

Acacia Care (Nottingham) Ltd

Kingsfield Court Care Home

Inspection report

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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

Kingsfield Court is a residential care home providing personal care to 43 people aged 65 and over at the time of the inspection. The service can support up to 70 people. This was the first inspection of this service which was opened and registered one year ago.

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

People told us they felt safe. Systems and processes supported people to express any concerns they may have and staff knew how to identify abuse and what action to take if abuse was suspected. Risk was assessed and management plans were in place to reduce any risk.

There were enough staff to meet people's needs and to spend time with them. Staff were recruited in a safe way. People received their prescribed medicines and staff managed people's medicines in a safe way.

Infection control procedures reduced the risk for people. Staff had all the protective equipment such as gloves and aprons they required. The provider had taken proactive and swift action in response to the corona virus pandemic.

People had their needs assessed and staff were supported with the training and supervisions they required to meet people's needs. People had enough to eat and drink and enjoyed their meals and snacks. People had access to all the healthcare services they required and were supported to live healthy lives.

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.

Staff were caring, kind and compassionate. People and staff had developed positive relationships. Staff knew people well and understood how to meet their needs. People had their privacy and dignity respected and promoted.

Care and support was person centred and considered people's protected characteristics under the Equality Act. People were able to follow their hobbies and interests. There were a variety of opportunities for people to engage in activities and occupation.

Complaints were taken seriously and used as an opportunity for learning and improvement.

The service was well-led. People and staff felt supported and told us their managers were open and inclusive. There was a comprehensive and effective quality monitoring framework. People, staff and professionals were engaged and involved and frequently asked for their feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This was the first inspection.

Why we inspected

This was a planned inspection based on our inspection programme.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 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 ●

Kingsfield Court Care 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.

Inspection team

The inspection was carried out by one 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.

Service and service type

Kingfield 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 announced.

We gave a short period notice of the inspection because we wanted to be sure the service was able to accommodate an inspection during the corona virus pandemic. We checked that there were no positive or suspected cases and there were none.

What we did before 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eleven people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, head of operations, senior care workers, care workers and the chef.

We reviewed a range of records. This included 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This was the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. One person said, "Its necessary to be safe. We are safe. Another person told us, "Oh yes, definitely (feel safe). The whole place is safe. Staff are OK with you."
- Staff had received training and understood their responsibilities to protect people from abuse and avoidable harm. They knew how to recognise the signs of abuse and how to report it.
- The registered manager gave us examples of action they had taken when they suspected abuse. This included reporting concerns to other authorities such as the local authority safeguarding team.

Assessing risk, safety monitoring and management

- People told us how they stayed safe and how staff supported them. One person said, "I had a little fall in my bedroom. Now, I use a walking frame. My family are discussing me having a bedside crash mat."
- Risk was assessed when people first moved to the service and then was evaluated at least monthly or sooner if there were any changes.
- For example, risks of malnutrition, falls and pressure sores were assessed and where risk was identified a management plan was put in place.
- Care records and risk assessments were completed electronically and all care staff had hand held devices to access this information. Any identified risks were highlighted to ensure staff took the required actions to keep people safe.
- For example, sensor mats were used for a person who was identified as at risk of falling. This meant staff were alerted when they were up and about and could offer support to keep them safe.
- All accidents and incidents were recorded and checked by managers to see if any further action could be taken to reduce risk.
- Regular safety checks were completed on the environment and equipment people used to ensure it remained safe.
- Personal Emergency Evacuation Plans (PEEPs) provided guidance for staff to safely evacuate people in an emergency.

Staffing and recruitment

- People told us there were enough staff to meet their needs for the majority of the time. Some people did feel that at times staff were very busy and more staff were required. However, people said they did not have to wait long for staff to attend to them.
- One person said, "I don't have to wait long. There seems to be enough staff." Another person said "Overall, staffing is OK. Could do with a couple more. The longest wait was 20 minutes. That is occasional."

- Staffing numbers were determined by a dependency tool. The registered manager told us staffing hours provided were higher than the calculated requirements.
- Staffing numbers on the ground floor had recently been increased in the busy morning period because people and staff had requested additional support.
- Staff were recruited in a safe way. Pre-employment checks were carried out to make sure that, so far as possible, only staff with the right character and skills were employed.

