

# The Cotswold Nursing Home Company Limited

## Kingsley House

### 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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Kingsley House is a residential nursing home providing personal and nursing care to up to 37 people. The service provides support to older people and people living with a diagnosis of dementia or age-related frailty. At the time of our inspection there were 27 people using the service.

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

People received their medicines in a safe and timely way. The provider was strengthening their governance to ensure that medicines were consistently managed in accordance with up-to-date guidance and best practice.

Staff had received training in recognising safeguarding, and knew the actions to take to protect people from harm. There were recruitment processes in place and checks were carried out before staff were appointed.

The provider had infection control procedures in place to protect people and prevent the spread of infection. Staff accessed personal protective equipment (PPE) and acted in accordance with government guidance.

People received person-centred care based on their individual needs, choices and preferences. Staff who supported them were aware of their individual preferences and were knowledgeable about people's needs and how these should be met.

People's needs and choices were assessed, and their care was reviewed regularly. Care records identified people's individual risk and how these should be managed to reduce the risk of harm.

People and their relatives confirmed they were well cared for by staff that had the skills and knowledge to meet their needs. Staff understood their roles and responsibilities and felt well trained. Staff communicated with other health and social care providers to ensure people's health and care needs were met.

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 relatives said the staff were kind and caring. We observed positive interactions throughout our inspection. Staff said they enjoyed working at Kingsley House and felt well supported by their colleagues and the registered manager.

A quality assurance system was in place and incidents and accidents were reviewed to reduce the risk of a reoccurrence. Complaints were responded to appropriately.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 30 April 2019)

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service 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?

Good ●

The service was 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.

# Kingsley House

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with eight members of staff including the registered manager, clinical lead, nurse, laundry assistant, chef, activities co-ordinator and care assistants.

We spoke with one visiting professional, six people and seven relatives to gather their experiences of the care provided. We reviewed three people's care records, a sample of records relating to management of the service including health and safety checks, accident and incident records and policies and procedures. We checked policies and records for managing medicines.

We used the 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.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought feedback from two professionals to gather their experiences of the care provided.

# Is the service safe?

## Our findings

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

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

### Using medicines safely

- Medicine administration records (MARs) contained some gaps which the provider had identified as administration errors. Whilst they had taken steps to assure themselves that people had received their medicines as prescribed, they were now taking action to strengthen their governance in this area.
- Staff carried out medicine audits, ensuring that out of date and unused medicines were removed and that the medicines stored were all currently named for people and in use. The registered manager and clinical lead were making improvements in this area to ensure a clearer day-to-day audit trail of medicines.
- Staff completed appropriate training to administer medication, and the registered manager was developing a competency process to provide further assurances that staff were working in line with best practice safe medicines administration practices.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and told us that they felt safe. Staff were knowledgeable of safeguarding adults' procedures and aware of different forms of abuse. Staff told us they would share any concerns raised with their senior or registered manager and were aware of the incident reporting process.
- Staff had received training on safeguarding adults and there were safeguarding adults' policies and procedures in place.
- We saw an example of how, after an incident, the registered manager had taken appropriate action to ensure the safety of the person, including timely updates that had been made to the care plan and risk assessment. This meant that effective learning had been implemented to minimise the risk of a further incident.

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

- Risks to people were assessed and managed safely. Risk assessments clearly guided staff to care for people in a safe way. We saw assessments for the risk of falling, eating and drinking, and skin care. They contained pro-active measures to manage the risks and were reviewed regularly or as soon as people's needs changed. One relative said, "I'm confident that staff have all the right skills to support [my relative] safely."
- Staff were proactive at identifying any new areas of risk, assessing these and taking action to mitigate these risks.
- Environmental risks had been assessed, regular servicing of premises and equipment took place, and regular checks were undertaken to ensure the environment remained safe.
- Accidents and incidents were recorded and analysed by the registered manager to monitor for any patterns or trends and appropriate action was taken to mitigate future risk. The registered manager shared

any learning from incidents, accidents and near misses with staff as an opportunity for learning.

