

Anchor Hanover Group

# Kingfisher Court

## Inspection report

Kingfisher Way  
Sutton-in-ashfield  
NG17 4BR

Tel: 01623440325

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### 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

Kingfisher Court is a residential care home registered to provide personal and nursing care, including to those living with dementia. The service can support up to 66 people, at the time of our inspection 55 people were living at the home. The home is split across 3 floors called Acorns, Birch and Cedar. Large outdoor communal areas surround the property.

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

The service was exceptionally caring and responsive to people's needs. People were supported to follow and pursue the activities, and opportunities that were important to them, embracing new social situations and learning new skills and hobbies without discrimination. People thrived with the care staff provided and people and their relatives praised the care and compassion they received as they neared the end-of-life. People described the care they received as exemplary, amazing and truly uplifting.

Staff worked in collaboration with other health and social care professionals to identify the early signs of health deterioration. This has resulted in early signs of poor health being identified and acted on before impacting people's health. The provider constantly reviewed the performance of all staff but with a clear direction of developing and supporting their careers in adult social care. Health and social care and other professionals praised the management of this service.

The provider constantly reviewed the performance of all staff but with a clear direction of developing and supporting their careers in adult social care. Staff told us their passion and drive to deliver outstanding care had been supported and encouraged by the provider through innovative methods but also by allowing staff time to develop lasting trusting relationships with people. This had culminated in a culture of openness and diversity where nothing was 'off limits' and people were supported to achieve their personal aspirations and goals.

People told us the service was well led and they received person centred care. People felt staff respected their backgrounds and choices and provided care in a respectful manner. People's independence improved significantly from the care provided. Relatives we spoke with supported this and told us management were open and approachable. Relatives praised the provider for the communication and updates they received about their loved ones, they said they were not just informed but included and embraced for the essential role they had in people's welfare and mental health. Management and staff were clear about their roles, responsibilities and continuously looked for ways to develop and improve the service and the level of care provided.

People were protected from the risk of abuse, harm and neglect by suitably trained staff who know them well. Concerns were reported and acted upon. People we spoke with told us they felt safe and enjoyed living at the home. Medicines were administered safely and referrals to other medical professionals were done in a timely way and recommendations were acted upon. There were enough competent staff on shift to ensure people were safe and received good quality care. Staff members told us they were encouraged and given the time to sit and socialise with people to build open and trusting relationships.

People were supported to have maximum choice and control of their lives and staff 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](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service under the previous provider was requires improvement published on 27 March 2020.

#### Why we inspected

The inspection was prompted in part due to concerns received about manual handling and use of equipment associated with people's mobility. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

#### Follow up

We will continue to monitor information we receive about the service, 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 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 ●

# Kingfisher 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. 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.

#### Inspection team

The inspection was carried out by 2 inspectors, a bank inspector, and a specialist nurse advisor. An Expert by Experience made telephone calls to people's relatives and advocates. 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

Kingfisher Court is a 'care home'. 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. Kingfisher Court is a care home without nursing care. 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 not a registered manager in post. The home had an interim manager in place whilst the home recruited a permanent manager. The regional manager was in the process of applying to register with CQC.

#### 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. We used this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

### During the inspection

We spoke with 5 people and 14 relatives who used the service about their experience of the care provided. We spoke with 12 members of staff including the interim manager, regional manager, senior care assistants, care assistants, lifestyle manager and co-ordinator, catering staff and the maintenance person. We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were consistently safe and protected from harm, neglect, abuse and discrimination by effective safeguarding policies and procedures.
- Management and staff were knowledgeable about safeguarding and knew people well which enabled risks to be identified early. One staff member said, "I did safeguarding training with the interim manager when I started, it was really useful as we could relate it to the home, it was so much better than the online training I have done before."
- Concerns were acted on quickly and investigated in an open and honest way meaning people were confident to raise concerns.

Assessing risk, safety monitoring and management

- People and staff were involved in assessing and monitoring risk. This enabled people to make informed decisions allowing people to take positive risks and remain as independent as possible
- Care plans were reviewed regularly, and assessments identified risks. Care plans contained clear direction for staff to mitigate risk. For example, where people were at risk of falls, people were supported by regular observations and equipment such as sensor mats.
- Care plans reflected changes in people needs where appropriate. For example, care plans contained input and recommendations from the speech and language therapy (SaLT) team. We observed through the daily flash meeting held that staff were informed of any changes and any new risks were discussed. This ensured people remained safe as their needs changed.

