

Tawnylodge Limited

Kingfisher Court Care Centre

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?	Requires Improvement ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was carried out on 4 September 2017. The inspection visit was unannounced.

Kingfisher Court Care Centre is registered to provide accommodation and personal care for up to 40 older people and people with dementia and physical disabilities. On the day of our inspection there were 39 people using the service.

At the last Care Quality Commission (CQC) inspection on 26 February 2015, the service was rated Good in all domains.

At this inspection we found the service remained Good.

There were enough staff to meet people's needs, however at times staff were rushed and their interactions with people were task focused.

People could be assured that they would receive their medicines as prescribed by their doctor. People's health needs were met and where necessary they had access to health professionals.

Staff understood their responsibilities to keep people safe. Risks were assessed and measures put in place to prevent avoidable harm. Staff understood how to raise concerns about people's safety if they needed to. The provider followed safe recruitment practices.

People were supported by staff who had received training and support to meet their needs. Staff felt supported and their competency in their role was checked.

Our observation of the lunch time service was that it was chaotic at times and that people sat for a long time in the dining room before their meal was served. Records did not reflect that drinks or snacks were served over a 24 hour period. Where people had dietary requirements, these were met and staff understood how to provide these.

People had consented to the care they received. The service supported people in line with the requirements of the Mental Capacity Act. People's mental capacity to consent to their care had been assessed where there was a reasonable belief that they may not be able to make a specific decision.

Staff at all levels treated people with kindness and compassion. People were supported to maintain their independence. However at times people's dignity was not protected.

The care needs of people had been assessed and were regularly reviewed to ensure they continued to be met. Staff had a clear understanding of their role and how to support people who used the service.

People had access to activities so that they could follow their interests and remain active if they wanted to.

The provider had sought feedback from people and their relatives and staff about the service. People and staff felt that the deputy manager was approachable and action would be taken to address any concerns they may have.

Systems were in place to monitor the quality of the service being provided and to drive improvement. These had not always been effective in identifying when records relating to people's fluid intake had not been accurately maintained. Where systems had identified areas of concern, action had been taken to address these in a timely manner.

The provider was aware of their responsibility to report events that occurred within the service to CQC and external agencies. There was not a registered manager in post at the time of our inspection. It is a requirement of the provider's registration that there is registered manager in post.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

Staff were often rushed and their interactions with people were task led.

People's dignity was not always maintained.

People were supported to maintain their independence and relationships with people that were important to them.

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Kingfisher Court Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection of Kingfisher Court Care Centre on 4 September 2017.

The inspection team consisted of an 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. We spoke with seven people and two relatives of people who used the service.

During our inspection visit we spoke with staff members employed by the service. This included the deputy manager, the cook, and three care workers. We looked at the care plans and care records of three people who used the service at the time of our inspection. We looked at staff recruitment files to see how the provider recruited and appointed staff. We also looked at records associated with the provider's monitoring of the quality of the service and staff training.

We observed care and support provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

Before the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law.

Before the inspection visit the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, to detail what the service does well and improvements they plan to make. We contacted Healthwatch Nottinghamshire who are the local consumer

champion for people using adult social care services to see if they had feedback about the service. We also contacted the local authority commissioners who had funding responsibility for some of the people who were using the service.

Is the service safe?

Our findings

People told us that they felt safe. One person said, "Yes I feel safe here." A person's relative said, "I come most days and there's not a single thing to make me have doubts about the place. I didn't think [relative] was safe at the other place but they are here. It's fit for purpose here." Another relative said, "I've got nothing but praise for the place. I think [relative] safe." There were enough staff to meet people's needs however staff reported at times that they were stretched. One staff member said, "When one person rings in sick no one comes in for them, you are in a rush."

We observed that there were enough staff on the day of our inspection but that there were times when staff seemed to be very busy. The number of staff that were required to meet people's needs was assessed regularly. We feedback to the regional manager our concerns regarding staffing levels. They reviewed staffing numbers and confirmed that these were suitable for the needs of the people who used the service. However they recognised that the needs of some people had changed and had requested that they were reassessed to see if more support was required. The also told us they would look at how staff were deployed on a daily basis.

