

Thornton Care Limited

The Kingfisher Care Home

Inspection report

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Thornton Cleveleys
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Website: Thorntoncare Limited

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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 

Overall summary

The inspection visit took place on 15 May 2015 and was unannounced.

The Kingfisher Care Home is registered to provide personal care for up to 20 people. Accommodation is on two floors with a stair lift for access between the floors. There are two lounges and a large dining room and a large garden for people to enjoy. The home is situated close to shops, buses and trams, the beach and the local facilities of Thornton Cleveleys. At the time of the inspection visit 18 people were living at the home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 8 January 2014 the service was meeting the requirements of the regulations that were inspected at that time.

Summary of findings

People who lived at the home, relatives and friends told us they felt safe and secure with staff to support them. We found people's care and support needs had been assessed before they moved into the home. Care records we looked at contained details of people's preferences, interests, likes and dislikes.

We observed staff interaction with people during our inspection visit, spoke with staff, people who lived at the home and relatives. We found staffing levels and the skills mix of staff were sufficient to meet the needs of people and keep them safe. The recruitment of staff had been undertaken through a thorough process. We found all checks that were required had been completed prior to staff commencing work. This was confirmed by talking with staff members.

We observed medication was being dispensed and administered in a safe manner. We observed the person responsible for administering medication dealt with one person at a time to minimise risks associated with this process. We discussed training and found any person responsible for administering medicines had received formal medication training to ensure they were confident and competent to give medication to people.

People who lived at the home and relatives were happy with the variety and choice of meals available to them. Regular snacks and drinks were available between meals

to ensure they received adequate nutrition and hydration. One person who lived at the home said, "The meals are very nice. We always have a choice and there is plenty."

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members. Relatives and visitors we spoke with told us they were always made welcome when they visited their loved ones.

The care plans we looked at were centred on people's personal needs and wishes. Daily events that were important to people were detailed, so that staff could provide care to meet their needs and wishes. People we spoke with were confident that their care was provided in the way they wanted.

Staff were seen to organise activities designed to stimulate people living with dementia. For example on the day of our visit board games were organised for the afternoon. People we spoke with told us they enjoyed games played with the staff.

We found a number of audits were in place to monitor quality assurance. Records demonstrated identified issues were acted upon in order to make improvements. The registered manager and provider had systems in place to obtain the views of people who lived at the home and their relatives.

Summary of findings

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.

From our observations and discussion with people we found there were sufficient staff on duty to meet people's needs.

The service had procedures in place to protect people from the risks of harm and abuse. Staff spoken with had an understanding of the procedures to follow should they suspect abuse was taking place.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks.

Medication administration and practices at the service had systems in place for storing, recording and monitoring people's medicines.

Good



Is the service effective?

The service was effective.

People who lived at the home were supported by effectively trained and knowledgeable staff.

Staff supported people to make decisions about their care. There were policies in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

Records showed that people who lived at the home were assessed to identify the risks associated with poor nutrition and hydration.

The registered manager and staff had regular contact with visiting health professionals to ensure people were able to access specialist support and guidance when needed

Good



Is the service caring?

The service was caring.

There was evidence people's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

We observed staff provided support to people in a kind, dignified way. Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff treated people with patience, care and respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

Care records were personalised to people's individual requirements. We observed staff had a good understanding of how to respond to people's changing needs.

There was a programme of activities in place to ensure people were fully stimulated and occupied.

The management team and staff worked very closely with people and their families to act on any comments straight away before they became a concern or complaint.

Good



Summary of findings

Is the service well-led?

The service was well led.

There was clear leadership at the service. The registered manager understood their legal responsibilities for meeting the requirements of the law.

A range of audits was in place to monitor the health, safety and welfare of staff and people who lived at the home.

The registered manager was open and approachable and demonstrated a good knowledge of the people who lived at the home.

Good



The Kingfisher Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection visit carried out on the 19 May 2015.

The inspection team consisted of an adult social care inspector 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. The expert by experience for the inspection had experience of caring for older people.

Before the inspection visit, the provider completed a Provider Information Return (PIR). We used this information

as part of the evidence for the inspection. We also reviewed historical information we held about the service. This included any statutory notifications and safeguarding alerts that had been sent to us.

During the inspection visit we spoke with six people who lived at the home, five staff members. We also spoke with the registered manager, the provider, district nurses visiting the home and two visiting relatives/friends. We had information provided to us from external agencies including the local authority contracts and commissioning team. This helped us to gain a balanced overview of what people experienced living at the home.

Part of the inspection was spent looking at records and documentation which contributed to the running of the service. They included recruitment of one staff member, two care plans of people who lived at the home, maintenance records, training records and audits for the monitoring of the service.

