Barchester Hellens Limited

Kingswood Court Care Home

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	Good
Is the service effective?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Kingswood Court is a residential care home providing personal and nursing care for up to 66 people aged 65 and over. At the time of the inspection 41 people were living at the home. Accommodation is provided in one building over three floors.

People's experience of using this service and what we found
People were positive about their experiences of living in the home and told us they felt safe. Comments included; "The staff always ask me and check on me. They're very nice.", "The staff are all ok", "Staff always ask me what I prefer or what I want to wear or do. They always do that." and "I like it here. It's very pleasant."

Staff were trained in safeguarding and told us they felt able to report any concerns if they had them and were confident they would be listened to.

There were sufficient staff on duty to ensure people's needs were met. A dependency tool had been used to calculate the required numbers. There was a feeling amongst staff that staffing levels were at the minimum required level to be safe and that with more staff they would be able to do more for the people they supported.

There was a training and induction programme in place for staff and this had been adapted during the pandemic to ensure delivery of the programme was safe. There were competency checks in place to assess staff skills and abilities.

People's health needs were met. We saw that healthcare professionals were contacted when there were any concerns about a person. Nutritional needs were assessed and monitored.

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.

The home had been through a challenging period of time, with the demands of working during the pandemic and a change in provider. However, there was a sense amongst staff that the home had stabilised, and they were positive for the future. There were systems in place to monitor the service and share developments with staff. Regular team meetings took place to support communication and engage staff.

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 the service under the previous provider was Good, published on 7 July 2018.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, skills and training and how staff interact with people. A decision was made for us to inspect and examine those risks.

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 under the previous provider, by selecting the 'all reports' link for Kingswood Court on our website at www.cqc.org.uk.

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 safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Kingswood Court 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.

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 carried out by two inspectors.

Service and service type

Kingswood Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. However, a new manager had been recruited and was due to start shortly after our inspection. There were suitable interim arrangements in place to support the home in the meantime.

Notice of inspection

We gave a short period notice of the inspection to discuss any risks related to the pandemic and ensure that the inspection could be undertaken safely.

What we did before the inspection

We reviewed information we received from the local authority. We reviewed all information we had received from the home, including notifications. Notifications are information about specific events the provider is required to tell us about by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with eight members of staff, including the interim manager, area manager, operations manager, care staff and activity staff. We spoke with nine people living in the home. We reviewed five people's care records and other relevant documentation such as staffing rotas, dependency tool and audits. We carried out a SOFI observation. This is a structured observation used to understand the experiences of people who cannot speak with us.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

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 (under the previous provider) 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

- People told us they felt safe with staff. Comments included, "The staff always ask me and check on me. They're very nice" and "Everything's ok here. The staff seem nice. I think they're good to me".
- Staff understood about different types of abuse, risk and harm. They were confident they knew what they should do if they had any concerns. Staff told us they received regular training to ensure they kept people safe. They told us, "I've not been here long, but I haven't seen anything that's not right. If I saw any safeguarding concerns, I would report it". Another staff member told us "I would absolutely do something if I had concerns. The managers are approachable and I would tell them."
- Most people had call bells within reach when they were in their rooms. When one person didn't because they could not manage the call bell safely, staff explained they carried out more frequent checks.
- There were processes in place to ensure newly recruited staff were suitable to work in the home. This included carrying out a Disclosure and Barring Service (DBS) check. This identified people who have been barred from working with vulnerable adults, or who had convictions that might affect their suitability. References were sought from previous employers.

Assessing risk, safety monitoring and management

- It was clear from people's care records that risks to their health were identified and measures put in place to manage them. A range of risk assessments were used to ensure people were safe and well supported. During the pandemic, this included assessing the risks to each individual of receiving visitors.
- When a risk had been identified, records showed that this risk was being monitored. For example, for people using bedrails, there were records to show that these were being checked regularly for safety. Another person couldn't use a call bell and so it was identified that staff should check on them hourly. Records showed this was being done.
- People had individual evacuation plans in place to follow in the event of emergency.

Staffing and recruitment

- The provider used a dependency tool to plan staffing levels. We checked staffing rosters and saw that staffing levels were maintained in line with this.
- The acting manager told us staffing levels had been adjusted recently in line with occupancy, but this was continually being monitored.
- People and staff felt the tool used to calculate staffing requirements met people's needs at a minimum level. Comments from staff included, "If I could change anything, it would be to get staffing levels up. That would lead to better morale all over. Then we could spend more time with the residents, and I wouldn't feel so guilty" and "The atmosphere is generally good, but sometimes it's tense because of the pressure

everyone is under". This was fed back to the manager for monitoring.

Using medicines safely

● There were procedures in place to store medicines safely. There was a locked room on each floor of the home. Medicines requiring additional storage were safely kept within these rooms.

● Medicine administration record (MAR) charts were used to record when people were given their prescribed medicines. We did note gaps in one person's charts where nothing was recorded at a time when they should have had their medicine. The nurse was able to explain it was a time when the person was in hospital, however this wasn't recorded clearly on the chart. We fed this back to the manager.

● There was a system for recording medicines that had been returned to the pharmacy.

