

Barchester Healthcare Homes Limited

Kingfisher Lodge

Inspection report

Chestnut Walk
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Bristol
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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: Kingfisher Lodge is a nursing home providing personal and nursing care to older people and people living with dementia. The service can support up to 60 people. At the time of the inspection 52 people were living at the service.

People's experience of using this service: People were supported by caring and passionate staff in a spacious environment with a large accessible garden area. The service was clean, tidy and furnished thoughtfully to a high standard.

Care and support was person centred and enabled people's wishes and preferences to be met. People were encouraged and supported to remain independent. There was a wide variety of activities to engage people in. Links had been developed to ensure the service was an active part of the local community.

People enjoyed the food provided by the service. There was a positive staff culture and this reflected in a happy and friendly atmosphere.

Improvements had been made to ensure the service was working in line with legislation and guidance around people's consent to care.

Medicines were administered safely. People were supported with their health conditions and we received consistent positive feedback from health and social care professionals about the quality of care provided.

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 CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was Requires Improvement (published 10 July 2018).

Why we inspected: This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Kingfisher Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector, an assistant inspector, a specialist advisor in nursing 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:

Kingfisher Lodge 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 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:

The inspection was unannounced on the first day and announced on the second day.

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. 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

During the inspection we spoke with nine people using the service, five relatives and eleven staff members, this included the registered manager and clinical leads. We spoke with one health and social care professional and received feedback from six others after the inspection. We reviewed nine people's care and support records, four staff files and medicine administration records. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People said they felt safe living at the service. One person said, "I am fine here, I am kept safe and sound." A relative said, "Everyone here is safe, when I am not here, I never worry I know my family member is safe."
- Risk assessments identified and managed known risks to people in an individualised way. People were supported in positive risk taking. For example, mobilisation assessments guided staff how to support people to move around the service safely whilst retaining their independence.
- The service had ensured national guidance and best practice was followed. For example, in areas such as the use of emollient creams and oral care.
- A staff member was present in communal areas to ensure people's safety.
- Environmental risk assessments were completed. Regular health and safety checks on the building, people's rooms and equipment were conducted. Repairs and maintenance were undertaken promptly. The service strove to ensure people lived in a safe and pleasant environment.
- Systems were in place to monitor and check fire safety equipment and procedures. People had an individual emergency plan in place which detailed the level of support they required. Staff spoke positively about recent fire safety training they had received.

Staffing and recruitment

- Rotas demonstrated staffing numbers were kept at the level deemed safe by the provider. One person said, "Always seems to be plenty of staff around here, you ring the bell and the staff always come straight away."
- The service had reduced the use of agency staff. Staff spoke positively about this and how it had improved the team culture. A health and social care professional commented, "The management team have recruited and retained a high standard of nursing and care staff and are focused on delivering quality care for their residents."
- Sickness absence was being monitored and managed. It had been identified in quality audit systems. However, all staff we spoke with said staff sickness levels were high and described the impact of staff shortages due to staff sickness. One staff member said, "I enjoy working here when it's fully staffed, the ship runs smoother but can be hard when staff are sick."
- The provider followed safe recruitment processes before staff were employed to ensure staff and volunteers employed were suitable for the role.

Using medicines safely

- Medicines were stored, managed and administered safely.
- Medicine Administration Records (MAR) and topical cream charts were completed accurately and people

had their medicines as prescribed.

- One person said, "I get my tablets brought to me every day. I never worry about missing out on them." A relative said, "[Name of person] gets her medication every day without fail. We are not worried about this at all."
- Medicines that required additional storage in line with legal requirements were stored appropriately. We identified one recording error. A senior staff member immediately addressed this.

Systems and processes to safeguard people from the risk of abuse

- Staff received regular training in safeguarding adults. Staff were knowledgeable about how to identify and report any safeguarding concerns. One staff member said, "I would go straight to my manager. We have a refresher training day where we go through everything."
- Systems were in place to ensure safeguarding concerns were reported to the local authority and Care Quality Commission and actions were taken.

Preventing and controlling infection

- The service was clean, tidy and well maintained throughout. A health and social care professional said, "On all my visits to Kingfisher Lodge it has been very clean."
- Staff were aware of and adhered to infection control policies. For example, this was observed in relation to the laundry and kitchen areas.
- Systems were in place to regularly monitor and check infection control systems. It was highlighted where the recording could be completed in relation to people's urinary catheter care to demonstrate infection control practices have been fulfilled.

Learning lessons when things go wrong

- Accidents and incidents were thoroughly reported. The actions taken at the time and afterwards to prevent the likelihood of reoccurrence were recorded.
- The service was open and honest when things had gone wrong. A health and social care professional said, "Where incidents have occurred it is clear that there is an open policy to managing these and learning from them."

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 Requires Improvement. At this inspection this key question has improved and is now rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider had failed to complete consent to care in line with legislation and guidance. This was a breach of Regulation 11 (Consent to Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvement had been made and the provider was no longer in breach of Regulation 11.