Staffing and recruitment

- There were enough competent staff on duty. Staff had the right mix of skills to make sure that practice was safe, and they could respond to unforeseen events.
- Staff described how they were assigned to a floor consistently to ensure they had the time to build trusting and open relationships with people and their loved ones. A senior carer said, "People living with dementia need consistency, we have built trusting relationships with people that allow us to support them safely and as they wish."
- Staff were recruited safely, and robust checks were in place. Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as standard practice. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. Staff were clear about their role and responsibilities and followed latest guidance and best practice to ensure people were able to manage their medicines as they chose.
- Medicines were stored correctly and disposed of safely. Staff kept accurate medicine records. Regular medicines reviews and risk assessments took place. This ensured people remained as independent as possible and received their medicine safely.
- We observed staff sat privately with a person discussing their medicines and obtaining consent to contact their GP for review. This meant that people were involved in their care and supported to make decision safely.

#### 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.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The provider was open and transparent about safety.
- The provider had developed a comprehensive audit tool that was completed daily that successfully highlighted any issues, such as gaps in medicines being administered. Staff received prompt feedback which was actioned immediately.
- Staff knew their responsibilities when errors or incidents occurred. They were encouraged to raise concerns and report incidents and near misses. Staff told us they received feedback in areas of concern in a constructive and supportive manner. This ensured staff continued to develop and learn from experience.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- While people told us they were happy with the design and layout of the home, people's support needs were not always considered when the premises are adapted.
- There was no dementia friendly signage within the home. This meant that people were not fully supported to orientate and remain independent within the home. The regional manager advised this was currently under review and residents would be included in any changes going forward.
- People's rooms were personalised. Relatives told us there were rooms and quiet spaces available should they wish to use them.

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

- People's needs and choices were assessed, and care was delivered in line with standards, guidance and legislation.
- Care plans contained expected outcomes and considered families' outcomes in conjunction with care planning. Regular reviews took place and care plans reflected people's changing needs and wishes.
- One person said, "I have access to my care plan and staff talk through it sometimes to see if anything needs changing."

Staff support: induction, training, skills and experience

- Staff had the right competence, knowledge, qualifications, skills and experience to carry out their roles. All staff were supported with a rolling training programme which was relevant to the health conditions that people at the home were living with.
- One relative said, "I have seen staff using the hoist and they are very professional and reassuring when doing so, it shows how well trained they are."
- A staff member told us, "When I started I had as many shadow shifts with the senior as I needed to make sure I was comfortable and competent, this gave me time to get to know people and their needs before I worked on my own."

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

- People were supported to maintain a balanced diet which ensured they were eating and drinking appropriately. Kitchen staff regularly engaged with people for feedback and suggestions on the food and menu choices.
- Care and kitchen staff were knowledgeable about people's needs and preferences, and worked together to ensure mealtimes were nutritious and an enjoyable social experience.

- People were offered choice and where people required support with their meal this was done in a timely manner.

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

- Staff worked with other agencies to provide consistent, effective and timely care.
- We saw information in people's care plans about other agencies and professionals involved in people's care. For example, their GP, district nurse and social work team.
- One professional who worked with the service said, "Staff are very knowledgeable about people and recognise changes quickly which results in better outcomes for people."

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

- People were supported to live healthier lives and access healthcare services and support.
- There was a thorough approach to planning and coordinating people's move from other services, which was done at the earliest possible stage. Arrangements fully reflected individual circumstances and preferences.
- One relative told us about their experience with admission to Kingfisher Court. "We have looked at about 25 homes and nothing compares to Kingfisher Court." Another relative said, "This is the second relative who has lived at this home, within 2 weeks they were more independent and actively doing more, it was great to see."

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was skilled in how it obtained people's consent for care and treatment, involved people and relatives in decisions and assessed capacity when needed.
- People's care records detailed their mental capacity, and others important in their care and support. Where people lacked mental capacity, best interest decisions were made with the involvement of the appropriate people. We saw examples of this being put into practice.
- One relative said, "My [Relative] has dementia but staff always ask for permission before they do anything and always offer as much choice as they can."