● One person was receiving their medicines covertly. This meant it had been decided it was in their best interest to administer medicines without their knowledge. Covert medicines are usually mixed with food to ensure the person takes them. This can only be done when it is agreed by all involved in the person's care and that it is the best way for them to receive their medicines. In this case, the GP and pharmacist had been involved and agreed the decision. There was signed paperwork in place, however this needed to be updated and was in the process of being done.

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 meeting shielding and social distancing rules.

● 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 accessing testing for people using the service and staff.

● 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.

Learning lessons when things go wrong

● Clear systems were in place to record and respond to accidents and incidents. These were monitored and reviewed by the manager. Action plans were in place to address shortfalls, and information and changes were shared in team meetings and through changes to practice when necessary.

Good

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 (under the previous provider) this key question was rated as Good. At this inspection this key question has 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; Supporting people to eat and drink enough to maintain a balanced diet

● People's health and social needs were assessed and planned in line with current standards and guidance. For example, we saw that nationally recognised assessments were used to establish people's risk in relation to nutrition and pressure damage to the skin. These were repeated regularly to ensure people's needs were monitored and care plans updated accordingly.
● Where an assessment identified a care need for a person, we saw that staff monitored this. For example, there were records to show that staff supported people to reposition when this was required to ensure good skin health.
● If a person had been identified as being at risk of malnutrition, we saw that staff completed records detailing their intake for the day. If this highlighted any concern about a person's intake that day, it was discussed at handover of shifts.
● Feedback about food was mixed, though nobody raised significant concerns. Comments included; "It tends to be the same type of food. It can be a bit boring, but I know they're dealing with large numbers of people. It's hard to keep everyone happy", "On some days, the food is better than others" and "I like to have porridge and prunes every day. The staff always do that for me".
● We observed a midday meal and saw that people were given choices and individual preferences were met. Plenty of drink was provided and support was given in accordance with individual need.
● People had care plans in place detailing their nutritional needs and preferences.

Staff support: induction, training, skills and experience
● There was a training plan in place for staff. This had been adapted in line with safety guidelines throughout the pandemic. Training topics included subjects such as safeguarding, infection control and moving and handling. Competencies were checked through assessment and we saw an example of this for infection control training.
● We saw that staff completed supervision with their line manager. Supervision sessions are an opportunity to discuss performance and development needs.
● Staff were positive about what they had learned and felt confident when they began working with people. Some training, such as manual handling, had recently been carried out face to face in small socially distanced groups.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

● We saw that staff worked with other professionals to ensure people's health needs were met. For example, we saw that staff contacted the GP when they were concerned about a person's health. For one person, their care was discussed with the specialist falls nurse. Speech and Language therapists were consulted if there was a concern about a person's ability to swallow safely.

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

● The accommodation was suitable for people. There were plans in place to improve and update the building.
● People personalised their private rooms as they wished.
● A purpose built area of the home had been created for visiting during the pandemic, in line with guidance in place at the time.

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.

● It was evident that staff were aware of the principles of the MCA. We saw that when there were concerns about a person's ability to consent to an aspect of their care, procedures were followed to make a decision in their best interests. One person had a sensor in their room to alert staff of their movements because they were prone to falls. The person couldn't consent to this, but we saw that a capacity assessment and best interest decision was in place.
● For one person, records indicated they weren't able to consent to the use of bedrails. However, there was no assessment or best interest decision in place. We discussed this with the manager who told us the person did in fact have capacity and had consented to the use of rails. The manager acknowledged this discrepancy and updated the records whilst we were carrying out the inspection.
● We saw that applications were made to the local authority if a person required a DoLS authorisation.

Good

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 (under previous provider) 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; 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

- Senior staff present at the inspection were open and transparent about the challenges facing the service over the last year. There had been a change of provider alongside the pressures of working through the pandemic. However, it was clear plans were in place to make improvements and address any shortfalls.
- Suitable management arrangements were in place to support the running of the home whilst a new home manager was recruited. A new manager was due to start and there was a plan in place for how they would be supported.
- There was a sense amongst staff that pressures had settled, and they were happy with how improvements were progressing. Comments from staff included; "We had a staff meeting two weeks ago. It was open, that was nice. People feel easier about things now", "I think morale is getting better. There's been a lack of understanding, but we're coming out of it" and "This has been a good change".
- Comments from people in the home reflected they were happy with the care they received. They told us, "The staff always check with me and ask me what I want", "It's very pleasant" and "The staff are lovely. This room is lovely. It's all really lovely".
- Feedback we received from people and staff reflected a person centred culture within the home. Our SOFI observation showed that people were given the support they required during their meal and were provided with choices and positive interaction.

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

- There were systems in place to monitor the service and identify shortfalls. Actions arising from audits were shared with staff at meetings to help ensure they were implemented.
- Staff meetings took place regularly. At the last meeting, agenda items had included staffing levels and skill mix, documentation, standards and procedures.
- Clear records were kept of people's care; this ensured that senior staff were able to monitor the service effectively.

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

● The service had continued to have monthly 'resident's' meetings. Subjects discussed included activities, food, housekeeping and maintenance. We saw that matters raised in this meeting had been discussed for action in other staff meetings.
● People told us they felt able to raise concerns with staff if they had them.

Working in partnership with others
● The home worked with other agencies where necessary to ensure people were safe and well supported. It was clear they reported any concerns about people's safety to the local authority.
● Following the inspection, the interim manager wrote to us to outline their response to our findings and how they would monitor the service taking in to account our feedback.