- The service had made DoLS applications as appropriate. These were monitored and reviewed as required. If associated conditions were in place these were documented in people's care plans.
- People's capacity in different areas of their care had been considered in their care plan and assessed as required.
- However, for two people we found capacity assessments and associated best interest decisions had not been regularly reviewed. The registered manager immediately addressed this. By the second day of the inspection a monitoring form was in place to ensure capacity assessments were regularly reviewed.
- Staff were confident in their knowledge of the MCA and how these applied to their role. Staff could clearly describe how they supported people to make their own choices and decisions and respected these.

Staff support: induction, training, skills and experience

- New staff completed an induction aligned with the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. This involved mandatory training, orientation to the service, and shadowing a more experienced staff member. A staff member said, "It was really good."

- Staff were regularly monitored through their induction period. A staff member who had recently completed their induction had commented to the trainer, 'Thank you so much for being so passionate about teaching us. There was lots of useful material and information.'
- Staff received regular training in areas such as the Mental Capacity Act, equality and diversity and health and safety. Staff spoke positively about the training provided.
- Staff were encouraged to engage in further training and training specific to people's needs was facilitated. A staff member told us about specific training received around Parkinson's in advance of person coming to live at the service.
- Staff received regular supervision with their line manager. Staff said supervision was useful and supportive.

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

- People spoke positively about the food provided at the service. One person said, "The food here is very good, I get plenty to eat and drink, I can pick what I want to eat."
- People had a positive dining experience. They could choose where they wish to eat within the different areas of the service. Staff were skilled and responsive in supporting people in selecting and engaging in their meals. One person said, "A really good meal here today, a good choice and a wide selection available."
- Meals were presented well. A relative said, "[Name of person] needs a very soft diet, the food always looks nice and they try to present it well." We observed people regularly being offered a variety of drinks and refreshments throughout the day and there were areas where people could help themselves.
- Catering staff were knowledgeable about people's preferences, allergies and specific diets and met with people to gain feedback about the food provided. A relative commented to a catering staff member how good the food was and how they appreciated the work they did.
- People's fluid intake was monitored where appropriate. However, we highlighted where three people's intake were not being totalled to ensure targets were met. A senior staff member addressed this.

Staff working with other agencies to provide consistent, effective, timely care

- The service had developed positive working relationships with other agencies and professionals. We received positive feedback from health and social care professionals about the care and proactive approach taken by the service.
- A health and social care professional said, "Any advice that I have suggested has always been followed through by the team and they have ensured that adequate information is shared to reassess the situation."
- The catering team worked alongside other professionals. A staff member said, "Dietitians come in and talk about what we are doing and how we fortify meals. We put a plan together."

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

- The service was thoughtfully decorated to ensure it was homely, stimulating and uplifting. A health and social care professional said, "The quality of the environment is very good."
- People had personalised their rooms with ornaments, pictures and items.
- There was a safe and secure garden which was accessible from different parts of the service. We observed many people and their visitors enjoying this space. A health and social care professional said, "The garden is lovely."
- The garden had seating, shaded areas and raised flowerbeds. We observed people independently walking around the garden paths. Activities took place in the garden when the weather was appropriate. For example, we observed people enjoying a game outside.
- Staff asked people if they wished to be supported to access the outdoor areas. One person did not wish to go outside but asked a staff member for the doors to be left open, so they could admire the view and feel the fresh air. The staff member responded to this.

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

- People's protected characteristics under the Equalities Act 2010 were identified and respected. This included people's needs in relation to their culture, religion and gender preference of carer, which was recorded in people's care plans.
- A relative commented, "My family member gets a good choice in everything, nothing is ever done without my relative agreeing to it, for example if [Name of person] wants to stay in bed, stay in bed is what happens, she does not like personal care being carried out by a man, so this never happens."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare or additional services which may benefit their physical or mental health. Records were kept and actions taken as directed.
- A health and social care professional said, "They have a good relationship with the local GP who visits regularly and provides good continuity of medical care."

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; equality and diversity

- People were supported by staff who were kind, caring and respectful. One person said, "The staff, every one of them is wonderful, kind and caring, nothing is too much trouble for them, I can't complain about anyone at all, they are all so nice and respectful." A health and social care professional said, "Staff very approachable and conscientious."
- Staff knew people well and had developed positive relationships. One person said, "Everything is okay here, I am looked after really well." A health and social care professional said, "The staff seem committed and engaged."
- We made observations using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not speak with us. This demonstrated staff interactions were positive, sensitive and personalised. Staff were alert to changes in how people were feeling and were quick to respond.
- The staff ensured the atmosphere was happy, friendly and calm. A relative said, "The staff are very kind and compassionate, they are all really nice people, who do a difficult job well, everyone is so very supportive. From the time you arrive in the home you are greeted by smiling happy people."
- The service had received a high rating on an independent website to rate care home provision and had received eight compliments during 2019. One compliment read, 'To all the carers and staff: cleaners, managers, maintenance, volunteers and kitchen staff and all reception. Thank you so very much for all you do for [Name of person] at Kingfisher Lodge and all the other residents. Caring for those with dementia is such a challenging vocation and I am humbled by your endless patience, love, understanding and good humour and the respect, dignity with which you treat every person.'

