

B & C Holt Ltd

Kingston Nursing Home

Inspection report

7 Park Crescent
Leeds
West Yorkshire
LS8 1DH

Tel: 01132666520

Date of inspection visit:
03 February 2021
16 February 2021

Date of publication:
10 March 2021

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

About the service

Kingston Nursing Home is a residential care home providing personal and nursing care to 22 people aged 65 and over, at the time of the inspection. The service can support up to 47 people.

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

Following the last inspection in August 2020 improvements had been made to the care people received. The new manager and clinical lead with the support of the provider had made significant improvements in a short space of time. Whilst improvements had been made in a short amount of time and the service is no longer rated inadequate, the provider had yet to evidence sustained and continued improvements over a longer period of time.

Systems and processes had been introduced to ensure the service continued to improve. Numerous audits were regularly taking place to monitor the service. Policies and procedures had been put in place to ensure staff knew what was expected of them. Accidents or incidents were recorded and monitored, and learning was identified to reduce the risk of them happening again.

A refurbishment programme was underway at the location. The environment people lived in was improving which positively impacted on their experience of care. We have made a recommendation in relation to the environment.

People were protected from abuse and were treated with respect and dignity. Staff told us staffing levels were good and were at a level where they could meet people's needs.

Improvements had been made to the management of medicines. People were supported by staff who had been trained to administer medicines.

Staff described the atmosphere and culture at the home as positive and enjoyed coming to work. They said they had observed the positive impact on people who they reported as 'happier.'

Infection control procedures were in place and the home followed current government guidance to ensure people were protected from the transmission of infection. PPE stations were in place and staff had been trained to don and doff personal protective equipment. Cleaning staff knew how to ensure products were to be used to ensure effectiveness. Cleaning rotas and schedules were in place to ensure risks to people were minimised. Storage of excess PPE was an issue which the manager was looking into.

Rating at last inspection (and update)

The last rating for this service was inadequate (published 26 September 2020). This service has been in Special Measures since 26 September 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key

questions inspected. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating. 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.

We carried out a focussed inspection of this service between 18 and 24 August 2020. Breaches of legal requirements were found. 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 refer to those requirements.

The ratings from the previous comprehensive inspection for those key questions, not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingston Nursing Home on our website at 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. 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 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 ●

Kingston Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 conducted by one inspector and an inspection manager.

Service and service type

Kingston Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced the day before the inspection due to the current pandemic. This was so we could discuss any risks to people and the inspection team, and the level of personal protective equipment (PPE) required on the day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We visited the service on 3 February 2021. Between the 3 and 17 February 2021, we sought further information and documentation from the provider. We spoke with two people who used the service about their experience of the care provided. We spoke with six members of staff including the manager, clinical nurse lead, senior care workers, care workers, the chef and the housekeeper.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 inadequate. At this inspection this key question has improved to 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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly manage the risks relating to the health safety and welfare of people. The registered person(s) failed to provide care and treatment in a safe way as they did not have adequate systems to assess and managed the risks to the health and safety of people using the service or mitigate the risks. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 12

- Risk assessment were in place and staff had a better understanding of the requirements to assess risk and reduce risks of harm to people using the service. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- During the last inspection we found concerns around fire safety at the home and staff's knowledge about what to do in case of a fire. A significant amount of work had been undertaken to make the environment safer, and this had not been fully completed. Due to the layout of the home over several floors, we were concerned staff had not been trained to use the evacuation sheet. The manager agreed to address this immediately.
- Moving and handling care plans were more detailed. Some further improvements were required to the recording of moving and handling risk assessments to clearly identify specific risks and the clinical lead was meeting with the provider of their electronic system to build a more robust assessment into their system.
- Risks around eating and drinking were managed. People living at the home had risks associated with their swallowing, and required their drinks thickened to prevent choking incidents. Thickener was stored away from people at the service and staff knew how to use the thickener in line with the person's prescription.
- The manager was monitoring falls and there had been a reduction in the number of falls.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and understood how to identify abuse and report concerns. There was information available to staff to guide staff. The service had a speak up policy and we saw evidence the manager had reminded staff to use it if they saw behaviour of concern.
- All safeguarding procedures had been followed in line with the provider's safeguarding policy and referrals were appropriate.

