

# Maria Mallaband 14 Limited

# Kingsbury Court

## Inspection report

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## 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

Kingsbury Court is a care home which provides accommodation and personal care for up to 60 people, many of whom are living with dementia or have a nursing need. The service is divided into three separate living quarters, each with their own dining and communal areas. At the time of our inspection 57 people were living at the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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

People told us they felt safe at the service and were treated well by staff. Risks to people were managed well and appropriate assessments and care planning was in place to keep people safe. We did however find some shortfalls in documentation about people's medical conditions which we raised with the manager.

The provider had made efforts to recruit more staff since our last inspection although we still received a mixed response about how quickly staff attended to people. In turn, staff felt there had been an improvement in staffing levels though at times they still felt under pressure. The manager told us they would start call bell response monitoring to assess staffing levels.

We were assured by the provider's infection control processes. Staff were adhering to Government guidance and helping to ensure people were kept free from risk of catching COVID-19. People's medicines were managed well and in the event people had an accident or incident, action was taken and lessons were learnt.

The service was without a registered manager. Although there was a manager present within the service, they had not completed their registration with CQC. We found the manager was making positive changes and had a clear vision for the future. Staff told us they felt supported and had already seen improvements and people were positive about the new manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (report published 18 December 2019).

### Why we inspected

This focused inspection was prompted due to the information we held about the service indicating that people may not be receiving safe care.

At this inspection we reviewed the Key Lines of Enquiry in the key questions of Safe and Well-Led only and this report covers our findings in relation to those.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingsbury Court on our website at [www.cqc.org.uk](http://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 when we will carry out a fully comprehensive inspection looking at all key questions. 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 well-led findings below.

**Good** ●

### Is the service well-led?

The service was not consistently well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Kingsbury Court

## 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.

This was a focused inspection prompted by the shortfalls we found at our last inspection. During the inspection we looked at the key questions of Safe and Well-Led.

Whilst at the inspection, we also completed an infection prevention and control assessment. 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 three inspectors.

#### Service and service type

Kingsbury Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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 CQC. This means that the provider was legally responsible for how the service was run and for the quality and safety of the care provided. There was a new manager in post, who had submitted an application to register with CQC.

#### Notice of inspection

This was an unannounced inspection.

#### What we did before the inspection

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. This was because this was a focused inspection.

We reviewed information we had received about the service since the last inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with 10 members of staff including nursing and care staff, the manager and the provider's regional staff.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked the provider for copies of provider and management audits.

# 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 Requires Improvement. At this inspection this key question has remained the same rating. 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

- We had made a recommendation about staffing levels at our last inspection. Although the new manager had recruited additional staff and had introduced further monitoring of people's dependency, we received mixed views on staffing levels. One person told us, "Happy here, they (staff) come reasonably quickly to the call bell, sometimes immediately but I do know I'm not the only one." However, another person said, "If you ring the bell they don't always come. Sometimes I have to wait more than 15 minutes." A third told us, "They don't come quickly. I have to wait ages." Despite the comments however, people were unable to tell us how this negatively impacted on them.
- A staff member told us, "Staffing levels better now, used to be two now three staff. Few months ago we weren't able to give people showers. Now have time to give everyone a shower."
- However other staff said, "It get very manic, when there's only two of us downstairs we can't do everything at once, it gets a bit stressful. When there's three we have enough time to sit and talk to people," "Not really enough staff. Stressful at times. I want more time to spend time with residents" and "Not enough time to spend with people and interact."
- Staff had been employed through a robust recruitment system. Records included an application form, evidence of the right to work in the UK, references and a Disclosure and Barring Service (DBS) check. A DBS check helps ensure prospective staff are suitable to work in this type of service.

### Assessing risk, safety monitoring and management

- People told us that staff made them feel safe. One person said, "Thank goodness the staff are nice, I have never had one that hasn't been." Another person said, "I do feel safe here."
- Individual risks to people had been identified. One person had lost weight due to having a swallowing difficulty. The Speech and Language Therapy team had made recommendations, which were recorded in the persons nutritional care plan. The staff had followed the care plan and the person had started to gain weight.
- People had risk assessments in place where appropriate. One person was at risk of falls and it had been identified they needed a bed that could be lowered to the floor. We saw this was available and in place. Another person needed a pressure relieving mattress as they were at risk of pressure damage. We saw the mattress was in place and set to the right pressure level for the persons weight.
- Staff followed a protocol if a person had a fall. The protocol stated that the person should be monitored for 24 hours after the fall with regular observations and checks being completed. We found this protocol had been followed and documented by staff after a recent accident.
- People were supported to remain safe within the home. There were individual Personal Emergency Evacuation Plans (PEEPS) in place which detailed the support needs of people should there be a fire. Weekly

fire equipment checks were carried out and regular evacuation drills.

#### 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 meeting shielding and social distancing rules.
- 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.

