

# Tawnylodge Limited

# Kingfisher Court Care Centre

## Inspection report

Sturgeon Avenue  
Clifton  
Nottingham  
NG11 8HE  
Tel: 0115 940 5031

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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	

### Overall summary

We carried out an unannounced inspection of the service on 26 February 2015. Kingfisher Court Care Centre provides accommodation for persons who require nursing or personal care for up to 40 people. On the day of our inspection 37 people were using the service.

We last inspected Kingfisher court Care Centre on 7 January 2014. At that time it was not meeting one of the essential standards. We asked the provider to take action to make improvements in the areas of meeting people's care and welfare needs. We received an action plan dated

3 February 2014 in which the provider told us about the actions they would take to meet the relevant legal requirements. During this inspection we found that the provider was meeting these legal requirements.

There was a registered manager in place. 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.

# Summary of findings

People were safe who used the service. Staff had received safeguarding training. Staff had a good understanding of safeguarding matters and the action they would take to report any concerns they found.

Risks were identified and assessed. Care had been planned for each individual to ensure the level of any risks were kept to a minimum.

Appropriate equipment was in place and each person had an emergency evacuation plan on their care file.

People and their relatives felt there was sufficient staff who were trained to support people and where relevant necessary procedures were followed to ensure safe care practices were always used.

People received their medicines safely and correctly. Systems were in place to ensure staff responsible for administering medicines did so without interruptions.

People were cared for and supported by knowledgeable staff. Staff assessed people's needs to ensure they received effective care.

Staff received a robust induction, supervision, a yearly appraisal and attended relevant training courses to develop their skills and knowledge.

People gave their permission for care and treatment they received. The provider followed appropriate guidelines for the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which are a requirement of the MCA.

People received positive experiences at lunch time and were able to make their own choices. They received sufficient to eat and drink and where relevant food preferences were adhered to.

People were supported to maintain good health and had access to healthcare services to support their health needs.

People were cared for by caring staff who treated them with dignity and respect. Staff interacted well with people and they were encouraged to develop caring relationships with the people they cared for.

People's choices and preferences were accommodated.

People were happy with the way the home was managed. They were confident to raise any concerns or complaints with the appropriate staff member. The culture of the service was open and transparent and people could share their views and experiences.

# Summary of findings

## 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.

People were safe living in the home. They were cared for by staff who had completed safeguarding training and were aware of signs of abuse and how to stop abuse from happening.

Risk assessments had been carried out and reviewed on a monthly basis.

There were sufficient staff who were trained to support people and necessary procedures were followed to ensure safe care practices was always used.

People received their medicines safely and correctly.

Good



### Is the service effective?

The service was effective.

People were cared for and supported by knowledgeable staff who assessed people's needs to ensure they received effective care.

Staff received a robust induction, supervision, a yearly appraisal and attended relevant training courses to develop their skills and knowledge.

The manager was following the requirements set out for the MCA and DoLS and acted legally in people's best interests if they did not have the mental capacity for particular decisions.

People were supported to have a balanced diet that promoted healthy eating and drinking.

People received relevant health services when their needs changed.

Good



### Is the service caring?

The service was caring.

People were treated with kindness and compassion on a daily basis.

Staff treated people with dignity and respect and interacted well with people to help to develop caring relationships with the people they cared for.

Good



### Is the service responsive?

The service was responsive.

Staff responded to people needs in a timely manner.

People were encouraged to follow their hobbies and interests.

People were encouraged to share their experiences and raise concerns if needed.

Good



### Is the service well-led?

The service was well-led.

People were encouraged to be actively involved with the service.

Good



# Summary of findings

The manager was open and approachable.

The provider had a system to regularly assess and monitor the quality of service that people received.

# 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 was planned to check 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.

This inspection took place on 26 February 2015 and was unannounced.

The inspection team consisted of 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.

We spoke with nine people who use the service and seven visitors of people. We also spoke with two care workers, one senior staff member, one kitchen staff and the manager. We looked at records, which included four care files, five staff files and relevant management files.

Some people were not able to express their views due to their specific needs, so we used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. This is a method designed to help us collect evidence about the experience of people who use services.

Before our inspection, we reviewed the information we held about the home, which included notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted healthcare professionals and the commissioners of the service to obtain their views about the care provided in the home.

# Is the service safe?

## Our findings

People told us they felt safe living in the home. One person when asked do you feel safe said, “Of course.” Two relatives we spoke with told us they felt their family members were in safe hands. We observed people interacting with staff safely. We saw one person go outside in the garden area. We saw a member of staff was quick to assist the person as records we saw looked at stated the person was not supposed to go out unassisted. This was to ensure the person was kept safe.

