

Dolphin Care Limited

Kingfisher Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kingfisher Court is a residential care home which was providing personal and nursing care to 29 people at the time of the inspection. The service can support up to 39 people. The service is purpose built to provide specialist accommodation and rehabilitation facilities for those with acquired brain injury and associated neurological conditions.

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

People enjoyed living at the home and felt safe. However, improvements were required in some areas. We were not assured there was good infection prevention and control practice in the service, some areas would benefit from deep cleaning and other areas were in poor states of repair. Staffing levels for domestic staff were not sufficient. Gaps in training records put people and staff at risk of harm.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills. However, we did find that more robust procedures for checking full employment histories were required. We could not always be assured risks associated with people's needs were always assessed appropriately or managed. More robust governance systems needed to be in place to monitor and improve the quality of the service provided. Records were not always in place to support actions taken.

Improvements were needed for medicines. This included risks not being appropriately assessed and not enough information to support people. We have made a recommendation about the management of some medicines.

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. Staff worked collaboratively with health and social care professionals to support people with their healthcare needs. There was a system in place to allow people to express any concerns or complaints they may have.

Activities took place both inside the home and outside the home. Staff felt supported by management and enjoyed working at the service and felt staff morale was positive. Staff we spoke with were enthusiastic about their jobs and showed care and understanding for the people they supported.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support: People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. For example, people lived in an environment where we found infection control concerns and not enough staffing to support the cleaning of the home.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using the service lead confident, inclusive and empowered lives.

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

Rating at last inspection and update

The last rating for this service was good (published 10 November 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingfisher Court on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to regulation 12 safe care and treatment, regulation 18 staffing and regulation 17 good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Kingfisher Court

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

Two inspectors carried out the inspection with the support of a specialist pharmacy 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

Kingfisher Court is a 'care home'. People in care homes receive accommodation nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Kingfisher Court 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the 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 4 people who used the service about their experience of the care provided. We spoke with 14 members of staff including the registered manager, deputy manager, registered nurses, chef, housekeeper and care staff. We also spoke with a visiting entertainer.

We reviewed a range of records. These included 7 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Following the onsite visits we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from 7 relatives, 1 friend and 2 health and social care professionals.



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. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not assured the provider had effective arrangements in place to ensure the home and its equipment was properly cleaned and maintained.
- On the first day of the inspection we found a communal bathroom where the bath was not clean, an overhead fan covered in thick dust and an area with dust and cobwebs. In one of the communal lounge/dining areas we found dried food debris on the wall where the food trolley was stored at mealtimes and also by the refuse area. One staff member told us, "The home needs more cleaners as it is big and only the basics are taken care of, no extras."
- There was also a grabrail for the toilet fitted to a piece of damaged chipboard. We found some radiators in a downstairs toilet and in some people's rooms with rust stains. Some areas of bathrooms sealant had eroded, and some areas of the home needed redecoration and were not properly maintained. This meant these areas would have been difficult to clean effectively and could be an infection control risk.
- During the inspection we noticed there was no hand gel in reception for visitors to clean their hands before entering the home. The closest 3 hand gel dispensers were also empty. We informed the registered manager who arranged for them to be refilled straight away.
- Care and domestic staff did not wear any uniform as it was not provided by the company and were wearing their own clothes. This meant the provider could not be assured their clothing could be washed at the appropriate temperatures to safely eliminate bacteria. The registered manager informed us uniforms were shortly being ordered for all staff they were just gathering sizes from staff during the inspection.
- Whilst cleaning schedules were in place for people's rooms and were mostly completed. Cleaning of high touch point areas such as light switches or handrails records were not always kept. This meant management could not be assured that cleaning always took place. The registered manager had completed a cleaning record checklist for high touch points to put in place at the end of the inspection.
- On the final day of the inspection the registered manager was speaking to cleaning agencies to arrange a regular deep clean of the service. Until they recruit more domestic staff.

