restrained without oversight or planning. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 13.

- People told us they felt safe. Comments included; "I am very well looked after" and "I have no worries or concerns." Relatives echoed this sentiment and were confident in the safety of their loved ones.
- People were protected from potential abuse and avoidable harm. Staff had regular safeguarding training and demonstrated a good understanding of how to protect people from abuse. They understood the need to report any concerns and felt confident concerns reported would be listened and responded to.
- The provider had effective safeguarding systems in place. Where safeguarding concerns had been identified, staff worked in partnership with the local authority and other professionals to ensure individual plans were in place to protect people.
- No one needed physical intervention from staff. Some people had sensor mats in use. These were there to alert staff if the person moved. These mats were a different colour to the floor. It is understood that people with dementia may perceive different coloured flooring as uneven or as a deep hole. This meant that the coloured sensor mats may act as a restraint because people may not want to step on them

We recommend you review the sensor mats used in the home in line with good practice.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvement had been made and the provider was no longer in breach.

- Risks were identified, and staff had guidance to help them support people to reduce the risk of most avoidable harm. Risk assessments undertaken included manual handling, falls, nutrition and hydration and skin integrity. The risks associated with being laid down after eating were not recorded for one person. They

were laid back after eating their meal. We spoke with a senior member of staff about this and they immediately made the person safe, explored what had happened and clarified the risk in the person's care plan.

- Risk assessments were regularly reviewed and updated. For example, where people were at risk of dehydration or poor nutrition there were plans in place. The monitoring of intake had improved but remained insufficient to reduce the risks people faced. Gaps in monitoring indicated that people were not offered additional drinks on days when they had low intake. This was not a reflection of what we saw or feedback from people, staff and relatives.
- Inaccuracies in risk assessments related to nutritional intake had not impacted on the resultant care people received because staff had used informal systems to identify risk. The registered manager acknowledged that these risk assessments were not accurate and explained the support staff received to understand the tool used.
- Equipment, such as lifts and hoists were regularly checked by external contractors to ensure their safety.

Staffing and recruitment

- There were enough staff on duty to keep people safe and meet their needs. People received support when they needed it and relatives told us they could find staff when they needed them. Staff were visible around the home, chatting and spending time with people.
- Staff were recruited safely and appropriate checks were carried out such as checks with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups such as vulnerable adults would be identified.
- The registered manager reviewed people's dependency to identify and to monitor staffing levels to ensure they met people's changing needs.

Using medicines safely

- People were supported to take their medicines as prescribed and in ways that met their preferences.
- Medicines were safely obtained, stored, recorded, administered and disposed of. Systems were in place for medicines that required cool storage and medicines that required additional security.
- The provider had reviewed the staff medicines competencies in place and had introduced a cream application competency assessment. People had their creams applied as prescribed.
- The medicine administration records (MARs) usually provided contained the detail necessary for safe administration. Some of the information staff needed to decide when to give as and when medicines was not kept with the MAR. This meant staff had to seek out this information and it raised the risk of people not receiving their medicines when they needed them.
- Care plans did not always cross reference important information or risks related to medicines. For example, one person had a medicine prescribed to help them sleep. This was not referred to in their sleeping care plan. We spoke with the registered manager about this and they told us they would address this.

Preventing and controlling infection

- People were protected from cross infection. The service was clean and odour free.
- Staff had completed infection control training and used protective clothing such as gloves and aprons during personal care to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

When we last inspected improvements were needed to ensure information from incidents and accidents

were monitored and used to reduce the risk of reoccurrence

At this inspection improvements had been made.

- There were systems in place to ensure accidents and incidents were recorded, investigated and action taken.
- The provider and registered manager ensured all accidents and incidents were analysed for trends and patterns. Where concerns were identified the registered manager, provider and staff team looked for ways to further improve the service. For example, incidents and accidents had been discussed and referrals made to appropriate professionals.

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 Inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support was improved but we were unable to check that changes made were sustainable.

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

At our last inspection the provider had failed to ensure people's needs and preferences were met at mealtimes. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 9.

- People praised the food. Menu choices for each day were displayed in each dining area, with alternatives available, if needed. There was also a 'Night Owl' menu on display around the home as a reminder that food was available at any time of the night should people be awake and hungry. If people required their food mashed or pureed their choice was individually prepared. Comments from people and relatives about the food included: "The meal is lovely" and "The food is very good here."
- People were supported to eat in the place of their choosing. Staff prompted and encouraged people discreetly and provided assistance when it was needed.
- Where people were at risk of poor nutrition and dehydration, there were detailed care plans to inform staff about their needs.
- There were drinks and snack stations throughout the home where people could help themselves to drinks, snacks and biscuits. Staff ensured that people who could not do this for themselves were offered them regularly. This then had a positive impact on people's nutrition, hydration and enjoyment of food.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection care and treatment was not provided with the consent of the relevant person and a person was detained without authorisation. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 11

and regulation 13.