Using medicines safely

- People received their medicines in a safe way.
- One person said, "One of the staff gives them [medicines] to me regularly. They are OK. There's been no changes to my tablets."
- Another person told us, "I have blood pressure tablets. Staff stand by to make sure you take them."
- Staff responsible for managing people's medicines had received training and had their competency assessed to make sure they did this in a safe way.
- Systems for recording medicines were electronic, this supported staff to check people had received all their prescribed medicines. The system alerted staff if there were any missed doses and enabled daily checks and audits.
- Clear protocols were in place when medicines were prescribed on an 'as required basis'.
- People had their medicines reviewed regularly to make sure they remained effective and were tolerated without adverse side effects.
- Staff closely monitored the use of medicines which had any sedating affects to make sure these were not over used or having a negative impact.
- Staff knew what to do in the event of a medicine error and this included seeking medical advice. A staff member told us the culture was open and honest and staff had confidence reporting any errors if there were any.
- Medicines were stored secularly and in line with manufacturers requirements.

Preventing and controlling infection

- The service was clean and fresh throughout.
- Staff followed daily and weekly cleaning schedules and policies for deep cleans and decontamination.
- Staff had access to all the protective equipment such as gloves and aprons they required.
- Staff had been proactive and had taken swift action in response to the corona virus. People could only visit in essential circumstances. All visitors were screened including checking temperatures. These measures were introduced before the government advice on social distancing and isolation came into effect.
- People understood these measures and told us they were pleased they were being protected in this way.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. For example, changes were made in response to an accident or incident to reduce further risk.
- Action had been taken in response to the CQC oral health report to improve oral health for people. The registered manager told us they were looking at the recently published CQC sexual safety report so that lessons could be learned from this.

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.

This was the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed before they began using the service. People's needs were evaluated frequently and changes were made where required.
- People told us staff had discussed their care and support needs with them.
- Assessments were holistic, and people's physical, mental health and social needs were considered.
- Care and support was evidence based and delivered in line with expected standards and guidance. The registered manager and staff kept up to date through ongoing training and sharing best practice with key groups and organisations in the sector.

Staff support: induction, training, skills and experience

- Staff received the training and support they required to meet people's needs.
- One person said "They help me get up and put me to bed. They help me get dressed. Carers are gentle with me." Another person said, "If you want to know something, they (staff) will come and tell you. They have the skills to lift people."
- A relative told us, "I've seen staff having training sessions. I believe they know how to do their jobs. They are very good with dementia skills."
- Staff received induction training when they first began working at the service. There was ongoing training and support. The training matrix showed there was a 90% compliance rate for staff training attendance.
- Some staff had requested additional training and this was provided. For example, staff had requested additional training about diabetes and housekeeping staff had asked for training about dementia and associated behaviours that may challenge.

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

- People were supported to have enough to eat and drink and enjoyed the meals provided.
- People made positive comments, they said, "The food is good. I get a choice and plenty to eat. You can get a snack if you want." "You can't beat it (the food). I have kidney problems, so my drinks are monitored." "I think the food is absolutely wonderful. I'm quite faddy about food. There's plenty to eat."
- We saw people enjoying their breakfast in the ground floor dining room. People were relaxed and chatting to each other and to staff.
- At lunchtime, staff on the third floor assisted people in a sensitive way. Staff were skilled and considerate. People were able to eat their meal at their own pace and where they wanted to.
- Staff showed people two choices of meals to pick from. This assisted people with communication difficulties to make a choice. Drinks were regularly topped up.

- Lunch was a social experience with conversations and some quiet background music played.
- Staff understood and met people's dietary needs, likes and dislikes. For example, one person liked to have the same meal every day and this was respected.
- The chef manager spoke with people regularly about their meals and asked people what they would like, this was then added to the menu.
- Where people were at risk of not eating enough, action was taken. For example, meals were fortified, fresh fruit and snack baskets were offered to people throughout the day.

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

- Staff worked with other agencies such as the local authority and healthcare professionals to make sure people received the care and support they required.
- One person said, "The optician has been here. I go to an outside dentist. I see the hair dresser and chiropodist. I've seen nurses coming in to the home. I'm happy with the G.P."
- Staff recognised when people's health changed or deteriorated. Referrals were made to appropriate professionals such as doctors, community nurses and dieticians.
- People were supported to live healthy lives. Healthy and nutritious meals and snacks were promoted. People were encouraged to stay as active and independent as possible.

