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Kingsbury Court

Inspection report

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Date of inspection visit:
18 November 2019

Date of publication:
18 December 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service

Kingsbury Court is a care home providing personal and nursing care to 46 people aged 65 and over at the time of the inspection. The service can support up to 60 people. The service is a large purpose-built building, over three floors based in Woking Surrey.

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

People did not always receive support from adequate numbers of staff deployed to keep them safe. However, there had recently been a successful recruitment drive. People continued to be protected against abuse, as staff received safeguarding training and knew how to respond to, escalate and report suspected abuse. Risk management plans gave staff guidance to mitigate identified risks. People were supported to receive their medicines in line with good practice. Infection control practices ensured people were protected against cross contamination.

Staff received on-going training to enhance their skills. Staff reflected on their working practices through supervisions. People were supported to access food and drink that met their dietary needs and preferences. People continued to be encouraged to live healthier lives and had access to healthcare services to monitor and maintain their health.

People continued to be treated with kindness and compassion. People's dependency levels were recorded, and support provided adjusted to their changing needs. People were supported and encouraged to make decisions about their care and had their dignity respected.

Personalised care plans enabled staff to deliver care in line with people's needs and wishes. There were a wide range of activities for people to participate in. People received information in accessible formats. Complaints were managed quickly to seek a positive outcome and minimise the risk of repeat incidents. People's end of life care preferences were documented.

We received mixed comments about the management of the service. The registered manager carried out audits to drive improvements. The registered manager worked in partnership with other stakeholders to enhance people's lives. People continued to be encouraged to share their views of the service.

People were supported to have maximum choice and control of their lives and staff supported 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

Rating at last inspection

The last rating for this service was Good (published 12 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

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 wasn't always safe.

Details are in our safe findings below.

Requires Improvement 

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 

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. 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.

Inspection team

The inspection was carried out by two inspectors, an Expert-by-Experience and a Specialist Advisor. 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 Specialist Advisor was a registered nurse.

Service and service type

Kingsbury Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 registered with the Care Quality Commission. This means that they 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 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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people and four relatives. We also spoke with ten staff members, this included, the chef, care staff, registered nurses, the home manager, registered manager and the quality and compliance manager. We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at five 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.

After the inspection

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 Good. At this inspection this key question has now deteriorated 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.

Staffing and recruitment

- People told us there were insufficient numbers of staff deployed to meet their needs. One person told us, "Sometimes [the service] are short staffed and [staff members] have to run around like worker bees, but they still try and take the time to talk to you. I would say they are short of staff in the mornings. Quite often you have to wait for someone to help when you want to get up and dressed." Another person said, "I would say they are very understaffed. There's nothing like enough staff and it's worse during the day than at night. Sometimes I can wait half an hour between ringing the bell and someone helping me." Records confirmed what people and staff told us.
- The registered manager assessed people's dependency levels regularly however, people felt there continued to be insufficient staffing levels.
- Staff confirmed the provider used consistent agency staff to cover any staff absence or shortages. By ensuring agency staff were consistent, this meant that people received care and support from familiar staff members.
- We shared our concerns with the registered manager, who confirmed there had been a recent recruitment drive to employ more staff, which had been successful and new staff were in the pre-employment stage. We will review this at our next inspection.
- The provider had robust pre-employment checks in place to ensure only suitably vetted staff members were employed. Staff files contained, an application form, satisfactory references, photographic identification and a Disclosure and Barring Services (DBS) check. A DBS is a criminal record check employers undertake to make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- The service continued to have systems in place to minimise the risk of abuse to people living at Kingsbury Court.
- Staff were clear on the different types of abuse people may be at risk from telling us, "It's the protection and safeguarding of vulnerable adults, keep them safe from abuse. Any kind of harm [for example,] physical, emotional and financial abuse."
- Staff knew how to report any concerns or allegations, Comments included, "Report it the to the senior [staff member on duty] or go straight to the [registered] manager. At first make sure they are safe. Go above them to human resources, the CQC, social services or the police."
- Records confirmed staff received safeguarding training. The provider also had a comprehensive safeguarding policy in place, which staff were aware of.

Assessing risk, safety monitoring and management

- Potential risks to people were suitably assessed to ensure staff were able to support people safely. This included areas such as mobility, eating and drinking, falls management and call bells. Risk management plans were regularly reviewed to reflect people's changing needs.
- Where people required moving and handling support, risk assessments were clear in defining the particular equipment required to transfer safely and how staff should guide them.
- Fire safety procedures were followed and clear evacuation plans were in place, detailing the level of support people required to evacuate the building in the event of an emergency.