#### Staffing and recruitment

- Staff were recruited safely. Interview records were in place to support managers' decisions to employ staff. All required checks were made before new staff began working at the home. References were complete to confirm staff were of good character and had the right skills and experience to support people. Disclosure and Barring Service (DBS) checks were also completed. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager had creatively explored how to maintain staffing levels when recruitment had been more challenging throughout the pandemic. For example, they had liaised with a local university to support placements of students nurses and positively promote the care sector.
- People told us, and we observed, there were enough staff deployed to meet the needs of people living at the home. Each person had a dependency profile which considered their care and support needs to ensure adequate numbers of staff were available. One person told us, "Staff are always there and you don't have to wait. Staff are fantastic."
- We observed people's call bells were responded to in a timely manner and people were not rushed when receiving care or support.

#### 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. One staff member said, "Infection control practice is excellent here. We always hand wash before and after doing a task. Management are very strict on PPE and handwashing."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The provider was following current government guidance in relation to visiting at the time of the inspection. People and their families spoke positively about their experience of visiting throughout the pandemic. One relative said, "Visiting through COVID has been well supported." Another relative said, "The home kept me fully informed at all stages of the COVID restrictions. I can't fault the Manager for their general communications. Kingsley House have proved they are by far and away the best during the pandemic."



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People's needs and wishes were clearly captured in their care plan. We saw that these were reviewed regularly so that people's health, well-being and wishes could be monitored effectively. People's care was delivered in a way that met their needs.
- People's needs were assessed using universally recognised assessment tools. The home used a physical deterioration and escalation tool based on nationally recognised methodologies including early recognition (Soft Signs), the national early warning score (NEWS2) and structured communications (SBARD). Where the tool highlighted a concern, action had been taken and the relevant healthcare referral had been made.
- People received care and support that was in line with current best practice. The registered manager attended local forums with other care professionals to share information, professional updates and discussions about how to implement best practice.

Staff support: induction, training, skills and experience

- Staff told us they felt supported in their role and received relevant training to do their job. One staff said, "Training is really good and they always support us to update and maintain our skills." The registered manager was developing their systems to ensure that staff received regular support and supervision.
- Staff were competent to carry out their roles effectively. People told us they felt comfortable and confident when being supported by familiar staff. However, we Staff were competent to carry out their roles effectively. People told us they felt comfortable and confident when being supported by familiar staff. However, we received mixed feedback about the appointment of new staff. The registered manager was continuing to develop their systems to ensure new staff consistently received induction training and shadowed more experienced colleagues until they were assessed as competent. One relative said, "They have had new staff recently who need to learn, but the longer-serving staff know [my relative] well."
- Staff completed specialist training which provided them with the expertise to meet the needs of people living with dementia. The registered manager was a dementia lead and was supporting staff to continually develop their skills and knowledge in this area.
- Staff and the registered manager were upskilled where possible to become in-house trainers in specialist areas such as dementia care.

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

- People's dietary needs were recorded in their support plan. People's weights were audited each month and actions were taken where any concerns were noted. This was also shared with all staff and chef to ensure everyone was aware of any extra checks or monitoring charts required.
- People told us they had choice and were able to eat and drink in accordance with their preferences. One

person said, "Food is wonderful. They have everything we could dream of." Another person said, "I always have sandwiches. That's my choice. I prefer sandwiches."

- During our visit we saw a selection of meals and people had a choice of what they wanted. The mealtime experience was calm and well supported by staff.
- Staff liaised with healthcare professionals for specialist advice about how to best support people with their individual needs and promote their welfare. One relative said, "[My relative] was losing their appetite and weight but that's been sorted as the staff work very well with external medical colleagues to ensure they get the nutrients and protein they need."

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

- Staff worked with other health and social care professionals to understand and meet people's needs. One relative said, "They will call in a GP if they have any concerns and they work well with external medical professionals, even opticians to get the best care for [my relative]."
- Records showed staff were proactive in supporting, enabling and advocating for people to access routine and urgent healthcare.
- Information about visits and consultations relating to a range of different healthcare professionals were clearly detailed. The registered manager had good oversight and supported staff to work in accordance with people's care plans.
- Information was recorded and ready to be shared if people needed to access other services, such as hospitals.