Staff understood their responsibilities to keep people safe from avoidable harm. Staff were aware of how to identify, report and escalate any safeguarding concerns that they had within the service and, if necessary, with external bodies. One staff member said, "Report it, straight to a senior and also the manager. If necessary go to CQC." They told us that they felt able to report any concerns. We saw that appropriate action had been taken when a concern had been raised. This included investigating and taking action to prevent any reoccurrence. The provider had followed their recruitment procedures. These made sure as far as possible that only people suited to work at the service were employed.

People were protected from risks relating to their care needs. We found that risk assessments had been completed on areas such as moving and handling, nutrition and skin care. The information within these included assessments and guidance from external health professionals where appropriate. People were supported safely with their mobility. We observed staff supporting people to transfer from their chair to a wheelchair or back again using a hoist. This was carried out carefully, staff explained what they were doing thorough out the process. One person who used a hoist told us the staff knew what they were doing and that they felt safe.

Risks associated with the environment, tasks carried out and equipment used had been assessed to identify hazards and measures had been in place to prevent avoidable harm. Where regular testing was required to prevent risk, such as fire safety checks, these were recorded as having happened within the required timescales. The home was kept clean and was free from odour. One person, "The chairs are perfect, there's no smells, they keep it immaculate."

Action had been taken following an incident to prevent re-occurrence. Any accidents or incidents had been recorded. The information around falls and accidents or incidents was reviewed on a monthly basis. On one occasion the action taken following an incident affected other people using the service. They could not

access the garden as freely as they had previously. One relative said, "The lock is a shame for the residents who used to wander out – they can't now." We discussed this with the regional manager and deputy manager who explained that people did still have access to the garden whenever they wanted and that staff had been instructed to remind people that they could go out. They informed us that they would also inform people's relatives that people were still able to access the garden. They told us that they would again remind people that they could go out and look to implement a way that managed the risk but enabled people to access the garden independently.

People could be assured that they would receive their medicines as prescribed by their doctor. One relative told us, "Yes they have a proper system, I think it's properly dispensed." Medicines were stored securely. We saw that electronic medicine administration record charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. A stock check of medicines was taken regularly. Staff had received appropriate training before they were able to administer medicines to people. They had sought guidance from health professionals when they had become concerned about a person's medicine regime. Staffs practice with regard to medicines administration was monitored to ensure that it continued to be safe.

Is the service effective?

Our findings

Where people required support to have enough to eat and drink this was provided during the day. One person's relative told us, "There's good support to help [relative] eat and drink; they're very patient with [relative]." Our observation of the lunch time service was that it was chaotic at times and that people sat for up to 45 minutes in the dining room before their meal was served. We discussed this with the regional manager who agreed that the service had not run smoothly. They told us that this was not usually the case and that staff had changed the way that they served meals on the day of our inspection. They offered assurances that they would monitor meal times to ensure that people received the support that they needed and their meals were served in a timely way. People had not reported concerns regarding meal times prior to our inspection. One person told us, "It's the food I like." People were offered a choice of meals. Alternatives were offered if people requested them.

Where people had specific dietary needs, these were catered for. For example, where people had been assessed by a health professional as being at risk of choking, soft or pureed meals were provided. However records did not always reflect that people were offered drinks throughout the 24 hour period. Staff told us that people were offered snacks and drinks including throughout the night if they were awake. We asked the regional manager to ensure that records were maintained to reflect this. This was particularly important where people were at risk of dehydration.

People could be assured that staff received training and support to meet their needs. One relative told us, "Yes I've got confidence in the staff." We reviewed staff training records which showed that staff had received training in all areas of care provision and that regular refreshers had taken place to ensure that staff's knowledge remained current. New staff were inducted into the service and given the opportunity to shadow experienced staff in order to learn the practical elements of their role. Staff's competency was regularly checked in aspects of their role such as supporting people using mobility equipment.