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.

- Where DoLS had been authorised, these were monitored, and any conditions were clearly recorded. Where conditions had been imposed they had been followed.
- Where people lacked capacity, mental capacity assessments were undertaken. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions.
- Staff had completed training in MCA and had a clear understanding of how to apply it in their daily work.

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

- There was a comprehensive staff handover that included important individual information about people. This was reviewed as and when people's needs changed so that staff always had the most up to date information as to how to meet people's needs.
- People's needs were fully assessed before they began to use the service. This helped to make sure the staff with the right skills to provide the care each person needed. The provider had determined that vacancies in the home would be filled in a planned manner to ensure that people's needs would be met.
- People received care and support in accordance with their assessed needs. Care plans set out people's needs and preferences, staff updated them regularly as people's needs changed.

Staff support: induction, training, skills and experience

- People were cared for by staff that had the training, knowledge and skills to meet their needs. One person told us: "The staff are good at their jobs." A relative said: "The staff that are here are really good".
- The registered manager had reviewed the staff induction programme. The programme aimed to ensure new staff felt supported as they covered all of the elements of the care certificate, a nationally agreed set of standards. Staff had qualifications in care, and training methods included online, face to face training and competency assessments.
- Staff told us they were supported by their line managers and the registered manager. They said they had opportunities to receive feedback and discuss any further training and development needs through regular supervision and annual appraisals.

Staff working with other agencies to provide consistent, effective, timely care

- People had their social and healthcare needs met, and staff worked closely with local professionals.
- The registered manager was seeking to improve relationships with agencies, community groups and individuals to provide opportunities for staff and people.

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

- Improvements had been made to the environment of the to make it more suitable for the needs of people living there. These changes meant that communal areas of the home were used by people throughout our visits. People's views had been respected as these changes were made.
- People's bedrooms were personalised with their own belongings and photographs.

Supporting people to live healthier lives, access healthcare services and support

- People had their healthcare needs met, and staff worked closely with local health professionals.
- People received timely medical support. Health care professionals told us their confidence in the staff team was improving and that communication was also improving.
- People were supported to attend hospital, dental and optician appointments. People had access to specialist nurses, physiotherapists, consultants, occupational therapist and speech and language specialists.

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 Requires Improvement. At this inspection this key question has now improved to 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

- There was a caring culture. The staff worked hard to enhance the lives of the people living there and their families.
- Staff had positive, caring and meaningful relationships with people. A relative explained how keen the staff were to understand their loved one's history and the things that mattered to them.
- People's anxiety was minimised by the support they received from staff. Staff anticipated people's needs and used their knowledge of the person's history and interests to reassure them. One member of staff used simple phrases in the first language of a person living with dementia. The person smiled broadly at the staff member and focussed on what they said after this.

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

- People, and relatives, felt consulted and involved in decision-making and their views were listened and responded to. Where people needed more support with decision making, family members, or other representatives were involved appropriately.
- People's care plans reflected their individual communication needs. For example, they instructions for staff about how to help people with hearing loss and those people living with dementia to communicate effectively.

Respecting and promoting people's privacy, dignity and independence

At our last inspection improvements were required as to how people's dignity and independence were respected and promoted.

At this inspection we found improvements had been made.

- Staff respected people's privacy and maintained their dignity. We saw staff forget to speak to a person as they entered their room on one occasion, this was not reflective of the respect shown to people in interactions between people and staff.
- People's care plans described which aspects of care people could manage independently, and what they needed help with.

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 Requires Improvement. At this inspection this key question has now improved to 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

At our last inspection the provider had not ensured care was delivered in ways that met people's individual needs and preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 9.

- Care plans were personalised and provided details of how to support people to meet their individual preferences and assessed needs. People told us that they received their care in ways that suited them. People and relatives told us they were involved in reviews of their care plan.
- People received personalised care responsive to their needs, staff were proactive in ensuring people's needs were met.
- Staff knew people well and kept up to date with any changes through handovers, discussion with each other and care plan updates.

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

- People were encouraged to socialise and pursue their individual interests and hobbies if they chose to. Activities were seen as an important part of people's lives and this was an area that was being developed.
- Activities were planned in consultation with people. Examples of activities included, arts, reminiscence, singing and quizzes. People enjoyed chatting with each other whilst engaging in activities.
- Links were being developed with the local community, including a children's nursery, to increase the fun in people's lives.