Using medicines safely

- Medicines were managed and stored safely. People received their medicines from staff that were trained to do so and who had regular assessments to ensure they remained competent to administer medicines.
- One relative told us, "They [staff members] make sure [my relative] takes her medicines. I'm not aware there's ever been any problems with that."
- Medicine trolleys were clean and tidy and not overstocked. There were sufficient supplies of medicines. Medicines were stored in trolleys in locked rooms. This ensured only people qualified to administer the medicines had access to them.
- The Quality and Compliance Manager completed weekly and monthly audits, for example, when missing medications were found actions required were written and reviewed. Another example is when medication needed to be ordered there was always a follow up to ensure this was done in a timely manner.
- There were clear instructions for 'when required' (PRN) medicines. The instructions gave staff details, which included the name and strength of the medicine, the dose to be given, and the maximum dose in a 24-hour period, the route it should be given and what it was for.

Preventing and controlling infection

- People continued to be protected against the risk of cross contamination, as the provider had comprehensive infection control procedures in place.
- Staff were also provided with Personal Protective Equipment (PPE). For example, gloves and aprons. This further reduced the risk of cross contamination.
- The service employed ancillary staff to ensure the service was regularly cleaned. During the inspection we identified the service was free from mal odour.

Learning lessons when things go wrong

- The registered manager and home manager were keen to ensure lessons were learnt when things went wrong. For example, where there had been an issue in relation to medicines stock control, the registered manager had arranged to meet with the Pharmacist and GP, to ensure there were no repeat incidents.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Records showed that staff received regular group supervision and were invited to attend team meetings. However, records showed that staff did not always receive one to one support and this was reiterated by comments from some staff. Improvements were needed to ensure staff were provided with the opportunity to reflect on their individual practice. We shared our concerns with the registered manager, who after the inspection sent us a copy of additional supervisions carried out at the service. We will review this at their next inspection.
- Staff continued to receive training to enhance their knowledge and skills and provide effective care. A staff member told us, "We have hundreds of it [training]. The most recent training was manual handling. We get it every year."
- Training provided included, for example, fire awareness, manual handling, dementia awareness and safeguarding.
- Staff members told us the induction provided at Kingsbury Court was comprehensive and enabled them to become familiarised with people and their role and responsibilities. Staff members shadowed experienced staff and had their competencies assessed prior to working without direct support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's needs continued to be assessed, reviewed and documented to ensure care provided met people's needs and preferences.
- One person told us, "Yes, before I came in they came and did an assessment of what help I needed, and I think they pretty much stick to the agreed plan." A relative said, "I was involved in [my relative's] original assessment and they do update things."
- People were encouraged to personalise their rooms. People were supported to hang photographs and pictures that reflected their preferences and tastes. This enabled people to further feel at home.
- The environment continued to be adapted to reflect people's needs and promote well-being. Pictorial signage was erected to support people to use the communal areas, however we identified this could be further dementia friendly.

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

- We received mixed comments about the food and drink provided at Kingsbury Court. For example, comments included, "The food is very good, [my relative] always seems to enjoy it.", "The food is good, I've eaten here before and I think it's very nice" and "The food is average but repetitive."
- The chef had a clear understanding of people's dietary requirements and preferences. For example, who

required softer foods, allergies and medical dietary needs.

- Where concerns were identified in relation to people's diet or weight, records showed referrals to the dietician had been made.
- People were offered a variety of choices for meal times and snacks. The chef had devised a pictorial menu which further enabled people to choose what meal they would like.
- We observed lunch being provided and found mealtimes at the service were a pleasurable experience, with a calm and relaxing atmosphere. Staff observed supporting people to eat and drink were patient and did so in an unhurried manner.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People continued to be encouraged to live healthier lives where possible and had access to healthcare services as and when required.
- Staff were knowledgeable about people's individual needs and the support people required. Changes to people's care needs were shared swiftly with staff, to ensure care and support reflected their changing needs.
- Records confirmed people had access to physiotherapists, opticians, podiatrist, dentists, speech and language therapists and the community mental health team. Guidance provided by healthcare professionals was then implemented into the care plans and care provided adjusted accordingly.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records confirmed that people were not deprived of their liberty unlawfully. Applications for DoLS, were clearly recorded and in line with legislation.
- Staff had a clear understanding of their roles and responsibilities in line with legislation. A staff member said, "[We have to] assume they've all got capacity for complex decisions. In different ways, you can get families involved, make sure it's when they're comfortable and the right environment for them."

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People were treated well by staff. They spoke positively about the care and support they received at Kingsbury Court. One person told us, "I think they [staff members] are very kind and I appreciate everything they do for me. I have my favourites, but I've never had anyone I've not been treated well by." Another person said, "The staff are more like friends than carers. They tell me what they've been up to when they are helping me. I like to hear what's going on on the outside."
- Staff were aware of the importance of treating people equally and respecting their diverse needs. People's cultural and spiritual needs were documented, and staff received equality and diversity training.
- Throughout the inspection we observed staff interacting with people compassionately, offering reassurance verbally and through gentle touches, which gave people reassurance.