Is the service safe?

Our findings

This was a home for people living with dementia. We spoke with people who were able to communicate with us. They told us they felt safe at the home and were cared for by competent staff. One person said, “The staff know us well and I feel safe here.” A visiting friend said, “All the girls are good it’s a safe place for our friend to be.”

We arrived at breakfast time and observed throughout the day staff were around when required to support people safely with personal needs. For example people were free to move around the building and when one requested help to the bathroom two members of staff supported the person. We observed the person required the use of a hoist. The two members of staff were sensitive to the person when using the hoist and the person felt safe. One staff member said, “It is necessary to ensure people are safe and confident in the staff when moving around using the equipment.”

We had a walk around the building and found call bells were positioned in rooms close to hand so people were able to summon help when they needed to. We observed people did not have to wait long when they pressed the call bell for assistance. One person who lived at the home said, “I never have to wait long if I need someone.”

All of the staff we spoke with during the day told us they thought there were sufficient staff on duty to meet people’s needs. They felt they had time to support people on a one to one basis if required. “No problem with the amount of staff around to keep an eye on people.” The registered manager informed us staffing levels would be constantly reviewed to look at changing needs of people and occupancy levels went up and down to ensure people were safe because enough staff were around to meet their needs.

Staff we spoke with about witnessing signs of abuse, were knowledgeable about the actions they would take if they witnessed anything they felt concerned about. One member of staff said, “I would report anything I saw suspicious in terms of abuse to the manager.” Staff informed us they had regular updates of training in safeguarding adults. Training records we looked at confirmed staff had received related information to ensure they had the knowledge and understanding to safeguard people.

Care records of two people who lived at the home contained an assessment of their needs. This led into a review of any associated risks. These related to potential risks of harm or injury and how they would be managed. For example they covered risks related to, medication, falls and mental health care.

Records were kept of incidents and accidents. Records looked at demonstrated action had been taken by staff following incidents that had happened. For example if someone had a fall a brief description of when and how the incident occurred would be recorded. This would be followed by the action taken and what was agreed to reduce the risk of it happening again.

We looked at recruitment records of staff. All required checks had been completed prior to any staff commencing work. This was confirmed from discussions with staff. One staff member said, “I wasn’t allowed to start until all checks had been done.” Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, an application form that required a full employment history and references.

We spoke with one member of staff who had recently been appointed as a carer and had completed their induction training. The member of staff told us their induction training period had been thorough and confirmed they felt confident in their role.

We had a walk around the building and found good signage around to help support people living with dementia. For example pictures of toilets on bathroom doors and pictures of beds on bedroom doors. Also different colors so people could identify items. This would help people to be more familiar and safe with the surroundings. The registered manager told us they were always looking for ways on how to make the environment more dementia friendly and safe for people.

We looked at how medicines were administered and records in relation to how people’s medicines were kept. We observed medicines being administered at lunchtime. We found medicines were administered at the correct time they should be. We observed the staff member ensure medicines were taken, by waiting with the person until they had done this. We also witnessed the staff member encouraging people in a sensitive way describing why they needed to take their medicine.

Is the service safe?

The service carried out regular audits of medicines to ensure they were correctly monitored and procedures were safe. We were informed only staff trained in medication procedures were allowed to administer medication. One staff member confirmed this and said, "Yes only staff who have received the proper medication training give out medicines."

There were controlled drugs being administered at the service. This medication was locked in a separated facility. We checked the controlled drugs register and correct procedures had been followed. Records looked at showed the correct record keeping for the amount of tablets left in stock were accounted for. This meant medicine processes were undertaken safely.

Is the service effective?

Our findings

We arrived whilst people were finishing their breakfast. We observed staff supporting people and we spent time talking with people who lived at the home. Responses were positive. People told us they felt staff were aware of their needs and the support they required. One person who lived at the home said, "It's a lovely place, I feel relaxed and the staff are very good with me."

We looked at training records for staff members. Records showed members of staff had completed key training in all areas of safeguarding vulnerable adults, dementia awareness and moving and handling techniques. Training for these topics were updated on a regular basis. This was confirmed by records we looked at and talking with staff members. Staff told us they were also encouraged by the registered manager and owner to further their skills by obtaining professional qualifications. For example one staff member told us they were undertaking a national vocational qualification to level 3 (NVQ). The continuing programme of training for staff ensured staff were competent to provide quality care because they had the skills and knowledge to support people.

Staff told us they received regular supervision and appraisal to support them to carry out their roles and responsibilities and discuss any issues and their own personal development. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities. One staff member confirmed they had supervision sessions and said, "It provides an opportunity to go through things and discuss training and development for me."