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

- Consideration had been given to the design and decoration of the building to allow good care to be delivered to people with mobility and dementia care needs. There was signage in place to promote people's independence and help orientate them around the home.
- People personalised their bedrooms to make them feel more at home. One person told us, "This is the best home I could ask for."
- Throughout the home there were areas created to meet the needs of the people living there, such as quiet areas.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments had been completed. Where people were unable to make a decision for themselves, decisions had been made in their best interests. Where appropriate, the decision making

process involved those who were important in the person's life.

- Staff had received training and guidance on MCA and DoLS. Staff meeting minutes evidenced ongoing discussions around capacity, and we heard staff seeking consent from people before providing support with daily tasks.
- DoLS applications and a clear record of those awaiting authorisation had been completed when required. Conditions applied to authorisations were included in how care was planned and delivered.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 told us they were happy living at Kingsley House and staff were kind and caring. One person said, "The staff are absolutely gorgeous." A relative told us, "Everyone we have met at Kingsley House has been very friendly. They treat [my relative] as if they were one of the family." A healthcare professional said, "I would send my Granny there!"
- People appeared comfortable and content in the presence of staff members, and we saw positive and friendly interactions. One relative said, "I think a couple of the senior nurses have built a really good and close relationship [with my relative]; they have conversations with me to understand [my relatives] early life so they can sit down and talk about these things to settle them and know what might help them be happier."
- Staff showed a good awareness of people's individual needs and preferences. One healthcare professional told us, "The staff all seem to know their residents very well and are well qualified to assess and meet their needs."
- Staff were passionate and committed about the care they provided. We saw this was delivered in an empowering and thoughtful way. One person said, "I really am impressed with the caring nature of the staff. I'm full of admiration for them." Another person told us, "[When I experienced a difficult time] the staff were brilliant to me. One nurse in particular was so caring to me; she could have been my own relative."
- Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognising and respecting their differences. We saw that staff spoke to people in a caring and respectful way.
- Consideration was given to the Equality Act 2010. Staff ensured that people's human rights, lifestyle choices, religious and cultural diversity were respected and reflected in the care they received. One staff member said, "[Where we support people from different cultures] we follow and respect their culture in every part of their lives. Diversity is respected and embraced."

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

- People were supported by staff who had time to listen to them and fully involve them in decisions about their care. One staff member said, "We spend so much time with people, so we really know their likes, dislikes [and preferences]."
- People were offered choice and involved in decisions about their care. One person had recently experienced a change in healthcare needs and told us staff had respected their decisions and choices during their rehabilitation. Their relative told us, "Staff spend so much time with [my relative] and therefore know [them] well. The way they [modified their care after their change in health needs] was brilliant as they really

understood [their needs and preferences]."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained by staff. One staff member said, "When we support someone with personal care we always ensure privacy. We always promote dignity here." One person said, "I didn't want to give up my independence and come into a care home, but it's actually been a wonderful experience and I've been so well looked after."
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the selection and processing of personal information of individuals. Records were stored safely in paper form and online which maintained people's confidentiality.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People and their families generally shared with us how they were involved in care planning. One person said, "It's great we are so involved in the decisions around care." We shared examples where people felt they could be more involved directly with the registered manager to make the necessary improvements.
- The service was responsive to people's individual belief's, preferences and needs, and person-centred culture was embedded in day-to-day practice. One person told us that their relatives did not live locally so they were reliant on staff to support them with activities of their choosing outside of the home, "[A staff member] took me to out today as I wanted to visit the local charity shop. I told them what I wanted to buy and they even phoned the charity shop beforehand. When I got there they had put aside [my chosen items] for me. I really am impressed."
- People's care had been clearly planned, and their likes, dislikes and preferences had been reviewed and updated. Staff knew people well and could tell us about people's preferences and the delivery of their care. A professional told us, "They are very knowledgeable about [the people who live here]. I get the impression care staff know [people] very well. They always know what they are talking about."
- Staff completed daily notes which gave an overview of the care and support people received along with any changes in a person's health or well-being. Handover sheets contained special instructions for each person as well as key information to ensure the care provided met their needs and preferences.
- People's rooms were decorated and furnished to meet people's personal tastes and preferences, such as, having family photographs and prints.
- People and their relatives generally spoke positively about the responsiveness of the staff team. One person said, "You press the bell and they are there in seconds. At night they are [very good] as well." Relative comments included, "[My relative] doesn't have to wait for anything; staff are really responsive." and, "They do look after [my relative] well here. They come straight away when [my relative] calls the bell."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of the ongoing care planning process so that information was given in line with their needs.
- People told us they were aware of the information detailed in their care plans and risks assessments, as well as how to raise complaints if necessary.

