

Barchester Healthcare Homes Limited

Kingsland House

Inspection report

Kingsland Close
Off Middle Road
Shoreham By Sea
West Sussex
BN43 6LT

Tel: 01273440019
Website: www.barchester.com

Date of inspection visit:
29 June 2021

Date of publication:
25 August 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Kingsland House is a residential care home providing personal and nursing care to 63 people aged 65 and over at the time of the inspection. Kingsland House accommodates up to 71 people across three separate units, each with communal lounges and dining areas. One of the wings specialises in providing care to people living with dementia.

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

People were safe and happy at the home. We saw friendly interaction between staff and people. People and their relatives were happy with the care they received. We spoke to people at breakfast time who told us the food and staff were nice. People were happy and when asked if they liked living at the home one person told us, "Oh yes dear, lovely."

Medicines were administered safely by trained staff. Care plans contained guidance for staff to ensure risks were minimised. The home was clean and staff understood infection control.

Relatives told us they were confident people were safe at the home, and that they had the freedom to live as they wanted. A relative told us, "We did look at some homes where they had different floors for different levels of dementia. But [my relative] liked to wander and have a nose. They loved it there, they often spent a lot of time in Memory Lane because they loved the residents in there. They'd often have breakfast one end then go to the other end and have another breakfast!"

On the day of the inspection there were enough staff to care for people safely. The registered manager told us they used a dependency checker to ensure safe staffing levels. However, some staff felt the checker was not always accurate and they could feel understaffed.

Staff told us people were safe but they felt very over worked and stressed. A staff member told us, "I think people are safe. Staff will stay longer, after their shift should have ended, to be sure people are safe. But staff are stressed and we worry about people."

Staff workload, stress, and support were common themes among staff we spoke to. We identified managing staff workload and stress as an area that needed improvement.

The registered manager was supported by a senior team within the company. At the time of the inspection there was no deputy manager which meant the registered manager was very busy, however she told us she had support from a regional manager and a clinical development nurse.

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.

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 31 August 2019).

Why we inspected

The inspection was prompted in part due to concerns received about a lack of engagement with other healthcare professionals and low staffing levels. A decision was made for us to inspect and examine those risks.

We found some evidence during this inspection that people were at risk from these concerns. Please see the well-led section of this full report.

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

Follow up.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

This service was safe.
Details are in our safe findings below.

Is the service well-led?

Requires Improvement 

This service was not always well-led.
Details are in our well-led findings below.

Kingsland House

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 team consisted of an inspector and an assistant inspector.

Service and service type

Kingsland House 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 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.

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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, senior care workers, care workers and nurses.

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

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We spoke with a professional who regularly visits the service.

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 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 were safeguarded from the risk of abuse. Staff told us they were trained in safeguarding and understood the things to watch out for to keep people safe. A staff member said, "Safeguarding is keeping people safe, if they tell you anything, or if anything happened, you'd tell the safeguarding lead. For example, if a carer was rough, or there was abuse, I would report to the manager."
- Staff had access to policies and knew who to contact if they had any concerns.

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

- People had risk assessments completed and recorded in their care plans. Ways staff could reduce the risks were also documented. Staff told us they used the care plans to get to know people's needs, and they also spoke to people and their relatives to ensure they knew people well.
- Risks were monitored and when there were concerns these were followed up by nurses at the service. Care staff recorded observations on specific charts, for example food, fluid and bowel charts, and these were reviewed to ensure there were no ongoing issues. When it was noticed that nurses did not always have time to check every observation chart every day due to the charts being located in people's rooms, the charts were centralised to enable more regular, frequent and thorough checks to be made.

Staffing and recruitment

- Staff were recruited safely and all relevant background checks to ensure staff were safe to work with vulnerable people were in place. Staff had their qualifications checked and recorded, for example nurses right to practice was checked and recorded in their staff files.
- We saw adequate staff numbers on the day of the inspection. The registered manager told us they used an electronic dependency checker that calculated the number of staff needed based on the needs of people. The registered manager told us the regional director audited safe staffing levels every four months. The regional director also signed off meeting minutes monthly as an ongoing check.
- Relatives told us there were enough staff to support their relatives safely. A relative said, "Whenever I have been there, I don't feel its understaffed."
- We received mixed feedback from staff about their perception of staffing levels at the home. Staff told us people were safe and always received safe care. A staff member said, "Mornings are busy, everyone wants to get up at the same time, but you try to make it fair, so different people get up first each day. There is an extra [staff member] at lunch. People have staff to help them when they need it." However, some staff felt there should be more staff to reduce the stress staff felt at busy times. You can read more about this in the well led section of the report.