Comments from people who we were able to speak with and visitors were positive in terms of their involvement in their care planning and consent to care and support. One relative said, "We are happy with the dementia support given to [relative]. The manager always involves us in care planning and they keep us up to date."

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure

that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager and provider demonstrated an understanding of the legislation as laid down by the (MCA) and the associated (DoLS). We spoke with the registered manager and provider to check their understanding of the MCA and DoLS. They demonstrated a good awareness of the legislation and confirmed they had received training. This meant clear procedures were in place to enable staff to assess people's mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk and protect their human rights.

The registered manager had requested the local authority to undertake a DoLS assessment on people who lived at the home. We looked at one person's care plan and found appropriate arrangements in place to support this person. This showed the service knew the correct procedures to follow to make sure people's rights had been protected. During our observations we did not see any restrictive practices. The registered manager had also requested further DoLS assessments for people and were awaiting response from the local authority.

Staff working at the service who were responsible for the preparation and serving food had completed training in 'Food and Hygiene', this was confirmed by talking with staff. This demonstrated staff were confident in ensuring people received a healthy balanced diet by providing people with nutritious foods that met their dietary needs. For example staff we spoke with prepared diabetic meals for a person and prepared blended foods in separate portions for people who required them.

People who lived at the home were given a full menu choice at all meal times and could have refreshments whenever they wished. We observed this happened during the day of our inspection visit. Light snacks and refreshments were available throughout the day. The dining room was very clean and tidy. Tables were set with crockery, cutlery and drinks. All people who lived at the home except one ate in the dining room although they have a choice of where they wish to eat. The meal was cut up for those who could not cut the meat, another person

Is the service effective?

had their meals pureed. We observed the person being assisted with their meal and encouraged to eat. One person said about the food, "The meals are very nice. We always have a choice and there is plenty."

The registered manager and staff had regular contact with visiting health professionals to ensure people were able to access specialist support and guidance when needed. Records we looked at identified when health professionals had visited people and what action had been taken.

Is the service caring?

Our findings

We spoke with relatives, a visiting district nurse and people who lived at the home. They told us staff were caring, sensitive and respectful. A visitor who was a friend of a person living at the home said, “The staff are always very kind and caring and take special care of my [friend]. He has recently lost his twin brother who he had not been separated since birth.”

Our observations found staff had formed good relationships with people who lived at the home. We saw that staff knew the people they cared for and showed warmth and kindness in how they cared for people. For example one staff member cleaned person’s glasses whilst sat holding hands. Another example we observed, was when one person was very upset because of the cars in the drive, thinking that they belonged to her husband. The staff calmed her down and took her to a place where she could no longer see the cars. A staff member we spoke with about the incident said, “She gets upset, and it’s a matter of spending time with her and occupying her to forget the cars.”

We observed staff being patient and respectful towards people. For example, one person wished to go to the bathroom but had difficulty walking. The member of staff was patient and spoke with the person all the way to the bathroom. The staff member waited and knocked on the door asking if the person was ready. When she was she was led gently back to the lounge area.

We spoke with staff to gain an insight into their understanding of the way people who lived at the home were cared for. Staff were able to give us examples of how to treat people with dignity. For example they told us when someone required help because they had an accident and

needed the toilet quickly they would not make a fuss. One staff member said, “It doesn’t matter if they had an accident with toileting it’s how you react and be sensitive to them.”

We looked at two people’s care records to check people’s involvement in care planning. We found records were comprehensive and involved the individual. Where appropriate relatives were also involved and signed the plans of care. One person who lived at the home said, “I was able to give my views on how I should be treated and what help I felt was needed for me.”

We spoke with visitors and people we could communicate with who lived at the home about visiting times and they told us there was no restrictions. One person said, “I come when I like it is alright with the staff.” Staff told us they always make people welcome and offer drinks or a meal if necessary. People we spoke with confirmed this. One relative said, “They are all so nice and always ask if I would like a drink or something to eat when I am here.”

The building had a conservatory available for relatives and visitors to go somewhere private should they wish to be alone with their relatives. Staff told us sometimes people wanted to speak with their friends and family in private.

The registered manager told us people who lived at the home had access to advocacy services. We noted information was available on the wall in the reception area so that people were aware of who to contact should they require the service. Although people at the home were living with dementia at various stages the registered manager felt, this was important. This meant it ensured people’s interests were represented and they could access appropriate services outside of the home to act on their behalf.

Is the service responsive?

Our findings

People were supported by staff who were experienced, trained and had a good understanding of their individual needs. The registered manager encouraged people and their families to be fully involved in their care. This was confirmed by talking with people and visitors to the home. We noted in bedrooms of people staff had access to information about the person's preferences and how they wished to be cared for. This meant the service ensured staff were informed of people's wishes and how best to support people living with dementia.