Staffing and recruitment

- Staff were recruited safely, and all the appropriate checks were carried out to protect people from the employment of unsuitable staff. Risk assessments were completed where past records were not available when staff transferred over from the previous provider.
- Staff told us they felt supported at work. Supervision and appraisals had in the past not been completed regularly but there was a system in place to ensure this was improving and all staff were now being supervised and appraisals were booked in.

Using medicines safely

- Systems were in place to ensure that medicines had been ordered, received, stored, administered and disposed of appropriately. The provider had commissioned a pharmacy specialist to audit the system and identify areas to ensure the continuously improved.
- Staff had been trained to administer medicines, and only registered nurses administered medicines. The clinical lead ensured staff practice in administering medicines was regularly observed and the outcome of the observations recorded.

Preventing and controlling infection

- There were systems in place to reduce the risk of the spread of infections. Staff had received training in the appropriate use of personal protective equipment (PPE), and had their practice observed. PPE storage was an issue, due to the number of products in use, and this was discussed with the manager to devise a better solution.
- The provider was accessing regular testing for people and staff in line with government guidelines.
- The environment was clean, and products were used as recommended to ensure effectiveness. There were wall mounted hand sanitiser dispensers in place for staff to use, but there were some improvements that could be made to the position of these at some key areas, which the manager agreed to address.

Learning lessons when things go wrong

- Accident and incidents were investigated when they occurred, and a system was in place to ensure management oversight. There had been an improvement since the last inspection and management looked for themes and trends to prevent further incidents.

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 inadequate. At this inspection this key question has now improved to requires improvement. Improvements had been made, but it was too short a period from the last inspection to be assured these improvements were embedded.

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

At our last inspection we found systematic failings in the management of the service, which meant people did not always receive safe care. Quality assurance processes in place had not been effective in identifying issues found and the provider had failed to robustly manage the risks relating to the health safety and welfare of people because accurate records were not kept. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation

- Since the last inspection a new manager had been recruited to the home and they were in the process of registering with CQC. They were supported by a clinical lead who started at the same time and whose role was to improve the clinical practice at the service. Both were supported by the provider who retained oversight of the service and met regularly with commissioners and CQC to evidence the improvements they were making in the quality and safety of the service. Whilst improvements had been made in a short amount of time and the service is no longer rated inadequate, further improvements were still ongoing. The provider had yet to evidence sustained and continued improvements over a longer period of time.
- Leadership had improved at the location, and systems and processes had been introduced to ensure the service continued to improve. Numerous audits were regularly taking place to monitor the service. Policies and procedures had been put in place to ensure staff knew what was expected of them.
- The provider was working to a quality improvement plan which clearly identified the areas identified to improve. This programme of improvements was ongoing, and we noted significant improvements had been achieved since the last inspection.
- The manager was in the process of developing champions amongst staff to give them more responsibility. They have a continence champion and will be allocating a member of staff to be the infection control champion.
- A programme of refurbishment was in place and many areas had been completed since the last inspection. Further improvements were required in the environment to ensure it was safe, dementia friendly and suitable for people living there.

We recommend the provider consider current guidance on suitability of the built environment to meet the

needs of people living there and ensure this is incorporated into their refurbishment plans.

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

- Feedback had been sought from staff by means of a questionnaire. Those that had returned this reported a positive shift in culture where they felt supported in their role. They told us they were happy to come to work.
- We observed some caring interactions between people and staff, and the lunchtime experience was calm and positive.

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

- Formal complaints were investigated, and apologies were made as required where the service had been at fault.

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

- Relatives had been kept informed of changes at the service by means of a newsletter and correspondence.
- Staff told us they could make suggestions for improvement at the service and felt listened to.

Working in partnership with others

- There was evidence which demonstrated the service worked in partnership with health and local authority partners to ensure people's needs were met in a timely way. The location had received support from the CCG and local authority to support their improvements and the manager told us how useful this support had been.