

Barchester Hellens Limited

Kingswood Court Care Home

Inspection report

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Date of inspection visit:
12 April 2023

Date of publication:
09 June 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Kingswood Court is a care home providing personal and nursing care for up to 66 people aged 65 and over. At the time of the inspection 46 people were living at the home. Accommodation is provided in one building over three floors.

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

Since the last inspection, improvements had been made to some key areas. However, we found that the governance system continued to be ineffective. Although we found no evidence that people had come to harm, we did identify shortfalls in relation to people's records and monitoring of their wellbeing. Food and fluid charts were not consistently filled out by staff. Repositioning charts in place for people contained gaps. Further work to embed governance systems was required.

Improvements had been made in relation to staffing levels at the home. Staffing levels during the day had increased on some floors. The provider had successfully recruited into all care and nursing roles. Agency staff were used only when deemed necessary. The registered manager was mindful of any admissions to the home. Only those people's needs that could be met were admitted to the home.

The medicines system was now safe. Medicines records confirmed people had their medicines safely. The actual time of administration was recorded by the nurses and safe gaps were left in between doses. The nursing staff confirmed they felt supported with their role. They now had more time to undertake other nursing duties that were previously impacted by staffing. People and their relatives told us staff were kind and looked after them well.

Improvements had been made with monitoring risks within the home. The staff were aware of guidance in relation to infection control. Observations of the staff were carried out to check that staff were compliant with wearing PPE safely. People were observed sitting in lounge chairs and no longer spent long periods of time in wheelchairs. Staff repositioned people in bed or assisted them to a table and chair to eat. This helped to minimise the risks of choking. People at risk of weight loss were referred to the GP with weekly weights taken.

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 requires improvement (published 15 September 2022). We found there were breaches of 3 regulations.

We found at this inspection that improvements had been made with 2 breaches met, however, some other areas in relation to record keeping needed further improvement. This meant the provider remained in breach of one regulation.

Why we inspected

We carried out an unannounced inspection of this home on 12 April 2023. We identified several shortfalls. The provider completed an action plan after the last inspection to show what they would do and by when to improve the home.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed to good. 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 Kingswood Court Care Home on our website at www.cqc.org.uk.

Enforcement

At this inspection, we have identified a breach of regulation in relation record keeping and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor the home and the intelligence we receive. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the home, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Kingswood 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 Health and Social Care Act 2008.

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

This inspection was carried out by 3 inspectors, 1 CQC staff member who observed the inspection 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

Kingswood Court is a 'care home' with nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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

During the inspection

We spoke with 9 people who lived at the home, 2 relatives, 8 staff members, the registered manager, deputy, regional director and the managing director.

We reviewed a range of records. This included 6 people's care records in relation to risk assessments in place, 4 staff files in relation to their recruitment, medicines administration charts, health and safety checks and maintenance records. We looked at a variety of audits relating to the management of the home, people's food and fluid charts and positional charts.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question remains 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.

Staffing and recruitment

At our last inspection published 15 September 2022 the provider had failed to ensure sufficient skilled staff were deployed to provide people's care and support. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- We found at the last inspection that people were not being supported by sufficient numbers of staff. There were numerous examples that showed there were insufficient staff working in the home to support people.
- At this inspection we found improvements had been made. The registered manager told us they were fully staffed now and had successfully recruited a full complement of care staff and nurses. The use of agency staff was now minimal and only when required. We were told by having a consistent staff team had really helped to improve the delivery of care to people.
- Since the last inspection, the registered manager and the senior management team had looked at the needs of the people they cared for. They were not able to admit people to the home who required one to one care from staff.
- This had a positive effect as at the last inspection a number of people required one to one care. This had helped to ease the pressure on staffing. We spent time on each floor of the home. People were dressed ready for the day ahead by 09:45 hrs.
- We observed people sitting in lounge chairs and at dining room tables. People were being transferred from their wheelchairs when eating their meals.
- Breakfast and lunch plates and cups were now cleared from people's rooms when they were finished with. We observed people were safely positioned to eat their meals in the dining room, sat in a chair in their room or safely positioned in bed.
- We spent time talking with the regional director and registered manager about staffing levels in the home, and the improvements since the last inspection. The occupancy at the home was 46 people with 15 vacant beds.

Despite being lower in occupancy since the last inspection, staffing on the middle floor had been increased from 4 to 5 care staff. On the ground floor staffing levels had been increased from 1 care staff to 2. This meant that staff did not have to be shared amongst each floor unless deemed absolutely necessary.