Staff told us and records confirmed they had received safeguarding training and their training was all up to date. Staff were able to describe and identify the signs of abuse and the action they would take to report and document any concerns. No staff we spoke with had experiences and concerns or issues relating to abuse, but all felt confident the manager would act on any concerns raised.

The manager told us they contacted the local authority to obtain advice when dealing with safeguarding issues and reported appropriately.

We saw risk assessments had been carried out and reviewed on a monthly basis. We looked at the care that had been planned for each person living in the home to help reduce these risks. Any interventions were recorded in the individual care plans along with action undertaken if required. For example, one person who was at risk of falling had appropriate equipment, such as, a soft mat placed on the floor near their bed to reduce the risk of injury, if the person fell whilst getting out of bed. We saw risk assessments were in place to determine if a person required a bed rail to support them from falling out of bed. We also saw recorded any additional risks specific to a person, such as when using a hoist one person became upset. There were instructions for staff on how they should reduce the risk of the person becoming upset.

We saw equipment in place for the safe moving and handling of people with mobility problems. Pressure relieving equipment, for example, air flow mattresses we checked were set appropriately for the person who used them. Each person had an emergency evacuation plan on their care file. This showed there were plans in place to support people in an emergency.

People told us they felt there was sufficient staff to meet their needs. One person said, “Yes I think there is enough.” Two relatives we spoke with told us the staff were always busy, but felt there were enough staff to ensure their family member’s needs were met. We observed people’s needs and requests were attended to in a timely manner as there were enough staff on duty. Staff we spoke with told us they felt there were enough staff to provide care and attend to people’s needs. The manager had systems in place to ensure they had sufficient staff on duty. They told us the level of staff depended on people’s dependency and this was reviewed and monitored on a regular basis.

We found the service followed clear disciplinary procedures when required to do so. The manager promoted good practice and took appropriate action when they found staff had not followed these.

People received their medicines safely. One person described their medical condition and they confirmed their medicines were given to them by a member of staff and in a safe way. Two relatives told us they were satisfied the way their relatives received their medicines and that it was handled and administered safely. One relative said, “I am content with the way staff handle my mother’s medicine.”

We observed the morning medication round and saw good practice in place for ensuring the staff member responsible for administering medicine was not disturbed. This helped to reduce the risk of errors. We saw appropriate checks and good practice was in place to ensure the medicine was for the person identified and that they took it in a safe way. Medication Administration Records (MAR) were completed for each person and identified how the preferred and liked their medicine to be taken. However, we saw no protocols in place for medicines which had been prescribed to be administered only as required (PRN). This meant there may have been uncertainty about the purpose for which these medicines were prescribed, but we did see when these medicines were administered this was recorded.

We looked at the process for ordering and storage of medicines and found they were in line with medication requirements. Staff explained the process and procedures they followed. They also confirmed they had undertaken training and competency assessments to ensure they administered medicines safely. We saw appropriate referrals were made to other professionals if people refused their medicines on a regular basis.

# Is the service effective?

## Our findings

When we inspected the home in January 2014 we found that the provider had not always ensured people nutritional care plans were up to date. People were not always positioned correctly whilst assisted to eat their food. People were not always sat on their pressure relieving equipment in line with their assessed needs. This was a breach of Regulation 9 of the Health and Social Care (Regulated Activities) Regulations 2010.

During this inspection we found improvements had been made. We saw care plans reflected people's nutritional changing needs and the manager told us they monitored these plans on a regular basis. We saw people were positioned correctly when staff were supporting them to eat. We saw food and drinks charts were in place, however one chart we looked at had not always been completed and the manager addressed this and spoke with the staff responsible.

People who had been assessed to use appropriate equipment to ensure they received effective care, had the relevant equipment in place and labelled to identify the equipment was for their use. We saw care plans had been updated to show any change in needs, such as, repositioning. Appropriate monitoring was in place to ensure any pressure relief equipment was at the required pressure for people to receive effective care.

People were cared for and supported by trained and knowledgeable staff. Staff we spoke with told us they were up to date with their training and the manager sent out reminder letters as well as putting them on to training sessions to ensure they completed their training in a timely manner. One staff member said "I found the training informative and relevant for the people I care for." We observed staff assessing people's needs and attending to them to ensure they received effective care.

Staff told us they received supervision regularly and had a yearly appraisal. The registered manager told us staff received a robust induction, which included staff shadowing other more experienced staff for a period of three months. Records we looked at showed staff had undertaken relevant training courses and were supported to take further training if they required. Each member of staff had an up to date development plan to ensure they

were able to develop their skills and knowledge to meet people's needs. The service ensured people's needs were consistently met by staff who were competent to carry out their role.