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted and encouraged. One person said, "I am confined to a wheel chair, once the staff have got me comfortable in it, I can go anywhere I like, the staff are always around to keep an eye on me and to keep me safe."
- A person described how the environment supported their independence. They said, "It has made a big difference to my independence being here. I can get into the kitchen. There is a lift. I can go out into the garden. I can move about easily in my room. I can get out and about. I am much happier now because I am free to be independent."
- People were encouraged to engage in meaningful tasks of their choice. For example, one person enjoyed folding laundry, another person helped laying the table and someone else liked to Hoover. A staff member said, "It gives people a purpose in the day, that's what people did in life and it keeps people occupied."

- Care plans described how to maintain people's privacy and dignity whilst undertaking personal care. A staff member said, "You make sure doors are shut, you knock on the door. Make sure people are covered up, close the bathroom door and be polite." We observed staff supporting people in a dignified.
- People could receive visitors when they wished. We observed visitors spending time with their family members and friends in different areas of the service. A relative said, "I come and visit every day except one day a week."

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

- Relatives told us that people had a pre-assessment before they joined the service. People were involved where possible in their care planning. A relative said, "I have been involved in all aspects of the care planning and review process, I am consulted in every step of the way."
- We received positive feedback from a health and social professional about the pre-admission assessment process conducted by Kingfisher Lodge. Commenting that the providers approach was thorough and detailed. It identified any risks and ensured admissions were planned and organised and could meet people's needs.

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.

End of life care and support

At the last inspection the service received a recommendation into providing consistent planning in advanced care planning.

- At this inspection some actions had been taken. For example, senior staff had joined a local network group to gain knowledge, understanding and ideas. The registered manager had contacted relatives to obtain further information about people's preferences at the end of their life and invite relevant people to discuss this area.
- However, information about end of life care in people's care plans was limited and often was in relation to practical arrangements and did not include people's wishes and preferences. The registered manager said further actions would be taken to develop this area of care planning.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed in people's care and support needs, routines and preferences.
- Clear guidance was recorded to ensure people were supported in the way they preferred.
- Booklets contained information about people's history, family and interests. We discussed with the registered manager and activity staff how these could be developed further.

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 in activities of their choice and which were of personal interest to them. Regular clubs were held for activities such as gardening, scrabble and knitting.
- A new activity room had been opened for people to utilise. One person said, "I particularly like the singing and the exercises." Another person said, "I spend my days how I want. I really like going out on the trips. I always go when people have been brought in to entertain us. Since coming here, I am a new person, never bored, I am really happy and content here."
- The activity coordinators were creative and passionate about their work. We observed an activity staff member engage people in an activity in a skilful, fun and personalised way. A health and social care professional said, "I have seen some lovely practice."

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.

- Information was available in large print. Picture cards were used where appropriate. If people were watching television sub titles were put on if required and at an appropriate volume.

Improving care quality in response to complaints or concerns

- Complaints and concerns were investigated, and actions taken to address the issues. One relative said, "I have raised complaints in the past, these were investigated by the home management, this was soon resolved, and the issues sorted out."
- The complaints procedure was available at the service. People and relatives were encouraged to raise any issues to enable them to be addressed.

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 Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A stable management team had provided consistency. A health and social care professionals commented, "They have now arrived at a stable leadership duo and I think this is paying dividends." A staff member said, "The management are so passionate about everything."
- Systems were in place to monitor, review and improve the quality of the service. A health and social care professional said, "Since the last inspection I have seen very significant improvement in the service provided."
- Notifications of important events were submitted to CQC as required.
- The provider had displayed their Care Quality Commission (CQC) assessment rating at the service and on their website.

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

- The provider had developed a positive staff culture. Staff said they worked well as a team. A staff member said, "Being part of a team is rewarding." Another staff member said, "It is friendly and upbeat, a positive environment."
- Staff, people and relatives spoke positively about the registered manager and deputy manager. One person said, "The manager is very nice, I see them all of the time." A relative said, "The manager is very friendly and approachable."
- The provider had achieved national accreditation through actively working to improve staff satisfaction results. This was especially around communication, culture and training.

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

- Feedback was sought from people and relatives. One person said, "I do attend the resident's meetings when we have them. I can have my say you know. I would describe this place as a happy place to live"
- Staff were recognised for their individual contributions to the service through an employee of the month scheme.
- Two people living at the service had been involved in the interview process of new staff members.

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 provider understood their responsibilities on the duty of candour. Relatives said information was communicated to them.

Continuous learning and improving care

- Staff and department meetings were regularly held to ensure information was shared and areas for improvement reviewed.
- A health and social care professional said, "I have felt the home have been willing listeners and receptive to any suggestions for improvement. They have also proactively approached me for input into any concerns or queries."

Working in partnership with others

- The service was actively engaged with the local community. There were numerous events held where the community, family and friends were invited such as fetes, car washing and sponsored dog walks.
- The service had links with scout groups, primary schools and dementia networks. Workshops and social events were held. Older people living in the community were invited to the service weekly for refreshments and to socialise.
- Regular volunteers attended the service to spend time with people and engage in different activities with them.