- We spoke with staff about the changes made at the home since the last inspection. Their comments included, "We are moving in the right direction, and I have seen positive changes. I feel the management

have listened." Another staff member told us, "Things are improving. It is more stable with staffing now apart from the occasional sickness."

- We received mixed feedback from people about staffing levels in the home. Comments included, "Mainly good but last week took an hour to get to the toilet one afternoon", "The staffing is better than in the autumn. More people around to respond", "They are answering call bells more quickly now within 5 minutes", "They don't have much time with residents, they rush in and out, a couple make an effort but very busy."
- Recruitment checks continued to be thorough. Important information about potential staff was collected, such as references, identification and Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help protect people from the risk of abuse. The provider had procedures in place for safeguarding and whistle blowing. Staff received training in these.
- Staff demonstrated a good understanding of what to do if they thought someone was being abused.
- The registered manager had worked with the local authority to investigate allegations of abuse and take steps to help keep people safe.
- We asked people if they felt safe living at the home. Their comments included, "I feel safe", "I have never had an accident here, I used to pass out on standing", "Yes I feel safe here." One relative told us, "I feel he is happy and settled and generally very good."

Assessing risk, safety monitoring and management

At our last inspection published 15 September 2022 we found systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12. However some further improvements needed to be fully embedded.

- We found at the last inspection that people's safety had been impacted due to staffing. At this inspection we were able to see improvements had been made.
- We observed that call bells were answered promptly by the staff. They were placed in reach of people.
- People were no longer spending periods of time sitting in wheelchairs. The staff helped to transfer people to appropriate seating. This reduced the risk of skin breakdown. Staff positioned people safely either in bed, lounge chairs and dining tables so at mealtimes people could safely eat.
- Infection control audits took place and identified any shortfalls. Staff compliance with wearing PPE was monitored through observations of the staff.
- Infection control meetings were held. We checked communal bathrooms and toilets and found no toiletries were being stored.
 - Since the last inspection the registered manager and the clinical lead had looked at the number of food and fluid charts in place for people at the home. This was a high number. For those people with a healthy weight and where there were no risks identified, the charts were taken out of use. We were told that they were not needed and were also not being completed correctly.
 - For those people at risk of malnutrition a food and fluid chart continued to be in place. We found that food, fluid, and repositioning charts continued to have gaps in recording. The staff told us that people had

been given adequate food and fluids and had been repositioned in bed. The staff told us this was due to the location of where these records were kept. This placed people at risk of harm as the staff could not continually update people's records.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- At the time of our inspection, 4 people had an authorised DoLS in place. The registered manager had submitted further applications for consideration.

Using medicines safely

At our last inspection published 15 September 2022 the provider had failed to ensure people received their medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- We found at the last inspection that improvements were needed to ensure people received their medicines safely. It was evident that these improvements had been made.
- Medicines were administered in a timely manner. This was because the nurses and senior staff allocated to each floor administered the medicines.
- The registered manager told us that they met with the nurses and clinical lead to find out the challenges they faced. The home now had a full complement of nurses; this helped to free them up during the day, so they were not spending all day administering medicines.
- The staff recorded the actual time that medicines were administered to people. For example, the actual time pain relief was administered was recorded. This reduced the risk of errors.
- Medicines records showed that topical medicines were consistently recording that they had been applied. We did not identify any gaps in the recording of the topical creams.
- Medicines continued to be administered by nurses and senior care staff that had been assessed as competent.
- Medication audits were completed monthly by the clinical lead. Regular checks of stock levels took place to ensure that people received their medicines when needed.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

Visitors were welcomed at the home and supported in line with the most recent government advice on managing COVID-19.

Learning lessons when things go wrong

- There were systems in place when things went wrong. The registered manager investigated any accidents, incidents, safeguarding alerts and complaints.
- The operations manager told us that since the last inspection they had learnt from the shortfalls and implemented positive change.
- The management team had regular meetings with heads of department to discuss people's clinical needs and any concerns in their wellbeing.

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 our last inspection we rated this key question require improvement. At this inspection the rating for this key question has remained requires improvement. This meant the services management and leadership was inconsistent. Leaders and the culture they created 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; Continuous learning and improving care; Working in partnership with others

At our last inspection published 15 September 2022 we found systems in place for good governance were not effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that not enough improvements had been made and the provider was still in breach of Regulation 17.