Using medicines safely

- Medicines were stored and administered safely. Staff were trained to administer medicines to people via online training from an outside pharmacy. Staff had yearly competency checks to ensure they were giving medicines in line with best practice.
- Staff told us they knew people's medicine needs well. A staff member told us, when asked how they knew if people needed pain relief, "I ask people first if they are in pain, but I also look at body language, people [who can't tell me] might grimace, moan or rub an area that is painful."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- Where people could not keep to social distancing rules, for example because they were living with dementia and could not understand the reasons for the change, staff supported them to move to safer spaces, chairs in the communal areas were spaced apart.

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 deteriorated to requires improvement.

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

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

- We received mixed feedback from staff about the culture and the registered manager. Some staff told us the registered manager was approachable, and they felt able to discuss concerns and ask for changes. A staff member said, "The registered manager has an open-door policy, she comes out and wanders around too. If we need anything, she has to ask higher up I think, but she will ask for it for us." Other staff felt the registered manager did not always listen to staff or have empathy for their workload. A staff member said, "The registered manager listens to you, but she only tells us what we are not doing."
- Staff were stressed due to the workload at the home and some staff said the provider didn't address this. A staff member said, "There are not enough staff. We are stressed, people ring in sick because they are stressed and then we have less staff." And another staff member said, "I don't think it's the registered manager's fault about the staff. I just don't think they [the provider] get the numbers right and the needs right at night."
- Despite this, staff felt the home had a positive, person-centred culture. A staff member told us, "It's really person-centred care here, it's all about the residents, we are in their home. The care here is good, staff really care."
- People we saw were comfortable and happy. A relative told us, "The home is great, staff are cheerful and upbeat. I get the impression they genuinely care for my relative."

While feedback from people and relatives about the culture of the service was positive, and people at the home were safe, the wellbeing and morale of staff can affect the quality of life for people. We have identified this as an area that needs improvement

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 registered manager was aware of their responsibility to be open and honest and was well supported by the regional manager.
- Incidents were reported to CQC as necessary. The registered manager understood their responsibility under the duty of candour and relatives were contacted as required.

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

regulatory requirements

- The registered manager assessed risks at the home, and carried out audits of regular tasks to ensure their effectiveness and to find areas that needed improvement. The registered manager would normally be supported by a deputy but at the time of the inspection this role was unfilled.
- Staff were allocated roles within the team and knew what was expected of them. Some staff felt there were not enough carers or nurses at the home, but all staff told us they knew their job well and carried it out to a high standard even when very busy so that residents were safe. A staff member told us, "I think people are safe. Staff will stay longer, after their shift should have ended, to be sure people are safe. But staff are stressed and we worry about people."

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

- Kingsland House is part of Barchester Healthcare. They are supported by the organisation and have clear policies to ensure they seek and act upon feedback from people, relatives and other healthcare professionals.
- People we spoke to had no complaints and felt confident they could talk to the registered manager if they did. A relative told us, "They have kept us informed about changes throughout the pandemic. Trust me, if I'm not happy about anything I would tell them! It's just such a wonderful place."
- The provider had an 'employee of the month' scheme at the home, where a nominated employee was rewarded with a voucher and was featured on the company website. The registered manager rewarded staff with gifts and thank you notes during the first COVID-19 lockdown, and continued to provide treats and cakes to staff with the aim of improving morale.
- Yearly staff surveys were used to ensure staff could share their feelings with the management team. Previous surveys showed over half of the staff were proud to work at the home.

Working in partnership with others; Continuous learning and improving care

- The registered manager worked with outside agencies and healthcare professionals to ensure people had good care. During the pandemic, GPs had not been to visit the home as much as the registered manager would have liked, they had seen people via video link. The registered manager had organised a meeting with the GPs to discuss this and to explain that it did not work well for people with dementia.
- After a risk was raised by a visiting healthcare professional, staff accessed training from community nurses, and told us this training was helpful. They said, "The community matron came in to train us on the issue of constipation, it was really good. You can always learn something." This training was not yet completed for all staff.
- The registered manager planned further training of nurses on identifying deterioration in people's health.