#### Using medicines safely

- People were supported to take their medicines as prescribed and medicines were managed appropriately. The manager told us they were reviewing medicines regularly, working with the GP to ensure that people were not taking medicines unnecessarily.
- Medicines were safely stored in locked cupboards or lockable fridges if required and temperatures were checked to ensure medicines were stored appropriately.
- People's medicine records were on an electronic system which helped reduce the risk of errors or medicines not being administered as reminders were set to alert staff. This was particularly important for people who were on medicines that needed to be taken at specific times.
- There were protocols in place for staff for when they needed to offer people 'as and when' medicines.

#### Systems and processes to safeguard people from the risk of abuse

- People looked relaxed and comfortable in the presence of staff and staff understood what they needed to do to protect people from the risk of abuse. One told us, "I would go straight to the management. I wouldn't put up with anything like that (abuse). I haven't seen anything here."
- We observed that staff were vigilant when people showed anxiety and they stepped in to ensure people's anxiety was not directed towards other people that were around them.
- Staff received safeguarding training and there was a whistleblowing policy that staff could access.

#### Learning lessons when things go wrong

- Where people had accidents and incidents these were recorded, discussed in clinical and staff meetings and action taken in response.
- One person's foot was found caught between their mattress and bed rail and maintenance had double-checked their bed for its safety. A second person had a skin tear on their toes and following staff discussion it was determined it was a particular pair of shoes that caused this.



# 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. This rating has changed to Requires Improvement as the service was currently without a registered manager which is a legal requirement of registration. Although the manager was making positive changes to the service there was further work to be done to create and support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- Since joining the service the manager had started to make changes for the better. A staff member told us, "I think he has some brilliant ideas for the home." For example, he had introduced a two-week rolling staff rota. Staff told us it had been hard to accept the change initially but now found it had helped and improved things for them.
- Each person's care plan was being reviewed to ensure it was up to date and detailed and the manager wished to introduce 'resident of the day'.
- There was positive feedback from people and staff about the manager and how he had implemented some good changes. One person told us, "Not so much of a changeover of staff recently."
- We raised some shortfalls we identified with the manager. This included missing detail in people's care plans which the manager was already working on and the mixed feedback we received about staff deployment. The manager was yet to carry out a call bell audit but told us they would start to do this. Audits are important as they can help identify peak times, support the need for additional staff or evidence that staffing levels are sufficient, but deployment may need to be reviewed.
- Although the majority of staff appeared to know people well and were able to describe people's needs to us, some said they had not had time to read any care plans. The manager told us they were commencing dedicated time for staff for paperwork and recruiting additional staff to cover the COVID-19 testing programme.
- The lounge and communal areas on all three floors had their lights off when not in use. This meant they looked uninviting and as such did not encourage or entice people to come out of their rooms to meet one another.
- Although staff were kind to people and provided them with the care they needed, they did not have time to socialise with them and there was only one activities member of staff. The manager told us they had identified this already and were recruiting additional activities staff.
- Whilst without a registered manager, the provider had been monitoring and auditing the service and had recently carried out a mock CQC inspection. A senior manager told us, "This highlighted some areas and it was a good baseline for the manager to work from."
- We had confidence that the manager would make the necessary changes. We will check on progress of these areas when we carry out our next fully comprehensive inspection.

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. We found this had been happening.
- Records showed relatives had been contacted where there had been an incident with their family member.
- There was a clear staffing structure in the home. Staff knew who to report to and who they could approach and get advice at any time. A staff member told us, "I have seen improvements in documentation and have more clarification about my job. I've now got someone to go to for clinical assistance."
- The provider and the management team undertook audits to review the quality of care being provided. This helped develop a baseline from which the manager could work. There were also regular clinical and handover meetings to discuss people's skin integrity, falls, infection control audits, medicines audits and health and safety audits.

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

- The manager's organisation's values and ethos were clear and the manager led by example. One staff member said, "[Manager] does help do the laundry, he's not like any other manager."
- In turn people said they were happy living at Kingsbury Court. One person said, "I am happy here, they are all very good." A second told us, "I am content and there is nothing more they (staff) could do (for me)."
- The manager had looked at changes to make to help ensure people were comfortable in their home. For example, he supported one person to move into a different part of the service as they did not feel comfortable in their bedroom. The person told us, "I have recently moved bedrooms and it is much better." A staff member said, "The manager has been moving people around (when they wish to) and it has helped them."
- Staff spoke positively about their experience of working at the service. One staff member said, "We are such a good team and we work so well together." We saw evidence of this on the day.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff said there were staff meetings and the manager was approachable. One staff member said, "We do go to the odd one (meeting), they are really good and they ask us things." Another told us, "The register manager is quite visible and very approachable, he will ask me what I am doing and give me suggestions" Others told us, "[Manager] is doing a good job. We have meetings with seniors and they relay information. In the morning he comes and checks every room. He greets all of us and we can go to him if we have any issues."
- The manager had yet to hold a relatives meeting and said he planned a virtual meeting in the new year to introduce himself.
- The manager was working with the GP to review people's medicines. He had also made links with the local district nursing team and Speech and Language Therapy team.