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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 strong person-centred culture at the service. Care planning fully encompassed and recorded in care plans the way people wished to live their lives. Management and staff were motivated to put people at the heart of the service.
- People were encouraged and supported to make their own decisions about their care and lifestyles. People were supported to express their views and share life histories. This meant goals and achievements were linked back to past employment and hobbies. For example, one person had been supported to attend a work reunion which was out of area.
- People were supported to introduce others to activities they were passionate about. For example, one person had been a member of a local golf club. They and other people living at the home attend the golf club to share a social activity and meal.
- People within the service were active partners ensuring people were supported. For example, one person acted as a 'resident ambassador' providing support to people recently admitted to the home. This included guidance and support in meeting people and developing friendships.
- One staff member told us, "We learn about people and plan activities according, one person writes a monthly column for the newsletter, and we have supported other to revisit childhood places, it about what's important to individuals not what is easiest for staff."
- One relative said, "Staff are lovely and supportive to [Relative] and us. Staff are like family in the community, they learn visitors' names quickly and always enquire about our welfare."

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity were at the heart of the provider's culture and values. People told us they were always treated with dignity and respect and without discrimination. People and staff said they were respected, listened to, and influential.
- The friendship between staff and people was evident and we observed positive and warm relationships between people and staff. One person had asked staff for support with buying a present for a friend who was in hospital while another person had been supported to send a surprise video message to family who lived abroad.
- The provider championed diversity. For example, the home held a cultural diversity event and people were encouraged to make their own unique contributions such as traditional costumes and authentic recipes.
- People and staff told us about rooms that were available for them to have private meetings and get together with family members such as birthday parties. A relative said, "Staff respect people's confidentiality and [Name] is supported to be as independent as they can be."

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

- People were supported to express their views and told us they were included in decisions about their care. For example, there were monthly review meetings, regular provider forum meetings, reviews of people's care involving people's circle of support and satisfaction surveys and questionnaires in easy read formats.
- One relative said, "We have bi-monthly meetings for relatives, coffee mornings every week, newsletters and an open-door policy by management, they [provider] couldn't do more to make sure people are supported."
- There were several people using and working in the service supporting peers to speak up across the organisation, as part of an internal advocacy service for people. This ensured people had access to independent support if they felt they were not being heard and that their rights were respected.
- We saw examples of people gathering informally and discussing topics and matters of the home that were relevant to them. For example, people had gathered at the coffee bar and were discussing activities and staffing. Staff engaged when they were requested to, and people enjoyed the chance to feedback in a more social setting.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. At our last inspection we rated this key question good. The rating for this key question has remained 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

- Staff used innovative and individual ways of involving people and their family, friends and other carers in their care and support plans, so that they felt consulted, empowered, listened to and valued.
- Where people had individual goals, staff worked with people to fulfil these. For example, one person described how they had been supported to go on days out, shopping trips and dancing. A staff member described how weekly visits to a local animal farm had become a regular highlight for people after initially supporting someone with a farming background to attend.
- Reviews of care plans took place regularly. Updates happened when people's needs or wishes changed. Care plans contained the guidance for staff to follow in relation to health conditions people were living with. This helped staff identify and act on changes quickly to minimise the impact of goals they wanted to achieve.
- We observed various activities happening during the inspection including arts and crafts and a yoga class. One person said, "There is always plenty to do, and if I don't want to do an activity staff will spend time with me instead."

Meeting people's communication needs Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had taken innovative steps to ensure that they met the legal requirements of the Accessible Information Standard (AIS). People's communication needs, and preferences were clearly detailed within their care plans and staff told us how they had received training to recognise people's changing needs.
- People were supported with the use of technology to support their chosen communication methods, such as iPad's and mobile phones. Staff described how regular checks and maintenance on equipment such as hearing aids and eyewear ensured communication remain easy and viable for people.
- The registered manager described how information could be made available in different formats, such as large print and easy read to ensure everyone received consistent information in a timely manner.

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

- The provider supported people to maintain relationships and take part in activities and social events relevant to them Staff used innovative and individual ways of involving people in social activities.
- Actions by the management team and staff truly enriched people's lives as well as making a significant difference to relatives by helping people to reach aspirations and fulfil wishes. A relative said, "When [family

member] came to live at the home they were encouraged to help staff deliver newspapers and magazines to people. This helped [relative] settle in and meet new people."

- Staff described how one person had recounted memories of a friend they had lost touch with several years previously. With consent staff managed to locate the person's long-lost friend and facilitate a meeting. Staff said, "It was like they were teenagers again, spending hours on facetime just catching up. It was just such a special moment."
- The provider described how they were trying to build links with the local community including trying to establish a bowling league with other care homes locally. The provider engaged with the local primary school who came into the home to perform songs for people as well as developing connections through letter writing.
- A relative told us, "They do have a good range of activities in the home, and they ask residents what they would like to do, they take residents out and about all the time." Another relative described how people were encouraged to do activities together. "My [relative] goes for a pub meal with [Name] and its lovely, they get to do normal activities just as it should be."

