

# Barchester Healthcare Homes Limited

## Kingsland House

### Inspection report

Kingsland Close  
Off Middle Road  
Shoreham By Sea  
West Sussex  
BN43 6LT

Tel: 01273440019  
Website: [www.barchester.com](http://www.barchester.com)

Date of inspection visit:  
17 January 2023  
18 January 2023

Date of publication:  
22 February 2023

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Kingsland House is a care home registered to provide nursing and residential care and accommodation for 71 people with various health conditions, including dementia and sensory impairment. There were 59 people living at the service on the day of our inspection. Kingsland House is a large purpose built care home located in Shoreham-by-Sea, West Sussex.

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

People told us that they felt safe. Risks to people had been identified and assessed. There was a flexible approach to risk management which promoted people's independence. Staff were recruited safely and there were enough staff to meet people's needs. Medicines were managed safely. Infection prevention and control processes protected people from the risk of infections.

Systems and processes were in place to monitor the quality of the service being delivered. The culture of the service was positive, and people and staff were complementary of the management. People were treated with dignity and compassion by a kind, caring staff and management team who understood people's individual needs, choices and preferences well. People and staff told us that they felt supported and valued.

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 this service was good (published 5 May 2022).

### Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and care delivery. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns.

We undertook a focused inspection. This report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingsland House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Kingsland House

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken 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

Kingsland House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kingsland House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager. However, there was a manager newly in post who was due to register with the CQC.

#### 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We spoke with four people who used the service about their experiences of the care and support they received and two visitors. We spoke with seven members of staff including two regional managers, an administrator, a registered nurse and care staff. We looked at a range of records. This included the care and medicine records for seven people and staff files in relation to recruitment. Policies and procedures, environmental safety and information relating to the governance of the service were also reviewed. We also spoke with five relatives over the telephone.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Risks to people were assessed and mitigated. Care plans provided a person centred approach to supporting people. This included risks to people's personal safety, physical health and where behaviours had the potential to put a person or others at risk. Risk assessments were reviewed regularly to ensure staff had access to accurate information to keep people safe.
- Checks were carried out on the facilities and equipment to ensure they were safe. This included electrical and fire safety equipment. People's care records contained details of personal evacuation plans. These guided staff on the assistance needed to evacuate people safely in the event of an emergency such as fire.
- Accident and incidents were managed safely. Management had oversight of accidents and incidents and used this information to drive service improvements and keep people safe.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. People living at the service had capacity and DoLS were not required. Staff were aware people's capacity could fluctuate and knew the process required to seek appropriate legal authorisations if needed, to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "Yes I'm safe I think. They look after me." A relative added "My [relative] is safe, they know how to manage him."
- People were protected from the risk of abuse. Staff were aware of their individual responsibilities to prevent, identify and report abuse. Staff received safeguarding training during their induction and undertook regular updates. This ensured their knowledge was up to date and they knew how to report concerns.

Staffing and recruitment

- There were safe systems and processes in place for recruitment of staff. Staff new to the service received an

induction. This included mandatory training and time shadowing more experienced staff. This ensured staff had the knowledge and skills to support people safely.

- The service followed safe recruitment processes to ensure staff were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs consistently and keep people safe. There was a core team of staff who knew people well. Staff told us that they worked flexibly to suit people's needs and preferences.
- People spoke positively about the team supporting them. One person told us, "Some of the staff are lovely." A relative added, "It's a very caring place, most staff really do care, there's lots of warmth and laughter."

#### Using medicines safely

- People received their medicines safely. Medicines were administered by trained staff. People were supported to be as independent as possible with taking their medicines.
- Medicines were managed safely. Medicine Administration Records (MARs) were completed in line with best practice and processes were in place to identify and act upon any errors or omissions. Protocols were in place for people who received their medicines 'as and when required' (PRN). This guided staff to ensure people received their medicines in line with the prescriber's instructions.
- Processes were in place for the safe storage of medicines. Systems were in place for ordering and safe disposal of medicines. Medicine audits were completed to ensure medicines were being stored and managed safely.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

People were able to see their friends and relatives at a time that suited them and were supported by staff to do so. Procedures were in place to enable people to receive visitors safely.



# 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 our last inspection we rated this key question good. At this inspection the rating has 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.

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

- This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was not a registered manager. However, there was a manager newly in post who was due to register with the CQC.
- There were systems and processes for quality monitoring and auditing. Accurate, complete and detailed records were kept in respect of each person's care. Quality audits were undertaken and actions arising were followed up. This ensured good governance of the service and continued service improvement.
- Notifications had been sent to the care quality commission (CQC) in a timely manner and were completed in line with requirements. Staff understood their responsibility to notify the local safeguarding authority of concerns. Records showed this had happened appropriately and in line with safeguarding guidance.
- There was a clear staffing structure with identified management roles. Staff demonstrated an understanding of their roles and responsibilities and told us that they had confidence in the management of the service. People told us the service was well managed. A relative said, "I feel they are good, [my relative] both physically and mentally, has got better here. The new manager knows what he's talking about."
- Staff were aware of their responsibilities under 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 guideline's providers must follow if things go wrong with care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture of the service focused on providing person centred care and support to people. Staff demonstrated passion and a commitment to meeting people's needs and improving the quality of their lives. They described working in a person-centred way and putting people's needs and wishes first. One member of staff told us, "I think of care as treating people how you would treat your own family."
- Staff had received training about equality and diversity and understood their responsibilities to uphold people's human rights.

- The service worked in partnership with other agencies. These included healthcare services as well as local community resources.
- People and staff were involved in developing the service. We saw 'You said / We did' information displayed around the service that stated changes that had been made in light of feedback. For example, recruiting more permanent staff and arranging meetings for relatives and residents. A relative told us, "They are pro-active in contacting me."