Staff were supervised and supported. One staff member told us, "If there is anything you are not happy about that is the time to talk about it." We saw that the registered manager had used staff supervisions to check staff's understanding of the provider's policies and other aspects of their role.

People were supported to maintain good health. One relative told us, that their relative's health needs were met and that staff would call the doctor immediately if someone was feeling unwell. People's care records confirmed that they received medical attention when they needed to.

People were asked for their consent before care was provided. People's capacity to consent to their care had been assessed. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that the registered manager had made the relevant applications for DoLS authorisations where necessary. Where people lacked the capacity to consent to their care best interest decisions had been made. One person's relative told us, "Any decisions they make concerning [relative] I'm

happy with as [relative] can't really make decisions themselves now." Staff understood their responsibilities to support people in line with the Act. One staff member said, "Even though they have got dementia they can still make their own choices."

Is the service caring?

Our findings

People were usually treated with dignity and respect. One person's relative said, "They're kind and caring. They'll come and put their arm around [relative] and talk kindly to them. , they don't rush them. Whenever a carer comes to do anything they'll treat [relative] with dignity." We observed staff knocking on people's doors before they entered. However, we observed occasions when staff did not speak with people discreetly to ask them if they needed assistance. The deputy manager had raised concerns about staff taking loudly about people's private business at a recent staff meeting. The regional manager told us that the deputy manager would be holding group supervisions with staff regarding this issue and that they would be monitoring it very closely. We observed that some toilet doors did not have locks on them. This meant that people would be at risk of being observed while they were using the facilities. We pointed this out to the regional manager who arranged for locks to be fitted immediately.

We observed missed opportunities for staff to interact with people using the service. There were positive interactions with people as care was delivered but outside of tasks being performed there was little interaction with people. One staff member said, "Carers get frustrated because they don't get time to spend with residents." Another staff member said, "It feels like a conveyer belt at times." The deputy manager had recognised that this was an area which still needed to improve. They were taking steps to address this through training and undertaking observations of staff to be able to identify what they were doing and how they could enhance the interaction with people.

When staff did interact with people they treated them in a way that was kind and caring. One person told us, "I like everything here, It's just nice. I know the people; they're very kind, it's their attitude. They're very caring. I've got no complaints. The staff are friendly." One person's relative said, "Staff have got incredible patience, I've watched them and seen the way they cope with [relative] and other people who are challenging. They're [meaning staff]) incredibly calm and tolerant." Another relative said, "It's good care here – I've not seen anything negative, they're kind and compassionate. They speak calmly to [relative] and are respectful."

People were supported to maintain relationships and people's relatives were supported to spend meaningful time with people. One person's relative told us, "The food is ok. I had a meal here at Christmas we had a little room all to ourselves and I brought some starters and wine and it was just like going to a restaurant like we used to do." A relative told us how a staff member had helped them take their relative on a community outing. Visitors were welcomed without undue restrictions. A kitchenette had been set up to enable visitors to make hot drinks for themselves and their relatives if they wished.

People were supported to maintain their independence. There was a kitchenette which had been developed for people to access when they wanted to. There was facility for them to make their own drinks. We were told that one person enjoyed using the kitchenette to wash up. Baking activities took place in the kitchenette which people enjoyed taking part in. This helped them to retain their skills and carry out tasks for themselves that they had previously undertaken before moving into Kingfisher Court Care Centre.

Is the service responsive?

Our findings

People received the care and support that they needed. One person's relative told us, "I'm going on holiday soon and I'm completely confident that they'll look after [relative] while I'm away." Care plans were in place for staff to follow to ensure that people's assessed needs were met. Care plans contained information about people's preferences and usual routines. This included some information about what was important to them, details of their life history and information about their hobbies and interests. Staff were guided to provide support to people in the way that they wanted in order to meet their care needs. One staff member said, "I read the care plans to find out what support a person needs." Care plans were reviewed to ensure they contained up to date information with regard to people's care needs.

