

Kingsfield (Cumbria) Limited

Kingsfield Residential Care Home

Inspection report

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Barrow In Furness
Cumbria
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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Kingsfield Residential Care Home is a residential care home providing personal care for up to 27 people, some of whom are living with dementia. It is an older property that has been adapted for its current use. The accommodation is over three floors and there is a stair lift to assist people to access the accommodation on the upper floors. At the time of the inspection there were 22 people living there.

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

People told us they felt safe living at Kingsfield. The provider had safeguarding systems and risk assessments to protect people from abuse or unsafe care and incidents and accidents were recorded and analysed. Procedures to support the safe recruitment of staff were followed and there were enough appropriately trained staff on duty day and night to provide the support people needed. People received their medicines as prescribed and systems were in place for their safe management and supply. The premises were well maintained, clean and hygienic and staff followed infection control procedures.

People were supported to live healthy lives with a nutritious diet in line with their personal choice and healthcare needs and had prompt access to professionals as needed. Staff worked collaboratively with other agencies and professionals to support people's choices and provide effective and consistent care. 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.

People and visiting professionals were positive about the care provided and the kindness of staff. The atmosphere within the home was friendly and welcoming, people's beliefs were respected and their independence and personal dignity consistently promoted. Staff supported people to express their views and ideas and be as involved as they could be in making decisions about their care, their personal goals and how their home was run.

Staff provided care and support to consistently meet people's needs and choices. Staff knew people well and helped them achieve their personal goals, pursue their own interests and take part in activities and entertainments they enjoyed. People were supported at the end of their life with compassion, to be comfortable and free from distressing symptoms and pain. Systems were in place to deal with any complaints raised about the service.

The provider had governance and quality assurance systems to drive improvement and service development. Staff felt valued and respected by the management team and the strong leadership of the service promoted a positive and open culture. The registered manager displayed knowledge around the responsibilities of their role and the importance of openness working with other agencies and professionals. Professionals spoke highly of the joined up and co-ordinated care and support that they found working with the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 4 August 2017).

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 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?

Outstanding ☆

The service was exceptionally 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.

Kingsfield Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Kingsfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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 CQC. This means that 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

This inspection was unannounced.

What we did before the inspection

Our planning considered information we held about the service. This included information about incidents the provider must notify us about, such as abuse allegations. We sought feedback from professionals who worked with the service.

We used 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

We spent time in communal and dining areas speaking with people and observing their daily activities and staff interactions. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

We reviewed records relevant to the running and quality monitoring of the service, new policies and procedures and the recruitment records of four new staff employed in the last year. We looked at training and supervision records. We looked at four people's care records in detail and records of medicine administration, its storage and management.

We spoke with seven people who lived at Kingsfield, four members of care staff, laundry staff, maintenance staff and the registered manager, who was present throughout the inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found including training data. We contacted and spoke with two professionals, who were not in the home during the inspection, but who visited the service regularly.

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.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems and policies and procedures in line with local authority guidance to protect people from harm and abuse. The registered manager understood their responsibility to report suspected abuse to the local authority and work with them to keep people safe.
- Staff knew how to recognise and report abuse to help protect people and had received safeguarding training relevant to their roles. Staff we spoke with were confident the registered manager would act quickly to keep people safe if they reported any concerns.
- People told us they felt safe living at Kingsfield and that it was a "nice" and a "good" place to live. Some people could not easily tell us what they thought but we observed that they were at ease and comfortable with the care staff supporting them.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their health needs. Individual risk assessments and management plans were in place for each person. Accidents and incidents were recorded, monitored and analysed by the registered manager to identify possible themes.
- Senior staff assessed individual risks to people such as, choking, skin integrity, falls, nutrition and the use of equipment. They had developed care plans to help mitigate identified risks. Individual personal emergency evacuation plans had been developed for everyone stating how they should be helped should an evacuation be necessary.
- Records showed that equipment in use had been serviced and maintained in accordance with manufacturers' recommendations. A range of internal checks had been conducted, to ensure they were fit for use and clean.

Staffing and recruitment

- The provider had safe recruitment systems and processes. The registered manager completed relevant pre-employment checks to make sure staff had the appropriate skills and character to work with people made vulnerable by their circumstances.
- Staffing levels were reviewed and adjusted according to people's needs and activities. We checked the staff rotas and how the registered manager had assessed people's dependency and the staff deployment. The registered manager made sure there were enough appropriately trained staff on duty so people received the support they required.
- People told us that there were staff around when they wanted them and that they were, "A good lot" and "friendly."

Using medicines safely

- Medicines were managed safely and staff involved in administering medicines had received appropriate training. Procedural guidance and information on medicines was in place for staff to refer to when administering medicines.
- The home used an electronic system for medication administration. This system highlighted any oversights in medication management in real time, which meant that staff were prompted to take follow up action quickly and reduced the risks of medication errors.
- We looked at the handling of medicines liable to misuse, called controlled drugs, and found these to be safely managed and stored correctly. Regular checks and audits took place of the medicines system to make sure it continued to be managed in a safe way.