- We were not satisfied with the quality assurance monitoring systems in place at the home. Although some improvements had been made since the last inspection, we found gaps in people's care records. Improvements to record keeping still needed to be fully embedded.
- We checked people's food and fluid charts and the charts in place for repositioning. Although we found no evidence that people had come to harm, we found several gaps within people's records. Some records did not record the total of food consumed that was offered. An example being 3 teaspoons of mash potato.
- People's fluid charts were not fully completed, and they did not total the full amount of fluid fully consumed. The staff said they had given people fluids, but they were not always recorded. Gaps were in place in relation to changing people's position in bed. Some records looked like people had not changed position for a period of time. The staff confirmed they had re positioned people but had not recorded this.
- We discussed this with the registered manager, regional director and the managing director during feedback. The registered manager told us the folder with all of the charts was kept in the office for them to monitor in one folder. The staff told us they found it difficult to access the folder being in this location. We were told by the managing director that the records would be returned to each person's room with immediate effect.

The systems in place for monitoring the quality of the service were not always robust. They had not always identified obvious short falls in record keeping. 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 told us that they had handed in their notice and planned to leave Barchester. We spoke to the regional director who told us they had arrangements in place to manage the home until a new manager was recruited.
- Since the last inspection a new regional director had been appointed. They and the managing director visited the home regularly. The provider conducted audits to check on the quality of care provided. Records were maintained with action taken when needed. They took time to speak with people and staff during their visits.
- The whole of the management team acknowledged the shortfalls found at the last inspection. They devised an action plan which was monitored by the senior leadership team. They focused on providing safe care to people, increasing the staffing levels and looking at the needs of people they cared for.
- The registered manager was knowledgeable about their responsibilities and of the types of significant events which they were required to notify the CQC about. Records showed the home had submitted notifications to the CQC when required.

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

- Staff interacted and supported people in a kind and friendly way. Staff smiled at people, spoke to people as they passed and spent time trying to make people laugh.
- The atmosphere at the home was calm and relaxed which was very different to the last inspection undertaken. We spoke with the staff about morale at the home and if they noticed any changes. Their comments included, "We are moving in the right direction. We are not there yet but it has improved". Another staff member told us, "Morale is better than it was. Still improvements are needed but the home is in a better place compared to last year."
- We spoke to staff about providing personalised care to people. They told us, "As staffing levels improved, we could give residents better care.", "It would be nice to have even more time to sit and talk with people" and "I feel things have improved."
- We received some mixed feedback about the care people received. Their comments included, "Some carers are better than others, yesterday was a nice day, had a shower, good carer so a nice day, some days not so good", "Staff are very kind, they are very good, the staff know how I like to be looked after", "I think it's better than my previous home, the staff here are more caring, I like it here" and "They don't always explain what they are doing they just do it. I think they are rushed."

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; Continuous learning and improving care; Working in partnership with others

- The registered manager utilised staff and handover meetings to ensure continuous learning and improvements took place. Staff told us they were able to raise issues or concerns within the meetings.
- The registered manager had an action plan in place which was updated since the last inspection. A number of actions had been completed. One example included the refurbishment of the ground floor were fully completed. Another example included they had successfully recruited staff. Some ongoing improvements were recorded and ticked off as they were actioned.
- The registered manager demonstrated an awareness of the duty of candour. They described the duty of candour as being transparent and admitting mistakes when things went wrong. The duty of candour was considered for any incidents, safeguarding matters and complaints. Records confirmed these were completed and documented.
- Relatives confirmed they were informed if incidents happened, and actions taken to avoid recurrence

shared with them.

- The registered manager and staff were supported by a range of professionals. This included, the local GP surgery, Speech and Language Therapy (SALT), tissue viability nurse, dementia wellbeing team and other health professionals such as chiropody and opticians who visited the home.

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

- Daily 'stand-up' meetings were held each day. These were attended by the managers from each department within the home. Key information was shared at the meeting. This included people's wellbeing, risks and any new admissions to the home.
- The registered manager and the deputy conducted a daily walk around of the home. They told us this helped them to identify any shortfalls. They observed the care being provided and took the time to speak to people and the staff.
- Regular 'resident' meetings were held at the home. The last meeting took place on the 3 February 2023. People's views were sought, and any important updates were shared. This included an update regarding the refurbishment works being carried out.

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
Treatment of disease, disorder or injury	The systems in place for monitoring the quality of the service were not always robust. They had not always identified obvious short falls in record keeping. This was a continued breach of regulation 17 (Good governance).