The environment was set up taking into account the needs of people with dementia. We saw that there was signage to help people orientate themselves. There were objects of interest and decorations along the corridors and on walls to stimulate conversation and reminisce for people. People enjoyed the garden and the facilities within it. We asked one person what they enjoyed about the garden. They said, "Oh everything! I like to come out to watch the trees, look at the birds and get some fresh air." We saw that the area had been planted with brightly coloured flowers. One person who had limited communication expressed to us that they enjoyed the flowers. We observed that a conversation about the flowers started up between the person, the inspector and the deputy manager. This was important as the flowers provided a focus and motivation to the person to communicate and initiate social interaction. The garden housed a number of pets including chickens, rabbits and birds. People were involved in looking after the animals including making bird feeders, preparing food and petting them. People told us that they enjoyed these activities.

People were supported to spend time doing things that were meaningful and of interest to them. One person's relative told us, "Yes [relatives] needs are met by the staff, their needs now are to sit in front of the TV and watch a gardening program over and over again. That keeps [relative] content and happy. Staff understand this and do this for [relative]." The service employed an activities co-ordinator. On the morning of our visit we observed the activity co-ordinator carrying out a ball activity with people who enjoyed the game. Other people were offered crafting activities. Later in the morning six people were supported to attend a local restaurant for a planned meal. Other people had been offered the opportunity to attend the meal but had refused. There was a jukebox in one of the lounges and we observed people responding positively to the music throughout the day.

People felt able to raise concerns and make complaints if they needed to. Action had been taken following complaints including ensuring that staff were made aware of changes to practice that were required. One relative told us that they had raised a complaint regarding the restricted access to the garden however they were yet to receive a response. The regional manager informed us that they had spoken with them and would provide them with a formal response.

Is the service well-led?

Our findings

The registered manager had resigned two weeks prior to our inspection. The deputy manager was providing managerial support until the newly recruited manager was able to take up their post in October. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. During this time the regional manager was supporting the deputy manager with the daily running of the home. The deputy manager was required to report daily to the regional manager. Staff had confidence in the deputy manager and the provider. One staff member told us, "I am fully confident in [deputy manager], they know the residents and staff. They are quite capable."

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home and on their website.

People and their relatives were asked for feedback about the service. We saw that residents and relatives meetings took place regularly. The minutes were made available for people who were unable to attend. The provider had conducted satisfaction surveys with people using the service and their relatives. We saw that the feedback was positive. The provider had not fully taken into account the impact that people felt with regard to the restrictions that they felt under following changes being made to access to the outside space. We highlighted this to the regional manager who told us that they would formally communicate the actions that they had taken and offer reassurances to people and their relatives.

Staff were clear about their roles and responsibilities. They shared the provider's vision and values. One staff member said, "We have a good reputation and we want to keep it." They had access to the provider's policies and procedures and understood how to follow them. We saw that disciplinary action had been taken when staff members had failed to follow the procedures. Staff felt supported and included. Staff meetings happened regularly. These were an opportunity for staff and managers to share concerns, update on changes to policy and bring forward ideas for service development. Staff were also able to feedback via satisfaction surveys and during their supervision meetings.

There were a range of audit systems in place to measure the quality and care delivered so that improvements could be made. These included medicines management, accidents and incidents and health and safety practice. These were effective in highlighting ways to improve the service. The deputy manager had identified where staff interactions had been task focused. Although they had addressed some concerns around staff not speaking discreetly to people they had not been effective in changing staff behaviour. Where improvements were identified as being required time scales were set and the provider checked that they had been made within the required time scales.

The provider was in the process of updating their equality and diversity policy and statement of purpose as

they had identified that there was more that they could do to ensure that they were an inclusive service. Care plans were being developed to ensure people were supported in ways that ensure that their rights were championed.