Preventing and controlling infection

- The provider had policies and procedural guidance for staff to reduce the risk to people of infection. Staff had received training on infection control, hand hygiene and food hygiene.
- We observed staff followed infection control practices, by wearing gloves and aprons when providing personal care. Hand sanitiser was available for use by staff and by visitors.

Learning lessons when things go wrong

- The provider had internal systems to identify when things went wrong and when lessons needed to be learned. For example, following a safeguarding incident aspects of risk assessment and procedural guidance were improved.

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 good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Senior staff assessed the needs of each person to help make sure the service could meet their needs when they came to live at Kingsfield.
- Staff used recognised clinical tools and guidance to make assessments and these were subject to review with people, their representatives and social care professionals. The assessments included people's physical, emotional, social and cultural needs.
- Protected characteristics were included in people's assessments as appropriate. Protected characteristics are a legal protection for people and include race, age, gender, sexuality, religion or disability. People living at Kingsfield were able to follow their cultural beliefs and their religion of choice.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to carry out their duties and had undertaken induction and training relevant to their roles. Staff told us they were, "Very supported" and "Really encouraged" to develop professionally and maintain the right skills to support people effectively and safely.
- The training program recorded when training had been completed or was arranged so staff remained up to date. Staff told us they were kept up to date with best practice and had attended further training on oral health so they could be confident supporting people with their oral health care.
- There was a strong emphasis on staff development. The registered manager told us they considered it "Vital to the service" that all staff had opportunities to improve and develop their skills to give the best care.

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

- Staff supported people to have a nutritious and varied diet in keeping with their health needs and cultural preferences. All people had nutritional risk assessments which included information about their specific dietary needs and choking risks.
- People told us the meals were good with plenty of choice. Minutes of people's meetings indicated menus were discussed, people could make suggestions and were happy with the food provided.
- Staff monitored people's weights and recorded them on the electronic care planning system. The system flagged up any significant changes and weight loss so a referral could be sent to the dietician or speech and language team.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff worked collaboratively with other agencies and made referrals

appropriately so people received the healthcare and treatment they needed.

- Professionals we spoke with confirmed the service worked well with them, was "proactive" and monitored people's conditions and behaviours in detail. They told us this helped them greatly as they could rely on all the relevant information having been gathered before their involvement. They told us the service had worked with them to manage some complex conditions "really well" and resolve problems very quickly when they arose.

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

- The staff and registered manager had created a safe and homely environment, where people were supported and encouraged to move about freely.
- There were appropriate signs around the home to support people living with dementia to locate different rooms, facilities and to orientate themselves in their home.
- The provider continued to improve the environment and décor in line with environmental good practice on supporting people living with dementia. There were tactile items on the walls to provide interest and engagement as people living with dementia moved around their home.

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.

- The registered manager had a good understanding of the MCA and how to protect people's rights. They were working within the principles of the MCA.
- We saw evidence of MCA assessments taking place and when necessary applications for DoLS authorisations had been made and incorporated into care plans.
- Staff had received training in MCA and its applications. We observed they sought verbal consent for all interventions during the inspection to allow people the opportunity for choice in their daily life.

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; respecting equality and diversity

- People were treated with dignity and respect. The registered manager ensured people's human rights, life style choices, religious and cultural diversity were upheld and reflected in the care planning process.
- Staff were kind and compassionate and had formed positive relationships with people and knew them well. Staff spoke to people politely and with patience, allowing them time to respond. There was lots of laughter and friendly chatter going on and we saw that people were assisted in a manner that promoted their dignity and were not rushed when being helped.
- All staff had completed training in person centred care and we observed people were treated very much as individuals. Staff we spoke with were aware of the different support people needed and wanted. People were clearly comfortable with the presence of staff members and we noted a lot of warm and friendly interactions.

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

- People were often supported to express their views and make decisions by their families or representatives and advocacy services were available to support people. Advocacy services help people to access information, explore their care choices and promote their rights.
- Professionals told us staff tried to make sure all options were explored to achieve people's wishes and to help them achieve their goals. The registered manager and staff had worked closely with community and advocacy services to support people to have greater community involvement and positive risk taking.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's personal space and privacy. We saw them using people's preferred names and knocking on doors asking permission to enter people's rooms. Doors to bedrooms and toilets were kept closed when people were receiving personal care or during nursing visits.
- People were encouraged to be as independent as they could be. This was reflected in their care and progress plans. Staff were clear about the importance of making sure people followed their preferred routines and attended to their own care where possible. Some people had been helped to regain life skills that made them more self-sufficient and confident.
- There were appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view.

