

Kingsway Care Home Limited

Kingsway Nursing Home

Inspection report

Kingsway
Langley Park
Durham
County Durham
DH7 9TB

Date of inspection visit:
25 November 2019
26 November 2019

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23 December 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Kingsway Nursing Home provides nursing and personal care for up to 42 people in a two storey, purpose built building. Care and support is provided to older people, including some people living with dementia and adults with mental health needs. At the time of inspection 39 people were using the service.

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

People told us they felt safe and happy living at Kingsway Nursing Home. Safeguarding procedures protected people from the risk of abuse. Risks to people were assessed and actions were taken by staff to reduce any risks identified. The providers recruitment processes reduced the risk of unsuitable staff being employed. Lessons were learnt from adverse incidents.

Staff had a good skills mix and were trained to carry out their roles safely. They were supported with regular supervision meetings and appraisals.

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.

People told us they enjoyed the food on offer. People and relatives said staff were caring. Staff knew the people they were supporting very well. People received person-centred care based on their choices and preferences. A range of activities were available to people and people were able to follow their interests and hobbies. Feedback was sought from people and acted upon.

Complaints were managed appropriately. Audits and checks were carried out by the management team and provider. The service worked in partnership with other agencies to fully meet people's needs.

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 28 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Kingsway Nursing 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, a specialist professional adviser (nurse) and an Expert by Experience carried out this inspection. 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

Kingsway Nursing 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 did not have a manager registered with the Care Quality Commission. The provider told us a manager had been recruited. We were informed the new manager is to register with CQC.

Notice of inspection

The first day of this inspection was unannounced. The second day was announced.

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 contacted Healthwatch to gather information. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 eleven people and three relatives. 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 spoke with eleven members of staff. This included the deputy manager, a nurse, an activities coordinator, six care workers, and two members of the catering team. We also spoke with the quality and compliance manager and the regional manager for the service.

We reviewed a range of records. This included six people's care records and multiple medicines records. We looked at four 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 provider to validate evidence found. The provider sent us additional information covering a range of areas looked at during and after inspection. We contacted some professionals who work closely with the service to gather additional feedback.



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 told us they felt safe at the Kingsway Nursing Home. One person said, "It's a very safe environment."
- People were safeguarded from the risk of abuse. The service had a safeguarding policy and protocol in place.
- Staff had received training in safeguarding adults from abuse. The staff we spoke with knew the potential signs of abuse. Not all staff were clear about the roles of external safeguarding agencies. However, they were confident any issues they raised would be dealt with appropriately with by the management team. The regional manager told us staff would be given additional guidance in safeguarding procedures.

Assessing risk, safety monitoring and management

- Risks to people were assessed. Staff knew the actions to take to reduce the risks to people identified.
- A range of checks were carried out of the building and equipment in use to ensure they were safe.
- People had plans in place to ensure they continued to receive support in an emergency situation such as fire.

Using medicines safely

- Medicines were managed safely. Where appropriate to their role staff received training in medicines management.
- Medicine records were complete with no unexplained gaps.
- People and relatives said staff supported people with their medicines appropriately. One person said, "They [staff] won't leave you out, they are so methodical about everything. The medication is tightly controlled."

Staffing and recruitment

- The provider's recruitment processes reduced the risk of unsuitable staff being employed.
- The management team monitored staffing levels to ensure people received a safe level of support.
- Some people told us staff were often very busy overnight due to the number of people who often had

disturbed sleep. We discussed this with the provider who told us they were unaware of the concerns raised but would review night time staffing levels

- People told us call bells were usually answered quickly. One person said, "If I ring the bell there will usually be somebody here in two minutes."

Preventing and controlling infection

- Measures were taken within the home to reduce the risk of infections spreading. Staff received training in infection prevention and control.
- Supplies of gloves and aprons were available to staff.

Learning lessons when things go wrong

- The provider analysed accidents and incidents to identify any patterns and trends.
- Lessons were learnt from adverse incidents to reduce the risk of them happening again. These were shared with the staff team.

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People needs had been assessed and were reviewed regularly.
- People's care and support needs were assessed before they moved into the home to ensure the right level of support could be provided.
- People and relatives told us they were involved in the ongoing planning of their care and support where able. They said staff always took into account individuals needs and preferences.

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

- People were supported by staff to stay healthy.
- Staff worked closely with other professionals to ensure people received the healthcare support they needed. This included supporting people to medical appointments.
- Records showed people were supported to engage with professionals such as clinical psychologists and psychiatrists. Where professionals have given advice about a person's health this was followed by staff.
- Nationally recognised tools were used to assess peoples weight and skin integrity.
- People's oral health needs were met. One person told us, "If you need to see the dentist, they [staff] will take you in one of the carers cars".

Staff support: induction, training, skills and experience

- Staff received the training they needed to carry out their roles. One person told us, "They [staff] are all well trained, they are good at their job."
- We received positive feedback from staff on their training. One staff member completing a care qualification told us, " I have had good support to do this".
- Staff had regular supervision meetings with management and an annual appraisal.
- New staff completed an induction which included the shadowing of more experienced staff.

