

Barchester Hellens Limited

# Kingswood 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

### About the service

Kingswood Court is a residential care home providing personal and nursing care to 35 people aged 65 and over at the time of the inspection. The service can support up to 66 people. Care is provided over three floors of the home, with the ground floor for people with residential care needs.

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

People received good care and support. This was evident in the feedback we received from people and their relatives. Comments included, "the main thing is that Dad is happy and settled and sees it as his home, we are the most relaxed that we have been for years and that is down to the staff" and, "they do their absolute best to ensure each resident is treated as individual".

People told us they felt safe and there were systems in place to manage risk. People had individual risk assessments in place to guide staff in how their care should be delivered. Safe staffing levels were assessed using a dependency tool and there were systems in place to recruit staff as safely as possible.

Staff received training and support in order to be able to carry out their roles effectively. Records of training were kept so that this could be monitored. Supervisions were undertaken as a means of monitoring staff performance and development needs. People's health needs were met and they were supported to attend appointments when needed. People's nutritional needs were met and they were able to make choices about their meals and where they wanted to eat. Health professionals were contacted if there were concerns about a person's weight.

Staff understood people's individual needs well and provided personalised care. People and their relatives had opportunity to be involved in planning and reviewing their own care and support. There was a procedure in place to manage and respond to complaints.

There was a system of audits and checks in place to monitor the service and these were used to identify areas for improvement. At the time of our inspection, there were improvements being made to the physical environment of the home.

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](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service under the previous provider was good published on 7 July 2018. This was the first comprehensive inspection for this service under the current provider.

## Why we inspected

This was a planned inspection in order to give the service a rating under the current provider.

## 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 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 ●

# Kingswood 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 two inspectors 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

Kingswood Court 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 new manager in place who was not yet registered with the Care Quality Commission.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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. We reviewed all other information available to us including notifications. Notifications are information about incidents and events that occur in the service and that

they are legally required to tell us about.

#### During the inspection

We reviewed a range of records including four people's care records. We looked at four staff recruitment files and other records relating to the running of the home such as quality and safety audits and complaints. We spoke with 12 people living in the home and eight members of staff.

#### After the inspection

Following the inspection we spoke with nine relatives. We also held a follow up meeting with the manager via an online meeting.

# Is the service safe?

## Our findings

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

This is 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

- Relatives told us they were happy that people were safe. Comments included, "I am confident they will keep her safe" and, "they really take care of the residents"
- There were systems in place to protect people from the risk of abuse. Staff were trained in how to identify and report any concerns. One member of staff commented, "I've done safeguarding training. If I saw something that concerned me, I'd report it. Straight away". Another member of staff commented, "The staff report even the slightest little thing. I have no worries about that".
- The home worked with the local safeguarding team when necessary to investigate concerns and ensure that people were safe.

Assessing risk, safety monitoring and management

- People and relatives told us, "risk assessments are done and plans put in place to care for her" and, "risks are assessed, and plans devised which help keep her safe".
- There were individual risk assessments in place to guide staff in how to keep people safe. Where a risk was highlighted, there were measures in place to manage the risk.
- Risks associated with people's health, such as the risk of pressure damage to the skin and risk of malnutrition, were assessed regularly. Care plans were in place where necessary to describe how the person should be supported to manage the risk.

Staffing and recruitment

- A dependency tool was used to decide on necessary staffing levels in the home.
- During our inspection, there were sufficient staff on duty to meet people's needs. The manager told us that rotas were always covered, including the upcoming Christmas rota.
- There had been recent success at recruiting to a variety of roles, including activities staff, care staff and a chef.
- Suitable processes were in place to ensure staff were suitable. This included carrying out a Disclosure and Barring Service (DBS) check. This check identifies those people who are barred from working with vulnerable adults or who have convictions that would affect their suitability to work in a care home.

Using medicines safely

- Medicines were stored safely. Storage rooms were locked when not in use and keys were held by the member of staff leading the shift. Temperature checks were taken to ensure medicines were stored at a suitable temperature.
- Medicine Administration Record (MAR) charts were used to record when people received their medicines.

- Body maps were in place to detail where topical creams should be applied. If people had PRN (as required) medicines prescribed, there were protocols in place to detail how and when these should be administered.
- There were systems in place to order new medicines when required and dispose of any medicines that hadn't been used.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- There was a system in place to record and monitor accidents and incidents. These were checked for themes and trends so that action could be taken to prevent reoccurrence.



# 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 is 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

- Prior to arriving at the home, people's needs were assessed. The assessment looked at the person's full range of needs including their wellbeing, social needs and physical health needs. This assessment was used to devise care plans in conjunction with the person and their representatives.

Staff support: induction, training, skills and experience

- Staff received good training and support to enable them to carry out their roles effectively. Comments from staff included, "I get lots of support and supervision. We have a daily stand up (meeting), there's clinical support and peer support".
- An overall training matrix was kept to enable the manager to monitor staff training needs. This reflected a high level of compliance amongst staff with the provider's mandatory training. For example, infection control, safeguarding and moving and handling training were all up to date for 95% of staff.

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

- People commented positively about food in the home. Comments included, "I get three square meals a day. That's what I need", and "The food seems nice".
- People were supported well with their nutritional needs. Regular nutritional assessments were carried out to help identify those people at risk of malnutrition. If concerns were identified, they were discussed with the person's GP.
- We observed a midday meal and saw that people received good support from staff. People were offered choices and staff listened to individual requests. For example, one person requested a small portion of their meal. People were able to eat in their individual rooms if they chose to.
- We saw that staff responded quickly when a person needed assistance whilst eating their meal.