People gave their permission to staff before they were provided with any care or support. We saw care records contained appropriate written consent from people and their relatives for the care and support they received. Where people lacked capacity to make decisions for themselves, a mental capacity assessment had been completed and the best interest decision documented. We saw appropriate documents for people whose family has Lasting Power of Attorney. The service was following the Mental Capacity Act 2005 (MCA) and making sure that the people who may lack mental capacity in some areas were protected.

We found that, where relevant, people had Deprivation of Liberty Safeguards (DoLS) in place. This was also recorded on their care file. Such as, one authorisation indicated that that the service should evidence a person was able to have a bath rather than a shower, and the person should have weekly visit outside the home. We observed staff explained to people what they were going to do before they provided care. Staff told us they checked with people prior to providing care to ensure they had given their consent and help gain their cooperation. Wherever possible they offered choices and tailored this to the needs of the individual. For example, asking people what they wanted to wear. Staff had an understanding of the requirements of the MCA, which is legislation to protect people who lack capacity to make certain decisions because of illness or disability. We found that, where relevant, people had "Do Not Attempt Cardio-Pulmonary Resuscitation" (DNACPR) in place and where a person lacked capacity to make such a decision appropriate MCA assessments and best interest decisions were recorded.

People were offered drinks throughout the day. We saw plenty of drinks were available during our visit. However, one relative told us they were not sure if their family member was getting sufficient to drink between meals, as sometimes the person had appeared thirsty when the family member visited and supported them to drink. We looked at the person's food and drinks chart and found not

## Is the service effective?

all drinks had been recorded. When we spoke with the manager they told us the person sometimes refused to drink, but agreed this had not been recorded and would address this immediately.

We found people received a positive experience during lunch time. People told us they liked the food that was on offer. One person told us they had a choice of what they wanted to eat. They said, “Choice was offered on the day or at the meal.” Another person told us they thought the food was “presentable.” We observed lunchtime and saw that people were being effectively supported. We saw staff were patient, supportive and encouraging people to be independent where appropriate. People were offered drinks and we saw staff followed good practice including sitting at the same level as the person they were supporting when assisting them to eat and chatting with people while they were supporting them. People told us their main meal was served in the evening. Each person had their own dietary sheet that indicated special needs and food preferences. There were some staff nominated as nutritional champions who helped promote good nutrition within the home.

People were supported to maintain good health and had access to healthcare services to support their health needs. One person told us they were able to see a GP and chiropodist when they wanted one. Another person said, “I suffer from diabetes and receive chiropodist assistance regularly.” A relative told us staff were quick to recognise signs of ill health and would ensure they obtained medical advice if they had any concerns about people.

A doctor from a local practice, who most people at the home were registered with visited the home every two weeks and responded to requests for visits to people who became unwell. We saw information on people’s care files that other healthcare professionals were involved with their care. For example, opticians, chiropodists and community nurse.

People’s health needs were monitored and managed to ensure they received effective care We looked at four care files and found preventive action was taken to ensure people were in good health. Staff told us they discussed people’s health needs and any changes to these at each shift handover.



# Is the service caring?

## Our findings

People told us the staff were very caring and treated them with dignity and respect. One person described staff as, “Nice people.” Another person said, “Staff are good to me and if I wanted anything they [the staff] would get it for me.

A relative told us, “You can’t fault them here. The staff are excellent.” They also went on to say if they were unable to visit their relative the staff would contact them each day to keep them informed of their relative’s condition. The relative told us the staff were kind and caring and that their family member had a very positive relationship with the staff at the home.

Staff told us they encouraged people to develop caring relationships and we observed staff interacted well with people. We found staff to be warm, friendly, gentle and caring throughout the day. One staff member said, “I love it here. I love looking after them [the people who use the service]. When you have helped someone and see them smile it is really rewarding.”

People we spoke with did not comment if they had been involved with their care planning. However they did talk positively about the care and support they received. Four

relatives we spoke with told us they had been fully involved in their relative’s care. Care records we looked at confirmed people and their families had been involved with their care planning.

We found information was made available for people if they wanted to use an advocate. Advocacy seeks to ensure that people are able to speak out, to express their views and defend their rights. The manager told us they were working with other agencies to ensure people’s rights were protected.

People felt their privacy and dignity was respected. Staff described the ways they preserved people modesty and privacy when providing personal care. The manager told us they had a named member of staff who was a dignity champion for the home. This was to ensure people received care that was compassionate, person centred, as well as efficient. They told us the home had a wishing tree where people wrote down what they wished to do in their everyday life. They said that this was to ensure people were supported to express their needs and wants.