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 were supported to take part in activities they enjoyed and were protected from the risk of social isolation. One person told us, "Activities are good here. I like puzzles and choose to spend my day doing them. However, the group activities are very good." Other comments included, "There's always something to do here." and, "I attend the music and movement sessions which are very good." A staff member said, "people have lots of opportunities to engage in different activities." A visiting professional said, "[People] are often engaged in meaningful appropriate activity [when I visit]."
- People had been supported to maintain contact with people who were important to them during the pandemic. People told us that they had regular visits and telephone contact with family members in line with government guidelines.
- People were supported to develop and maintain links with the local community. Now that restrictions around the pandemic were easing plans had been made for a local singing group to attend the home and sing on a regular basis. The registered manager was also working with the local school so that children could visit monthly and engage in activities with people.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain if they were not happy with the care they received. The complaints procedure was clearly displayed in the home. We saw where a complaint had been made, it had been acknowledged, investigated and responded to appropriately and in line with the provider's procedures and policy. One person told us, "I feel able to complain but haven't needed to. I can honestly say it's a wonderful home."
- There was a strong learning culture within the home. During the inspection we saw there were routine opportunities for people and their relatives to provide feedback. Where feedback was offered, we saw that this was taken on board and acted upon where necessary.

End of life care and support

- People were supported at the end of their life by care staff and other healthcare professionals where required. There were arrangements in place to ensure healthcare support was available for people to maintain comfort. A healthcare professional told us, "We support people to come [to Kingsley House] and we have no concerns."
- People's care files documented their advanced wishes regarding their care and treatment, including whether they wished to attend hospital for active treatment. One relative said, "We have talked openly [with the manager] about EOL and not going into hospital at the end." The registered manager was now developing their documentation to capture more details such as who people wanted to be involved at the end of their life, as well as their religious and spiritual needs.
- Staff spoke positively about the end of life care that they provided to people. One staff member said, "End of life care is very caring and professional here. We always spend time with people; if people like I pray for them."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People benefited from a positive culture in the home. Staff demonstrated a strong desire to provide good outcomes for people. Staff comments included, "People and staff are all happy here." And, "It's a really strong team here; I love working here."
- The registered manager was open and transparent throughout our inspection and were clearly committed to providing good quality care. In 2021 the registered manager had been recognised in The New Year's Honours list and had been granted a British Empire medal for their work throughout COVID.
- People and staff told us they felt supported by the registered manager. One person said, "[The registered manager] is lovely. [My relatives] and I have been very impressed."
- People benefited from a clear management structure, consisting of the registered manager and clinical lead. They were clear about their roles and responsibilities and staff told us they were visible and approachable.

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 understood requirements in relation to duty of candour and had an open and honest approach.
- Concerns and complaints were actively listened to and acted upon. The registered manager shared learning from complaints with the staff to continually develop the service.
- The service had policies in place to ensure the staff team understood their responsibilities under the duty of candour.
- An effective and robust system of internal and external quality assurance checks level helped ensure continuous development and improvement of people's care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider undertook a range of quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included medicines, infection control and health and safety. The results were analysed to determine trends and introduce preventative measures.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.



- The provider had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check appropriate action had been taken.

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

- People's views were sought. People were encouraged to voice their opinions about the service and how they were supported. For example, the choice of food or range of activities available.
- Staff had an opportunity to feedback their views about the service through supervisions and staff meetings. One staff member said, "The registered manager is very approachable."
- Staff liaised with specialist health and social care professionals for guidance and took on board any advice given. One professional said, "They work alongside us; staff are very good."

Continuous learning and improving care

- The provider had invested in the development and training of staff to continually improve the quality of care people received. This included training to build on staff knowledge and skills.
- There were processes and systems to monitor and evaluate the service. The manager and their team kept audit records and evidenced actions taken to improve or develop the service to improve outcomes for people.
- The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussions around how to implement best practice guidance.