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

- The service was purpose built and designed and decorated to meet the needs of older people and people living with dementia. Appropriate signage was provided to support people to orientate themselves around the service.
- There were a variety of spacious and accessible communal areas people could access to spend time together or quieter areas to spend time with their families.
- The premises were furnished and decorated to a very high standard.
- People personalised their own rooms to suit their needs and tastes.

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.

- Staff considered people's capacity to make decisions and made best interest decisions where this was required.
- Appropriate authorisations had been arranged where required. These were applied in the least restrictive way.

- Staff had training about MCA and DoLS and understood their responsibilities to seek consent in line with the law.
- People told us staff always asked for their consent before delivering care and support.
- One person said, ""They will usually say "Would you like me to help you.""

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.

This was the first inspection for this newly registered service. This key question has been rated 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

- People said staff were kind, caring and compassionate. One person said, "I'm treated very well and feel respected."
- Staff had developed positive relationships with people and treated them with respect.
- Staff gave us examples of how they made sure people felt cared about. They knew people well and knew about the important things and people in people's lives.
- Staff had training about equality and diversity. This included respecting people's characteristics under the Equality Act.
- Staff were passionate and motivated about treating people well and respecting their individuality.
- One person said, "They ask in the morning if you are OK and if anything is bothering you. They (carers) check you last thing at night."
- A relative told us, "Staff are really excellent. They go above and beyond. They are all caring, compassionate and competent."

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

- People were encouraged to express their views. Staff knew people well and consulted them about their plan of care so they could make decisions.
- One person said, "They (carers) do what I want anyway. They know me. They are very friendly."
- A staff member gave us examples of how they involved people in making choices. For example they gave people visual choices where communication was difficult.
- Staff worked in a flexible way so that people could choose how to spend their day. Some people liked to get up late and go to bed late and they were supported to do this.
- Care plans included people's preferences from getting up in the morning and for the whole 24 hours. This supported staff about what to do if people had difficulties communicating their preferences.
- Meetings were held so that people could give their feedback and opinions. The chef frequently spoke with people about the meals provided and the menu.
- We saw throughout our visit, staff supporting people to make choices about their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff received training about promoting people's privacy, dignity and independence.
- We observed staff sensitively supporting people while also promoting their independence.

- Care managers carried out observations to check that staff were working in respectful ways and promoting people's privacy and dignity. The registered manager gave us examples of how this process had identified where improvements were required and swift action was taken to address this.

Is the service responsive?

Our findings

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

This was the first inspection for this newly registered service. This key question has been rated 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

- People had person centred care plans which reflected their physical, emotional and social needs. Where possible, people were involved in developing their care plans. People's relatives were involved where this was required. A relative told us they were involved in the care plan and were consulted about any changes.
- Care plans were detailed and instructed staff about people's preferences and how to meet these.

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.

- Each person had a care plan for communication. These explained how staff should approach people and any support people required because of sensory impairment.
- Staff used visual cues to support people to communicate their needs.
- Staff had the skills to effectively communicate with people. For example, they gave people the time they required to process information at their own pace. Staff were gentle and calm in their approach to people with communication difficulties.

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 were supported to maintain relationships with their friends and family. There were usually no restrictions and people's relatives were made to feel welcome. However, because of the corona virus pandemic, restrictions were in place for the safety of people and staff.
- A 'lifestyle coordinator' was employed to facilitate activities and community involvement. They explained the importance of involving people in planning and delivering events and activities as it created a sense of purpose. They told us, "This company has an amazing ethos. The managing director wants people to enjoy themselves and be involved in the community. It's the best entertainment budget I have ever known."
- The service had links with local primary and nursery schools. People had attended the dress rehearsal of the pantomime put on by the children at Christmas.
- Five people had taken part in a 'memory walk' with year six primary school children.
- Some of the children had been given information about dementia and had become 'dementia friends'. This supported the children to think about the difficulties faced by people living with dementia.
- People's relatives had also been supported with information about dementia and a support group for

families was being organised.