There was a list of events/ activities displayed on the notice board in the reception area. Staff told us these could change if people requested other activities they would like. For example on the day of our visit board games were organised for the afternoon. People we spoke with told us they enjoyed games played with the staff. One said, "I enjoy playing games with the staff."

The organisation employed an activities co coordinator. People who lived at the home and staff we spoke with told us the staff responsible for activities were good. They said they ensured a variety of events took place to make sure activities suited people's choices. People who lived at the home confirmed this.

A mini bus was available for trips out. For example recently they went to Blackpool Tower to a 'dancing with dementia' event. One person said, "Oh it was so good I really enjoyed the day." Also a recent visit to the local dementia coffee group was organised and they were able to take five people to the event. A staff member said, "It is great that we now have a mini bus we can get out more."

Care records of people who lived at the home had been developed from the assessment information to be person centred. This meant they involved the person in planning their care. The details demonstrated an appreciation of people living with dementia.

There was evidence of information about people's personal histories and life experiences. The service had produced a 'basic background questionnaire' (BBQ). This document was developed with the person or family to provide information for people to understand the individual. It contained information such as, their likes and dislikes, happy moments in their life, and work life experiences. A staff member said, "It is very good information when they move in and we can develop the information and it gives us a better understanding of each person." Another staff member said, "With people who have dementia the families give us a good insight into the person which helps."

We had a walk around the premises and found signage around the home to support people living with dementia. For example there were pictures of activity events, birthdays and pictures of families outside their individual room to remind people of families and loved ones. This would help people communicate their wishes and be more familiar with their surroundings.

The service had a complaints procedure on display in the reception area for people to see. The registered manager told us the staff team worked closely with people who lived at the home and relatives to resolve any issues. Concerns and comments from people were acted upon straight away before they became a complaint. They had not had any complaints over the last 12 months.

People we spoke with about the complaints policy were aware of it and knew the process to follow should they wish to make a complaint. One person who lived at the home said, "Never had to complain or take up any concerns. I know I would speak with the manager if I had to do so."

Is the service well-led?

Our findings

People who lived at the home, a visiting district nurse and relatives told us how supportive the registered manager was. Comments from relatives included, “[The manager] is a lovely person knows what she is doing and keeps us in the know about our relatives care.”

We observed during the inspection visit the registered manager was part of the staff team providing the care and support people required. One staff member said, “The manager is very supportive we all chip in together. It is a good atmosphere to work in.” Although we had difficulty communicating with some people because of their living with dementia, people we spoke with all knew who the registered manager was and told us she always had time to spend talking with them.

The service was well led and staff told us people were clear about their responsibilities and what the registered manager’s role was. One staff member said, “We know our jobs well and the place is well organised and people know what they are doing.” All staff members we spoke with confirmed they were supported well by the registered manager.

The registered manager informed us in the (PIR), weekly managers meetings were held with the provider and the managers of Thorntoncare. The registered manager told us these meetings were informative and useful to ensure the service continues to develop and runs smoothly.

People who lived at the home and their relatives told us they were encouraged to be actively involved in the continuous development of the service. For example relatives were encouraged to attend resident/relative meetings and complete surveys sent out to pass their views on how they felt the service was performing. Completed

surveys we looked at were positive. However the registered manager and owner would analyse the responses and act on any negative comments. The provider had recently introduced a ‘relative support group’ that meets every three months at a local venue to discuss any issues or improvements people felt could improve the service to their relatives. One relative said, “The manager always asks us if there is anything the feel could be improved or if we have any ideas which would help the home.”

Resident and staff meetings were held on a regular basis. The last meeting of staff took place on 19 April 2015. One staff member we spoke with said, “They are useful and gives people a forum to put forward any ideas or discuss any issues.”

We spoke with the registered manager and the owner about the people who lived and worked at the home. They demonstrated a good awareness of the care needs of people we talked about. This showed they had a clear insight with the staff and the people who lived at the home.

We found there were a range of audits and systems put in place by the registered manager and the owner. These were put in place to monitor the quality of service provided. Audits were taking place approximately every month. Senior members of staff within the organisation undertake audits and they look at for example, the environment, staff training and medication. We were also informed they carried out ‘observational audits’. For example how people carried out an activity, what their involvement was and did people enjoy the event. We looked at an observational audit carried out when a spillage occurred. It documented the staff reaction and how they dealt with it to ensure people were kept safe and the risk of falling was low. A staff member said, “They are useful so that we can learn from events which can only be good for the residents.”