Some of the people we spoke with told us their relatives were able to visit them at any time. We observed family and friends visiting people during our inspection. We found visiting times were very flexible and without undue restrictions.

# Is the service responsive?

## Our findings

All people we spoke with gave positive feedback on how responsive the staff were in meeting their needs. People told us their call bells were always answered in a timely manner. We observed staff listening to people and adapting their input in response to the person's wishes. For example, one person did not want to get up when staff went to their room to provide personal care. We heard the member of staff tell the person they would come back later. The member of staff told us "if someone does not want to get up when we go to assist them we will leave them and return later." One member of staff said, "One person did not like to get up too early, they don't like you to fuss with washing etc. when they first wake. This showed people preferences were taken into consideration and staff respond accordingly.

We saw in one care plan we looked at that a person preferred a female staff member to assist them in the bath. Staff we spoke with were aware of this and said this was adhered to. This showed the service responded to the person's preference and request.

We spoke with the cook who told us they had changed the main meal of the day to the evening following suggestions from staff and people who used the service, and they found initially people's food intake increased, but then levelled out to a more sustainable level.

People were supported to follow their interests and hobbies. We saw people participating in group and individual activities during our visit. Staff we spoke with

told us one person was always distressed because they could not find their car keys. They told us this person had an interest in cars and liked driving their car before they came to live at the home, so the provider brought an old car and now they were able to sit in it and put the keys in the ignition. They said this helped to calm the person. The staff member also told us some people liked to wash and clean, so they washed the car on fine days. The manager told us they held special events at the home and invited family and friends to attend. For example they took people to tea dances, narrow boat trips and if people wanted to go shopping this was also accommodated.

The care records we reviewed contained individual profiles for people and identified their likes and dislikes, things that were important to them and things they enjoyed doing. We saw care plans were reviewed on a regular basis and people's diverse needs were identified. Where relevant their religious needs had been considered and acted upon.

People told us they knew who they should raise any issues of concern with. One relative told us if they had to raise an issue with the manager, they were confident the issue would be followed through and dealt with promptly. Another relative told us of an incident that involved their family member and another person who used the service. They said, "I raised a concern and this was dealt with accordingly." The manager told us they followed the complaints policy and procedure when complaints were raised. They gave us an example where they had put a process in place; when a person goes to hospital the belongings they take with them are now listed before they leave the home after one person lost some precious items.

# Is the service well-led?

## Our findings

People were happy with the way the home was managed. People were confident to speak to the manager and felt they were very approachable. One person said, “I can knock on the door.”

People and their families were given the opportunity to voice their views on the service and to be involved in how the service was run. One person told us resident meetings were held every month. Another person told us the meetings were set at regular intervals, they said, “Anything could be discussed.” Relatives we spoke with were aware of meetings being held. We saw resident and relative’s meetings were held regularly. We saw copies of minutes of meeting that had been held and discussions on how the home was run.

We found people and their relatives had participated in completing quality assurance questionnaires. Copies of some questionnaires we saw had positive comments, for example, “The manager and staff, brilliant and very approachable.” Another comment said, “Staff very obliging in all requests regarding mum’s welfare.” Appropriate action was taken when one person had made a negative comment. We saw it was recorded that the manager had spoken with the person and given them a copy of the complaints’ procedure. This showed people were encouraged to voice their views and concerns which were acted upon.

There was a registered manager in post and staff told us the manager was in the home every day and available to talk to staff, people and their relatives. Staff appeared to work together well as a team and had good relationships with each other. They said that the culture of the home was open and transparent. One member of staff said, “The manager does not miss anything.” They went on to say they

felt listened to by the manager and felt they could put ideas forward about the home where the manager would consider the idea, and if they were not able to take it forward they always got an explanation why this could not happen.

Staff told us they received positive feedback as well as feedback on what they needed to improvement through supervision and yearly appraisals. One person told us the manager always encouraged positive working practices.

We saw the provider had systems in place to monitor the quality of the service. This included gathering, recording and evaluating information by completing monthly audits, such as, for medicines, bedrails safety, mattress pressure checks and medical alerts. The manager told us they also completed visual checks of the home and addressed areas of concern as and when required. One staff member told us the manager discussed the results of quality audits and where relevant they discussed complaints and concerns in the team meetings to help them improve the quality of the service they provided. We saw copies of minutes from meetings that had taken place. These showed the meetings were informative and helped to keep staff up to date about people’s needs, and what was happening in the home.

We received positive comments from other healthcare professionals and commissioners of the service about the care people received and the staff providing the care. We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed and actions were identified and taken. We saw that safeguarding concerns were responded and appropriate referrals were made. This showed there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.