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 professionals to ensure that people's healthcare needs were met. GPs were contacted when a person was unwell and records of the conversation were kept.
- There were plans in place to manage specific health needs when required. For example, we saw how pressure wounds were managed. These were evaluated regularly, and photographs taken to document the process of healing. For one person, it was clear from photographs that the wound was healing well, however we fed back that paperwork was not always fully completed with details such as the measurement of the wound.

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

- The service was suited to the needs of people living there. There were maintenance staff based on site and an ongoing maintenance programme to improve the physical appearance of the building.

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.

- We saw that where there were concerns about a person's capacity to make decisions, an assessment was carried out and a best interests decision recorded. For example, when a person was assessed as requiring a movement sensor in their room to keep them safe, a capacity assessment and best interests decision was recorded. We did note that in one case, a person had bed rails in place without the relevant assessment and documented decision. This was actioned straight away when we discussed it with the deputy manager.
- Applications were made to the local authority when necessary, if a person needed to be deprived of their liberty in order to keep them safe.

# 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 is 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 and their relatives spoke positively about the care and support they received. Comments included, "There's good people who look after me", "I receive a lot of attention" And "The staff are wonderful". Relatives also gave positive feedback about the home; they told us, "they are always busy but they try very hard to give comfort" and "yes, they are very kind".
- We observed people being treated kindly during our inspection. Staff at the midday meal interacted with people and encouraged conversation where possible.

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

- We saw that regular reviews were held with people and their representatives. This was an opportunity to discuss their care and any changes they wanted to make.
- The manager showed us new forms they were planning to implement including a feedback form for people in the home.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent where possible and their privacy respected. Comments included, "they speak very respectfully" and "even when busy they recognise how to talk to people". Further comments included, "they manage the privacy and dignity well, Mum can walk where she is able to without restriction and make choices" and "they do their absolute best to ensure each resident is treated as individual".

# Is the service responsive?

## Our findings

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

This is 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 were happy living in the home and told us, "I like to get up and washed early, the staff always try to do that for me", and "We share a common language. The staff understand me. They're only too pleased to help". Relatives told us, "I was involved with the planning and asked for a review, it was comprehensive".
- Staff told us, "Care is personalised" and, "Compared to other places, we are very caring. Staff are hardworking and kind".
- We reviewed a selection of people's care plans and saw that they were personalised and reviewed regularly to ensure that they were up to date and reflected people's current needs. They covered a range of both emotional and physical needs. People had opportunity to be involved and discuss any issues with their care plans.

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.

- Staff were able to adapt their communication style to the needs of people they supported. Relatives commented, "yes, they get up close and speak very clearly", and "he has had a stroke and I think they do allow him to set the pace".

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

- There was a programme of activities taking place to encourage socialisation and relationships to be built. During our inspection, we saw a flower arranging activity take place. People were clearly engaged and enjoying this. People commented, "I thought that was excellent" and "I really enjoyed that". There was a further activity in the afternoon when reptiles and insects were brought in to the home for people to look at and learn about.
- Visiting arrangement for relatives were in line with current pandemic guidance. We saw during our inspection that relatives were able to see their loved ones. Relatives told us, "me and my sister are there a lot and we see dad talk to other residents from time to time" and "some friends visit as well as family but I don't think she talks to other residents much".

Improving care quality in response to complaints or concerns

- There was a system in place to manage and respond to complaints. We saw example of complaints that

had been responded to in full with an open and transparent response and apologies when shortfalls had been acknowledged.

- People and relatives told us they felt comfortable and able to raise concerns with the service if they ever needed to.

End of life care and support

- There was some end of life planning evident in people's care files. We noted that these plans had a clinical focus and lacked person centred detail. We fed this back to the management team.

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

- There was a person centred culture evident within the home. Staff understood people as individuals and provided good care. This was evident in the feedback we received. Comments included, "they are so friendly, warm, and they try to make it like Dad's home", and "they are very friendly and they seem very fond of mum".
- People's opinions and voices were sought and incorporated in to how the care was delivered and the home was run. One relative told us, "we book visits on line and we are asked after the visit for our opinions".
- Morale amongst staff was good and they were positive about the current management arrangements. They reported feeling happy and well supported. Comments included, "Now, the management are good, they're on our side", and "The managers are approachable. Even when they're busy they still have time for you".
- The manager told us they walked around the home each day to talk with people and their relatives. They added that their door was always open for anyone to come and talk with them.
- Relatives confirmed they had met the new manager and received an email invitation to meet them if they wished.
- We discussed how staffing was one of the main challenges was the staffing situation in social care currently. The manager told us they wanted to create a positive culture for staff in the home.

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

- There was an open and transparent culture within the service. People and relatives told us they felt able to approach the manager about any issues or concerns they had.

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

- There was a programme of audits and checks in place to monitor the performance and safety of the home. Each audit generated an action plan which was monitored to ensure actions were completed. Monthly checks included, infection control, safeguarding and nutrition/weight.
- The manager and deputy were receptive and positive about feedback received at inspection, actioning points immediately when possible.
- The manager talked to us about their future plans for the home. This included improving the environment

of the home and exploring opportunities for community groups to come to the service.

- Notifications were made to the Care Quality Commission when required.
- The manager received support from senior staff within the organisation and told us they also built links with other home managers.
- Various meetings took place to discuss important developments in the home and to communicate key messages. For example, there was a monthly governance meeting to discuss areas such as incidents, policies and any medicine errors.
- A daily 'stand up meeting' took place with heads of department.

Working in partnership with others

- The manager told us they had positive working relationships with other agencies and professionals such as commissioners and GPs.