The provider was failing to ensure people were protected from the risk of infection. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

- 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 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.

Staffing and recruitment

- People and relatives felt staffing levels were sufficient. We observed care staff were not rushed and responded promptly and compassionately to people's requests for support. However, domestic staffing levels were not adequate and had resulted in the home looking dirty in areas and put people at risk of infection.
- One staff member told us, "I would say the cleanliness has gone down compared to when I started. Left with 1 or 2 housekeeping staff to do the cleaning, but everybody tries to help to clean the building here and there and even the manager does the hoovering or maintenance job when need be."
- During the inspection the registered manager was actively trying to employ agency staff while they fully recruited for new domestic staff.
- The provider's training records evidenced not all staff had received adequate training in a timely way to equip them to carry out their roles safely and effectively. For example, some gaps were noted in the completion of manual handling, first aid and specific physical intervention training.
- For one person their records stated that staff should be trained in physical interventions. Their records stated, 'Staff training in Mental health, first aid, Proact-scipr.uk' (Positive Range of Options to Avoid Crisis and use Therapy Strategies for Crisis Intervention and Prevention). We spoke to staff supporting this person and they had not received this training. This meant staff were not trained to follow the risk management plan which could put people and staff at serious risk of harm.

The failure to ensure persons providing care to service users have the qualifications, competence, skills, and experience to do so safely was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was significant use of agency staff at Kingfisher Court. However, the provider assured us agency staff had been booked well in advance, when possible, to ensure staff were known to Kingfisher Court and were familiar with people they supported.
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the Disclosure and Barring Service (DBS). The DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with people who use care and support services.
- However, we found 1 file had gaps in their employment history. This meant we could not be assured employment gaps had been fully explored to ensure staff were safe to work at the service. Action was taken straight away, and we were informed this was an older recruitment file and procedures have since been improved for staff being employed to the service.

Using medicines safely

- Individuals were supported to take their medicines in a way that met their needs.
- The service held clear records of interactions with other healthcare professionals, this included the weekly visits provided by the GP.
- Care planning was in place for people using the service, although these were not always sufficient to mitigate risks. For example, there was no recorded protocol in place to ensure that there was immediate access to emergency medicines prescribed in the management of seizures when away from the service.
- Risk assessments were not always in place where needed. For instance, where someone had an acute allergic reaction that required emergency treatment, planning was not in place as to the avoidance of allergens and to ensure that emergency medicines were always accessible, including when offsite.

- The provider audited the use of medicines, although these were not always effective in identifying issues. In addition, not all aspects of medicines management were covered.
- Documents to help staff administer when required 'PRN' medicines were not always in place. Where these were in place, these were not always adequately person centred to support staff in administration. However, staff on duty were able to describe people's individual needs.
- Medicines were not always appropriately stored in line with guidance and recommendations.
- Assessments relating to medicines were not always available, this included where people lacked capacity to make decisions around their medicines, and when medicines needed to be altered to aid administration.

We recommend the provider should ensure that medicines are appropriately assessed to mitigate potential risks and documented within care plans.

We recommend the provider should ensure that staff have enough information to support them when administering 'PRN' medicines.

Assessing risk, safety monitoring and management

- Individual risk assessments identified potential risks and provided information for staff to help them avoid or reduce the risk of harm to people. However, for one person their risk assessment stated they were on a normal diet and not at risk of choking. But their care plan stated they were on a soft diet which was mostly being provided for them. We could see no reference that the service had sought professional advice as to why they were on a soft diet. The registered manager informed us they would refer them for an assessment and follow guidance based on the professional outcome.
- Risk assessments had been completed for the environment and safety checks were conducted on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm carried out.
- Personal emergency evacuation plans (PEEPs) were in place to guide staff in how to keep people safe during an evacuation.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We observed staff seeking consent from people before providing care and support. A health professional told us, "The individual has already previously been assessed to lack capacity in relation to their care and support needs and residence, however, she is able to give valid consent to some decisions about her day-to-day life and is actively encouraged to be involved in these where possible. For example: clothing, meals, activities."
- Staff had been trained in the MCA and DoLS and supported people to make day-to-day choices and

decisions.

- Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The service had a system to ensure that DoLS were reapplied for when required and that any conditions were complied with.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. One person told us, "I feel safe here. I'm happy here."
- Staff had the knowledge and confidence to identify safeguarding concerns and act on them. Staff were required to complete safeguarding training as part of their induction.
- People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.

Learning lessons when things go wrong

- The registered manager had systems in place to monitor incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends.

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 outstanding. At this inspection the rating has changed to 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; End of life care and support

- People received individualised care which met their needs. The service worked in a person-centred way to meet the needs of people and care plans were person centred. A health professional told us, "I am impressed with the person-centred approach that Kingfisher Court takes with all of its residents, each person has well thought out and executed care plans that are individual and specific to the needs of that person."
- Another health professional told us, "I have one client who has been with Kingfisher Court for just over two years. They have complex mental health. This client is so well supported that if you met them, you would think they are fine and have no illness. This I attribute to the high quality of care and support they receive from the home, if this support was removed, there would be a rapid decline in the mental and physical health that would result in hospital readmission."
- Care plans provided information about how people wished to receive care and support. Care plans included information about whether people had a 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decision in place.

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 had communication plans that described how people communicated and included guidance for staff on the best approaches to use to support effective communication.

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

- The service had an activity programme which covered most days with 1 or 2 activities a day. Activities included, baking, arts and crafts, karaoke, and fitness exercises. An activity coordinator had been in place since December 2022 and was aware of people's interests and told us they planned around people's choices. They told us, "We do birthday parties, ask what they want to do. For example [person's name] didn't want a party and wanted to go to Gunwharf quays and have a nice fancy meal instead which we did."
- We spoke with one person who was happy living at the home and enjoyed going out and would like to go out more. During the inspection they had been out to the cinema and for a meal. The activity coordinator

told us they were making an activity planner so every person can go out twice a week.

- The service also had outside entertainers visit. During the inspection an entertainer was present providing musical entertainment. They told us, "Staff are amazing, so caring and supportive without doubt it is one of the best homes I come too."
- During the inspection we did not see everyone engaged in activities and some activities were not very meaningful. One staff member told us, "For improvements I would like to see the service users have as good a life as possible, some hardly go out and I think they should be given the opportunity to do so. More activities are needed for them to engage in when they are in the home rather than them just being observed in front of the tv or in bed."
- A health professional told us, "The service has worked hard to encourage the individual to engage with a variety of activities, seeking advice from family regarding her previous interests and preferences."

Improving care quality in response to complaints or concerns

- A complaints policy was in place allowing people and those important to them to be informed about how to raise concerns or complaints easily. We saw complaints had been responded to.
- During the inspection one person was not happy with how their complaint had been actioned and this was ongoing at the time of inspection.

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. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Records did not always show appropriate action had taken place and risk were reviewed to keep people safe, this included in relation to infection control and people's individual risk assessments. We have reported more on this in the safe question of this report. Records were also not available to view for people's mouth care as the system was not always recording these had taken place and some audits for example, care plans. We were informed the registered nurses completed these but despite requesting these they were not made available to us.
- Whilst some audits had been undertaken to monitor the quality and safety of the service, these had not been fully effective. They had not identified the concerns we found during this inspection, including but not limited to concerns about medicines management, staff training and the management of infection control.
- At the time of inspection the manager was relatively new to the service and had recently become registered with the Care Quality Commission. One relative told us, they were not happy that another manager was in place and that they had never met them.
- While most people and their relatives were happy with communication and how complaints were actioned one relative felt improvement was needed and felt these were not always responded to fully. They told us, they had raised some concerns at a meeting with a deputy manager who was not aware of the concerns they had made.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was effectively managed. The above evidence is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- A Service development plan was in place to recruitment more staff for activities and housekeeping before the inspection.
- Staff we spoke with were happy with the management. One staff member told us, "Manager is very approachable and fair." Another staff member said, "There is a positive environment where staff are able to voice out their concerns, staff are so caring to service users." A health professional told us, "The Manager is easily contactable and very responsive."