Improving care quality in response to complaints or concerns

- People were provided with information on how to make a complaint or raise any concerns and in an appropriate format for their communication needs.
- There was a complaints policy in place, and we saw evidence of management actively requesting feedback from people through resident meetings and communication with relatives.
- A Relative said, "They are very good at sending out information by email or will call if it is urgent but if I had a concern I would talk to staff they are very approachable."

End of life care and support

- At the time of inspection no one was in receipt of end-of-life care and support.
- The home had a policy in place should end of life care be required and staff were knowledgeable in recognising changes in people conditions and needs. For example, we saw evidence of advance care planning discussions with people and their GP's.
- We saw feedback from relatives who's loved ones had been supported with end-of-life care. One relative said, "We will always remember the way [relative] was looked after whilst living at Kingfisher Court. It is a true 'care' home."

# 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 good. The rating for this key question has remained good. 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

- The provider's visions and values were exceptional and distinctive. People said it was well led, and people were at the heart of the service.
- The management team had developed the vision and value of the provider to make them relevant to Kingfisher Court, its ethos was a culture of nothing being 'off limits.' Staff were acknowledged and praised for the positive impact they had on people's lives, which resulted in them feeling valued and supported.
- On the day of inspection, one person took pride in showing us their knitting projects and told us how the service was supporting them to distribute items to local people in need. This showed how the service was empowering people to actively engage with the community and achieve outcomes which were important to them.
- Staff we spoke with told us it was a positive environment to work in and that they were valued and respected. One staff member said, "I think we are doing really well; we ask people for feedback all the time and constantly look to improve."
- A relative told us, "We are always updated, by phone if its urgent but the little things too, like menus and activities, I am part of everything which means a lot."

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

- People, relatives and staff were fully involved in giving their feedback and a variety of formats were used to do this ensuring every voice could be heard. People from diverse backgrounds, were encouraged and supported to live their life to the full.
- There was pro-active engagement with the local community. People living in the service regularly went out to events in the community and events were held in the service that involved the community. For example, the provider holds a collection for the local food bank. People volunteer and distribute all collected foods to the local Community hub and help to co-ordinate the food parcels.
- Staff worked in partnership with other health and social care agencies. Care plans detailed how the service worked with multiple health care professionals such as dieticians, GP's and Nurses. This systematic holistic approach to working with other organisations and embedding recommendations into care plans had achieved and improved positive outcomes for people and staff within the service.
- People were encouraged and supported to live their life to the full considering their equality characteristics such as religion and social background. This ensured people received person-centred care and achieved their personal goals as identified throughout this inspection.
- A professional working with the home said, "I would recommend Kingfisher Court, staff are caring and

committed and achieve good outcomes for people." Another said, "It was an absolute pleasure visiting Kingfisher Court. The atmosphere is so friendly, the staff and residents seem very happy and content. I may book myself in for a holiday."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- The provider had ensured that all staff had a clear understanding of their roles and responsibilities. The management team strived to develop their leadership skills and upskill all staff within the organisation.
- Staff were promoted from within the home. We saw evidence of the upskilling of the staff whilst the recruitment of a new manager took place. Staff told us they felt valued by these opportunities. One staff member said, "I am invested in the home and feel I make a positive impact for people. I want to stay at Kingfisher Court and build a career."
- The provider had recently undertaken Restore 2 training for all staff. The aim of this training was to upskill staff to recognise risk of deterioration in people's condition. A professional who was part of the training said, "There has been an immediate recognition of deteriorating health with enhanced referrals to GP's which had seen a reduction in hospital admissions and need to call 999." This meant the provider was active in promoting continuous learning and improving care standards.
- Staff told us there were regular team meetings and daily meetings that kept them up to date. In addition, staff said that management encouraged them to have informal meetings within their teams to promote supportive working.
- Regular and comprehensive audits and checks were completed, this ensured concerns and improvements were identified and acted upon promptly and ensured people remained safe.

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 provider understood and acted on its duty of candour in an open and honest way.
- The manager met their regulatory requirements by notifying CQC of events which they are required to do so. There was an open and transparent culture and the registered manager stated if things went wrong people would be informed and actions would be taken to make things right.
- We saw an example of where the provider had received negative feedback from a relative. Their concerns were reviewed and addressed formally in writing and a review meeting arranged to ensure improvements had been made and people and their loved ones were happy with the outcome.