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

- People were supported to maintain a healthy and balanced diet.
- People told us they enjoyed the food on offer and always got a choice of meals. One person said, "If there's nothing on the menu you like, they will make you something". A relative said, "The food is really good."
- The kitchen staff we spoke with were fully aware of people's dietary needs.
- Lunchtime was a pleasant experience for people.

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

- The building was adapted to meet the needs of the people living there.
- Signage was in place to help people find their way around.
- People's bedrooms were personalised with their own belongings.

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

- Staff understood the MCA. They helped people to make as many decisions for themselves as they were able.
- DoLS had been applied for where needed. Care and support plans contained details of any decisions made in people's best interests.

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 outstanding. At this inspection this key question has deteriorated 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

- People told us staff were very caring and kind. One person told us, "They are very patient with me."
- Staff knew people's individual needs and respected their wishes. One person told us, "They are good here; they will do anything for you. Nothing is a problem for them."
- Relatives we spoke with said people very well supported.
- We observed staff were patient in their interactions with people. One person told us, "They will sit with you and talk to you if you have a problem. They are very sensible, if there's anything they can't sort out, they make sure the manager knows about it."
- People were assisted to maintain the relationships important to them. Families told us they were made welcome.
- People were supported with their religious and spiritual needs.

Respecting and promoting people's privacy, dignity and independence

- Interactions between people and staff were mostly very positive and enabling. However, an observation showed one person went a long time without any meaningful staff interaction and their dignity was not always maintained.
- Walkie- talkies were used by staff to communicate. However, these were very loud and did not aid a relaxed, homely atmosphere.
- We discussed these observations with the regional manager who told us they would address the issues we raised with staff.
- People told us they were treated with respect. One person told us, "I like this place, the carers talk nicely to you. They are very careful. They tell me if the tea is hot because I can only use one hand."
- Staff encouraged people to maintain their independence and do as much as possible for themselves. One relative told us, "The staff are working towards [person] going home, so they are encouraging him to be independent again."

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

- Feedback was sought from people and relatives. People told us they had informal chats with staff with any issues could be aired. People told us they felt listened to.
- Records showed a meeting for people living at the service had not taken place since April 2019. The regional manager explained this was partly due to a change in the management team. They immediately arranged for a meeting to be held that week.
- The provider carried out an annual survey. The results of this were analysed and consideration was given to actions that could be taken to address any issues raised.

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's support plans were very person centred. The person was put at the heart of the planning process.
- People and relatives told us they were involved in the planning of people's care and support. One relative said, "I was involved with the care plan and some of the things I read I wanted amended and they amended it."
- Staff ensured the care and support given was based upon people's individual needs and preferences. One staff member was employed as an emotional support worker to help people in this area. The emotional support worker assisted people with their mental well-being including supporting them to access the community
- Handovers took place between staff shifts to ensure staff had up to date knowledge of any changes to people's needs.

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.

- People had communication support plans. Staff knew people's communication needs very well and interacted with people effectively.
- We observed staff use different techniques to communicate well with people including using gestures and signs.
- Staff told us information would be provided in alternative formats for people where needed on a bespoke basis.

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 had opportunities to take part in a wide range of activities.

- The service had chickens, a cat and a pony for people to pet and care for if they chose to do so. Staff told us how therapeutic this was for some people.
- One person told us, "You can make things and draw pictures. We do baking in the dining room and we bake cakes and pies. I look after the cat."
- People went out to the local village shops and a café. Support was provided where needed for people to access the local community. One person told us, "I get nervous going out. I am going out with the emotional support worker to buy some clothes, next week."

Improving care quality in response to complaints or concerns

- The provider had a complaints system in place. Complaints that had been raised were managed appropriately.
- People and relatives said they knew how to raise concerns and were confident these would be acted on by the management team.

End of life care and support

- At the time of our visit no one was receiving end of life care. Policies and procedures were in place to provide support to people at this important time where needed.
- Where people had specific end of life needs and choices these had been recorded in the person's care and support records.

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; 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

- Staff were proud of the service and the support they provided to people as a team. Staff spoke positively about the values of the service. They told us about people's success stories since moving into the service.
- Positive feedback was received about the management team from people, relatives and staff. One person said, "Yes, it's well managed."
- People and relatives told us they were very happy with the support provided. One person told us, "The atmosphere is good in here because of the staff." A relative told us, "I would recommend it. It's very pleasant, it's welcoming."
- Relatives were happy with the communication they had with the service. One relative said, "I have so much close communication with them anyway, we don't really need to wait for review meetings."

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

- A range of audits were completed by the management team and provider to monitor the quality and improve standards.
- Notifications of accidents and significant events had been submitted to the relevant bodies in a timely manner.

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

- Feedback was sought from people and relatives. Relatives told us any issues they had shared with the management team had been addressed.
- Staff team meetings took place. Staff said they could express their views at these and said they were

listened to.

- Compliments and thank you cards had been received based on the care provided.

Continuous learning and improving care; Working in partnership with others

- The provider was keen to continue improving the care provided and shared development plans with us.
- Staff worked well with a wide range of external agencies to best meet people's needs.
- The management team ensured links were made and maintained with the local community.