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

- People we spoke with were happy with the service and the staff. One friend told us, "I can honestly say that

[person's name] has had only the best of care the past 5 years he has been there. He was treated with care, dignity and much love from all the staff."

- Feedback from health professionals was positive. One health professional told us, "The Nursing staff and other care workers who have attended Teams meetings and reviews have presented as warm and caring when we discuss the individual's care and support needs. They have taken time to get to know her well and to develop a good and trusted relationship with her, which is most supportive."
- Another health professional told us, "Part of the review process when either meeting long established clients at Kingfisher Court or placing new clients to their care, is to ask about training and support their care staff have, I will also when visiting a particular client at the home, will often ask to see the other clients I support without any notice. This allows me to use professional curiosity to see how care and support is delivered to the clients. I have always been very pleased with the care and support my clients receive at Kingfisher Court. The feedback I get from the clients and their families is always positive. The clients when I meet them are well presented, settled and most importantly happy. Quite often they will be involved with activities being run in the house or maintaining their routines."
- Staff were very positive about the service. One staff member told us, "Can safely say I'd be happy to place one of my loved ones in the service, the support staff and nursing staff are dedicated and genuinely care for individual service users and the management (including our head office) work tirelessly for the best interests of the guys we support. It's genuinely person centred care." Another staff member said, "There is a positive environment where staff are able to voice out their concerns, staff are so caring to service users."

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

- The provider sought feedback from people or their relatives using a quality assurance survey. From a survey last year one of the actions was to employ a new chef to improve mealtimes which is now in place and going well.
- Staff were supported by monthly team meetings and daily handovers. Staff meetings were an open forum amongst staff and were usually held to discuss concerns about people who used the service and to share best practice. One staff member told us, "We have daily clinical meetings with deputy manager. I already attended a general staff meeting and nurses meeting since March." Another staff member said, "Team meetings are done monthly and are very useful since we can raise issues and concerns and it is being discussed there and then." Recent staff meeting minutes showed staff uniforms were discussed for all staff.
- Staff felt supported and enjoyed working at the service. One staff member told us, "Would like to start by telling you that Kingfisher has been one of the best nursing homes that I have worked in; by this meaning the effort that the team is doing to try and embrace all of us (and we are a lot of us) and linking with the residents' needs. Nothing is too much to ask for, the door is always open and there is always transparency during work and during each concern or new stage of evolution in the home."
- The service worked in partnership with the local doctor's surgeries and community health teams. One health professional told us, "They have worked in partnership with me, her family and involved health professionals to ensure how best to safely support the individual and to sustain the placement for her. We have regular Teams catchup meetings to ensure good communication."
- Another health professional told us, "Successfully supported other complex clients very well. This client needs very careful and considered care plans and risk assessments to make it a safe discharge, [registered manager's name], supported me to attend many meetings with health specialists and best interest meetings to make a successful discharge to their care. The collaborative work continues now the client has been moved to Kingfisher Court."

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

- There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area.
- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider was failing to ensure people were protected from the risk of infection. This is a breach of regulation 12 (2)(h) of the Health and Social Care Act 2008 (Regulated Activities
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not ensured the effectiveness of the governance arrangements to operate effective systems and processes to assess and monitor the quality of the service and to identify and mitigate risks. This was a breach of Regulation 17 (2) (a) (b) (c) (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had failed to ensure persons providing care to service users have the qualifications, competence, skills, and experience to do so safely was a breach of Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