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

- People continued to be encouraged to share their views and make decisions about the care and treatment they received.
- Care plans documented people's preferred communication method, which enabled staff to support people to effectively communicate their views.
- Staff confirmed they supported people to make decisions using their preferred method. This was observed throughout the inspection.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained and encouraged. Care plans supported this and staff gave us clear examples of how they demonstrated this, for example during personal care.
- Care plans detailed people's dependency levels, which were regularly reviewed. Staff were aware of the importance of promoting people's independence. One staff member told us, "We [staff members] encourage people to [do things for] themselves and assist when they need it." Throughout the inspection we observed staff members encouraging people to mobilise and eat with support where required.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Care plans continued to be personalised and tailored to people's individual needs and wishes.
- One relative told us, "I was involved in [my relative's] original assessment and they do update things I know, although I couldn't tell you how long ago it was. I think they adapt his care day by day his health is so variable."
- Care plans detailed people's health, mental, medical and social needs. We reviewed the care plans and found these were comprehensive and gave staff clear guidance on how to support people in line with their wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans detailed people's preferred communication methods, which enabled staff to communicate effectively with people. For example, one person required staff members to communicate with them in a quiet environment and to speak without gesticulating.
- The provider had an AIS policy in place, which detailed the communication methods available to people, for example, communication passports, translators and large print.
- The policy also followed the five principles, identifying the communication need, recording, highlighting, share the information and take steps to ensure people receive, understand and can access the information.

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

- People continued to be supported to participate in activities both internally and in the community. Care plans detailed people's social needs and the support required to ensure people aren't socially isolated.
- One person told us, "I've been downstairs dancing this morning, it was fun. There's always something going on, you don't have to sit doing nothing in your room."
- The service employed activity personnel to provide activities. People who were unable to leave their rooms were provided with regular one-to-one activities, this meant people were protected against the risk of social isolation.
- People and their relatives confirmed visitors were welcomed and could join their relatives at meal times. One relative told us, "[Staff members] all speak when I come in and offer to get me a cup of tea or coffee."

They let me know how [my relative] has been and what she's been up to. I come in whenever it fits in with what I'm doing so it can be all odd times and they never bat an eyelid."

Improving care quality in response to complaints or concerns

- People knew how to raise a complaint and confirmed complaints were dealt with in a timely manner. For example, one person told us, "I did complain about the food and they did sort that out, so yes I suppose you could say they are responsive. I'd ask to speak to the [registered] manager if I wanted to complain." Another person said, "I've never had to complain about anything yet but I think if I did, they would listen and sort things out."
- We checked the complaints file and found complaints were investigated quickly, and where appropriate apologies made and action taken to seek a positive resolution.

End of life care and support

- At the time of the inspection no one at Kingsbury Court was receiving end of life care.
- A staff member told us, "[People's] end of life care is recorded in their care plan and should be updated, as and when people's needs change. [It covers] medication, pain relief and what family they want with them."
- Where people had consented to expressing their 'future plans' this was recorded in their care plans. Staff we spoke with were clear on where to access these and recognised the importance of supporting people and families through this time.

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. At this inspection this key question has now remained the same. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At the time of the inspection, the service was going through management changes, as the registered manager was due to leave their post in December 2019. The service had already employed a home manager, who would be registering with CQC in due course.
- This has made for an unsettling period at the service. We received mixed feedback with regards to the management of Kingsbury Court. Comments included, for example, "The deputy manager left on Friday with immediate effect", "[The new manager] may have a difficult job", "The whole communication needs to improve. The communication between the management is awful" and "I don't think the seniors have much support."
- Despite the above comments, other comments received included, "Yes I think the home is well run and the standard of care that I've seen has been good. I wouldn't leave [my relative] here if it wasn't", "I think it's a lovely home. It's my home and I'm happy", "Yes, it is a good home, very good. I would recommend it to other people."
- People continued to be encouraged to share their views to drive improvements. Annual quality assurance questionnaires were sent to people and their relatives and assessed.
- One person told us, "They do give out feedback forms from time to time. I don't think I have any major criticisms." A relative said, "I have had a feedback form but it's still sitting on the table at home. I haven't got round to it yet."
- We reviewed the 2018/2019 questionnaire report, which scored 100% for treating people with kindness, choosing when to get up and go to bed, staff having adequate time to speak with people and my privacy is respected.
- People were also encouraged to share their views through 'resident and relative meetings.'

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

- The registered manager continued to carry out regular audits of the service. Audits included, for example, medicines management, health and safety, care plans and accident and incidents.
- The head of quality also carried out a regular audit, from which an action plan had been devised to address issues in a timely manner. For example, when issues had been identified in the medicines management, the registered manager sought a quick resolution to minimise the impact on people.

- Records confirmed the registered manager was aware of their responsibilities in line with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

Continuous learning and improving care

- The management team at Kingsbury Court were keen to ensure the service consistently improved.
- Records identified the service worked where possible in a proactive manner to act on issues identified and to learn lessons.

Working in partnership with others

- People at Kingsbury Court benefited from a service that continued to work in partnership with stakeholders and healthcare professionals. For example, speech and language therapist, G.P, pharmacist and the falls prevention team.
- Records confirmed the registered manager worked collaboratively with external healthcare professionals to drive improvements.