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.

- Staff knew about people's individual communication needs and these were described in their care plans.
- Staff gave people time to understand verbal communication and checked that they had understood what people wanted.

Improving care quality in response to complaints or concerns

- Complaints were reviewed and clearly used as an opportunity to learn. The registered manager ensured that complaints were addressed in line with the provider's policy and that learning was shared amongst the staff.
- People and relatives knew how to make complaints should they need to. The provider had a complaints policy which was available to people and visitors.
- People said if they were unhappy about anything, they would tell the registered manager, or staff, who would resolve them.

End of life care and support

- When people were nearing the end of their lives, people and their relatives were treated with kindness, compassion, dignity and respect.
- Work was underway to involve people in making advanced decisions and developing any end of life plans if they wanted to.
- Family members were fully supported by staff and encouraged to stay with their loved one.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management was inconsistent. Oversight systems were not fully embedded and did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had not taken effective action to assess, monitor and improve the quality of the service provided. Accurate, complete and contemporaneous records were not being kept in respect of each service user. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured notifications were made to the CQC. This was a breach of regulation 18 (Notifications of other incidents) of the Health and Social Care Act 2008 (Registration) Regulations 2009.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 18. However, whilst improvements had been made the provider was still in breach of regulation 17.

- There were quality assurance systems in place to monitor and improve the service and to ensure legal requirements were met. These included a mix of regular audits around the service completed by a consultant, the regional manager, registered manager and senior staff. Where an audit had identified any shortfalls, this fed into the service improvement plan and action was taken. Some shortfalls had not been identified because these systems were not yet fully embedded.
- The record keeping for people had significantly improved. However there continued to be gaps in records related to people's dietary intake and the care and support they received. Daily checks and regular audits of people's records that not always picked this up as they were not carried out consistently.
- The auditing processes had not picked up that staff continued to not fully understand the tool used to assess the risks people faced related to malnutrition.
- Care plan audits had not identified where information necessary to provide safe care and treatment was missing from people's plans.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had high expectations about standards of care. They were committed to ensuring the improvements made in the quality of care people received became fully embedded.
- The registered manager had notified Care Quality Commission (CQC) of events which had occurred in line

with their legal responsibilities. They displayed the previous CQC inspection rating in the home.

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

- People, relatives and staff expressed confidence in the leadership at the home and said it was well run. We heard comments such as "(Registered manager) has worked her socks off and pulled the team together."
- The service was led by a very motivated registered manager and senior team. Their commitment was to be providing a service that was person-centred with people at the centre of all they did.
- Following our last inspection the provider told CQC that they would not raise the number of people living in the home. The registered manager and provider considered the ongoing needs of the staff team and people and developed a plan to increase the number of people living in the home in a planned and measured manner.
- Relatives and visitors told us the registered manager was very approachable and available to talk with them. People visited the registered manager in their office, where the door was open the majority of the time.
- There was an open culture at the home. Staff were encouraged to challenge any practice concerns in confidence through a whistleblowing policy. Staff told us they were confident to do this. They told us they were motivated to ensure people had good care.

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

- Where mistakes had been made, the registered manager was open and honest with people and families and made improvements. Where any concerns about individual staff performance were identified, these were dealt with through training, supervision and where necessary, disciplinary processes.
- Following our last inspection where the service was placed into special measures the registered manager had held a meeting with people and relatives. They had answered questions frankly and offered assurances of learning.

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

- The registered manager facilitated meetings for people and their relatives. These meetings and informal communication enabled feedback and suggestions to be shared. A relative told us that the registered manager was receptive to suggestions and acted quickly to make improvements.
- Staff were consulted and involved in decision making and discussed people's changing care needs at daily handover meetings. Staff were encouraged to contribute ideas, raise issues, and regular staff meetings were held.
- Staff all said they enjoyed working at the home and felt well supported. They were committed to providing people with high quality care and support.

Continuous learning and improving care; Working in partnership with others

- The registered manager was working to improve people's care and maintained a service improvement plan to monitor the improvements made. They had worked closely with social care professionals to ensure improvements were timely and sustainable.
- Good practice ideas were disseminated through staff meetings, supervision sessions and staff training.
- The regional manager explained that learning from safeguarding and accidents was shared at a provider level. They also shared learning about good practice.

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 Systems to ensure the quality and safety of care people received were not embedded in the service. Shortfalls had not been identified.