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 good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Care plans were focused upon a person's individual needs including their goals, aspirations and abilities. Senior staff completed an assessment of people's individual needs before they came to live at the home. This helped to determine if they could provide people with the level of support they required.
- Professionals confirmed the home worked very closely and consistently with them to help people achieve their potential and individual goals. We were given the example of a person supported by the staff to gradually regain the confidence and life skills needed to make the transition back to more independent living in the community. This major life change was done through planning and working collaboratively with advocates and social services and had a wholly positive and life enhancing effect for that person as they returned to independent living and a family life.
- Professionals commented very positively on how the management and staff worked to help people make informed choices, weigh risks and regain control in their lives. One professional commented on how the registered manager would "Always go the extra mile" to help someone have a better life and how all staff did their "very best" for people.

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's individual preferences, interests, life histories and lifestyle choices had been gathered and developed with them and families to help staff offer appropriate support for social interaction. The activities boards informed people about the activities carried out by staff, community groups and external entertainers.
- Staff made sure people were supported to maintain and renew their important relationships with family, friends and the wider community. One person with communication difficulties was helped to communicate more effectively using digital technology and re-establish an important relationship, that had lapsed, with family overseas. Being able to communicate with them again gave them great personal happiness, describing the tablet and internet as "wonderful" and "magic" as it improved their enjoyment and quality of life. Greater enjoyment had the effect of lifting their spirits prompting them to become more involved in the life of the home, take their meals with others and participate more in communal activities.
- A service review had identified that some people living in the home might benefit from having another lounge that was quieter where they read their books and papers, watch different television programmes and have a chat. The lounge was decorated in the way they had chosen and with facilities to make their own drinks. This allowed them the opportunity to interact in a quieter social space and share mutual interests while promoting independence, as one person took charge of the drinks and keeping the lounge tidy as part

of their plan for more independent living.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff carried out assessments of people's specific communication needs and the guidance on meeting them was in care plans.
- Staff were familiar with people's preferred methods of communicating. Staff also communicated well between themselves to help ensure people's needs were known and met, including during shift handovers. In addition to the use of technology, to aid communication, different formats such as large print were used to help make information and newsletters more accessible. For example, activities were displayed in both picture and written format to help people identify the daily activity and any upcoming activities.
- The registered manager was also testing an 'app' to help people living with dementia to look at memories and select images that held meaning for them to create talking points for staff and family. It was useful for families as it had useful information on how to live well with dementia.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints procedure and had a thorough process for the recording and monitoring of complaints or concerns raised.
- Complaints were recorded digitally and the system sent reminders when the timescales were due so the process could be tracked and monitored.
- There had not been any formal complaints received in the last year. The registered manager promoted an open culture where any concerns were discussed at any early stage and learnt from.

End of life care and support

- No one was receiving end of life support at the time of the inspection. Staff worked with district nurses and GP practices who advised and supported staff in providing end of life care when needed. This promoted a team approach so appropriate care and treatment could be provided as a person approached the end of their life.
- Staff had received training on end of life care provided by the local hospice on how to support people and their families at this difficult time. This was supported by additional on-line training.
- People's treatment wishes, in consultation with their families, had been made clear in their care plans about what their end of life wishes were.

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 good. At this inspection this key question 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.

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

- The registered manager was accessible, proactive and led by example in promoting a positive and open culture in the home. They had a clear vision of the future development needs of the service and communicated this well to staff. The management structure in the home had been changed to be more effective and use senior staff different skills to best effect. There were now two deputy managers one concentrating on administrative matter and another focusing on clinical matters, this made better use of time and senior staff skills and areas of expertise.
- Staff told us they felt listened to, valued and well supported to develop their roles within their work. We were told it was a friendly place to work and, "They [management] are keen for us to get on with our training, they encourage us to do our best for people."
- The registered manager was open and transparent throughout our inspection and made clear this was the ethos of the home. Management and staff acted positively and promptly to feedback provided during this inspection

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 registered manager and senior staff demonstrated that the principles behind a duty of candour were recognised within the service. They notified CQC of significant events and incidents and displayed the previous CQC rating prominently.
- Management and staff reported accidents and incidents and changes in people's mental and physical health to appropriate professionals and agencies and kept families well informed. Professionals involved in people's care confirmed this was the case and they had an open and cooperative relationship with the service.

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

- The provider had clear and effective systems for governance and accountability. Quality monitoring systems covered a range of areas of service provision to inform practice and make positive changes. This included regular audits and checks on medication, environment, fire, health and safety and care records.
- The management and staff understood their responsibilities and accountability for their actions. The registered manager understood the requirements of their registration and kept themselves up to date with changes in legislation and current best practice. They monitored staff practices, competence and

development.

- The registered manager made sure staff practices were assessed and the care delivered was based on established best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager welcomed feedback and acted when needed, for example from reviews and suggestions from people's meetings. People, relatives and professionals were given the opportunity to give their feedback on the service on an informal daily basis, at home meetings, during care reviews and using formal surveys.
- The registered manager worked in partnership with health and social care professionals from local multidisciplinary teams. Health professionals told us the service had developed strong and valuable relationships with them to promote joined up and co-ordinated care and support.