- The service was involved in the Earl Shilton 'in bloom' initiative. People were involved in planning a sensory garden. Two people with applicable skills from their previous occupations were in the process of 'costing' the project and deciding what resources were required.
- People were involved in planning and running the Christmas fete. People decided where the tables should go and each table was facilitated by a person and their relative. Items sold at the garden fete were made by people during craft session and at the gardening club.
- An art exhibition had been planned to show the work people had created at art lessons at the service. The money raised from this was being donated to a local children's charity.
- People had opportunities to take part in a wide variety of hobbies and interests. There were knitting groups making activity muffs and blankets. Entertainers came into the service weekly.
- People told us, "I have lots of interests. I sing in the choir. We have lots of people come in to do different things." Another person said, "I have chats with other people. We have had singers come here. I like to listen. I enjoy demonstrations on flower arrangements. Occasionally I'll have a weekend paper. If I was sitting on my own the carers will ask you if you want anything."
- During our inspection, we saw people take part in a karaoke singalong which they seemed to enjoy.
- People were involved with their local place of worship. One person was supported to remain an active member of their church committee.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and said they felt comfortable doing so and confident they would be listened to.
- Managers took complaints seriously and followed procedures to make sure investigations were thorough and timely.
- We were given examples of when complaints had been used as an opportunity to learn and make changes.

End of life care and support

- Staff had received training about end of life care and supported people to have a comfortable, pain free and dignified death.
- Staff were proud of the 'end of life care' they provided. A staff member told us they worked alongside community healthcare professionals and palliative care teams.
- They made sure people had the pain relief medicines they required and could see a minister from their chosen religion should they wish to.
- People's end of life wishes and advanced decisions were explored and recorded.

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.

This was the first inspection for this newly registered service. This key question has been rated 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, managers and staff shared the same vision and values. The culture was open, and inclusive.
- One person said, "I know the manager on this floor. She's very good."
- A relative said, "The staff are all very good. I was impressed by the owner of the building. He spoke to us. He said he wanted the home to be even better. That was so lovely. A lot of thought has been put in to what residents need. The management is really good."
- Another person said about the way the service was run, "We'd give it ten out of ten. We would recommend it to other people. It would be hard to be better."
- Staff were proud to work at the service and felt supported. A staff member said, "We all give 120 percent its person centred, we think out of the box and make people's last experiences as good as possible. The management team are supportive, they roll their sleeves up and get involved. I have never experienced this before . It makes you feel honoured to care for these people."

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

- Managers and staff understood their responsibilities to be open and honest when something went wrong. Staff had received training about this.
- We were shown examples of when this had been used. The registered manager had written to relatives and met with people and relatives to provide explanations and to discuss next steps and solutions.

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

- There was a clear management structure and staff understood their individual and collective responsibilities.
- There was a comprehensive quality assurance and audit framework. This meant checks were carried out to ensure staff were following expected policy and people were receiving high quality care and were safe.
- Daily head of department meetings were held to discuss any additional support needs required by people and staff.
- Governance meetings were held so that the provider and managers could discuss any identified risks and required actions. Lessons learned and best practice were discussed.

- There were systems for reporting accidents and incidents and these were analysed. The provider's on-line recording systems flagged any issues and produced daily exception reports which were used to identify any issues and to take any required action. Every care interaction was recorded and this information was used during staff handovers so that staff had up to date information about people using the service.
- The registered manager notified the CQC and other authorities about events and incidents as they were required to.

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

- People were engaged and involved through ongoing care reviews and meetings.
- One person said, "They do have them (meetings) but I don't go. A lot of people do go, you can speak your mind. They (staff) ask for suggestions. You can ask for speakers to visit and give a talk."
- A relative said, "I've been to (resident/relatives) meetings. My relative is always invited. They're alright (the meetings). Change does happen. At one meeting the relatives said they didn't fully understand dementia and the home enabled a relatives dementia group."
- Surveys were sent out to people's relatives, staff and visiting professionals to ask for their feedback and involvement.
- We were given examples of how the results of these surveys had been used to make changes and improvements.
- Staff told us they were engaged and involved and could speak with their managers about anything and they would listen to their suggestions and ideas.

Continuous learning and improving care

- The quality assurance system was used as a framework for continual improvement and learning from current performance. The registered manager had membership of key groups and organisations within the sector and kept up to date with best practice so they could learn and improve.
- Success and innovation was encouraged through staff reward and acknowledgment of good practice. There was an employee of the month, the candidates were discussed at 'residents meetings' and the winning staff member received a voucher and were acknowledged on the provider's website.

Working in partnership with others

- Staff worked in partnership with other authorities such as the local authority commissioning and safeguarding teams. This meant information was shared appropriately and this supported care provision and service development.