

Kingfisher Carehome Limited

Kingfishers Nursing Home

Inspection report

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Date of inspection visit:
04 January 2017
05 January 2017

Date of publication:
18 May 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Kingfishers Nursing Home is a care home with nursing located in a quiet residential area of Bourne End. The provider operates only this location as a condition of their registration. The service provides accommodation and nursing care to older adults, some with dementia-type diagnoses. This is a house that has been converted into a care home. The location is registered to accommodate up to 46 people. At the time of the inspection, 33 people used the service.

At the time of the inspection, there was no registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The new home manager had commenced processes to enable her to register with us.

Since transitional registration under the Health and Social Care Act 2008 in October 2010, Kingfishers Nursing Home has not always maintained compliance with the relevant regulations at each inspection by us. The most recent inspection was a comprehensive visit on 28 October 2015 and 29 October 2015 under the Health and Social Care Act (Regulated Activities) Regulations 2014. The inspection resulted in an overall rating of requires improvement, with requires improvement in key questions safe, effective and responsive. There were breaches of two regulations: Regulation 15 (safety and suitability of premises) and Regulation 18 (staffing). Requirements were issued. No action plan was requested from us.

This inspection was the second visit under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the second comprehensive rating. The purpose of the inspection was to determine whether the provider had reached compliance with the outstanding breaches of regulations and to determine the quality and safety of care. The dates of this inspection were planned in accordance with our current methodology of visiting a service one year after any prior overall rating of requires improvement.

People were safeguarded from abuse and neglect. There was a system in place to ensure that people's safety was maintained.

People's risks were assessed, mitigated, documented and reviewed. Appropriate records were kept and readily available to demonstrate this to us at the inspection.

The safety of the premises and equipment were inadequately assessed and managed which placed people, staff and visitors at risk. There were poor infection prevention and control processes in place.

Recruitment processes failed to comply with the relevant regulation and schedule of information required in staff personnel files.

Enough staff were deployed to support people. Staff we spoke with were satisfied that there was sufficient

staff and that they did not place people at risk when they were busy. Our observations showed that the service was busy at certain times, but overall calm and relaxed and staff were dedicated to the people they supported. We made a recommendation about the deployment of staff.

Medicines were usually well-managed. We examined the handling of people's medicines during our inspection and found that people were safe from harm. Storage of some medicines was incorrect. We referred our findings to the clinical commissioning group (CCG) so that pharmacist support could be provided. We made a recommendation about the use of medicines best practice procedures.

Staff were knowledgeable and competent. They received appropriate levels of training and supervisions. More focus was required on completion of staff performance appraisals.

The service followed the requirements of the Mental Capacity Act 2005 (MCA). The recording of consent and best interest decisions meant the service complied with the MCA codes of practice. There was clear information at the service regarding people's applications, reviews and expiry dates for standard DoLS authorisations.

People received nutritious food which they enjoyed. Hydration was offered to people to ensure they did not become dehydrated. Snacks and treats were available if people wanted or chose to have them. We made a recommendation about displaying alternative menu choices for people.

We found the service was caring. People and relatives complimented the care. We observed staff were warm and friendly. As staff had worked with most people over an extended period of time, they had come to know each person well.

Responsive care was not always provided to people. On some occasions, staff were observed to be focussed on personal care tasks rather than the individual they were with. Their wishes, preferences, likes and dislikes were considered and accommodated. The service's complaints procedure was not robust and required improvement.

The workplace culture at the service was good. Staff described a positive place to work and care for people. Staff told us they enjoyed their roles and found management approachable and reasonable. Limited audits of the service were conducted to check the safety and quality of the care. We made a recommendation regarding the scope and frequency of audits. The duty of candour process required full implementation in line with the relevant regulation. We made a recommendation about this in the report.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

You can see what action we told the provider to take at the back of the full version of the report.

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 safe.

Risks from the building, equipment and grounds were inadequately managed.

People's medicines were not always safely managed.

Recruitment checks for staff required improvement.

People were placed at risk from inadequate infection prevention and control practices.

People were protected from abuse or neglect.

People's risks were adequately assessed and mitigated.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff inductions, training and supervisions were appropriate.
Performance appraisals were required

People's consent for care and deprivation of liberty was in accordance with the Mental Capacity Act 2005 (MCA) and associated Codes of Practice.

People were supported to maintain a healthy balanced diet.

People were supported to have access to healthcare services and receive ongoing support from community professionals.

People's individual needs were not always met by adaptation, design and decoration of the service.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

People's independence was promoted by staff.

People's privacy and dignity was respected.

Is the service responsive?

The service was not always responsive.

The service was working towards person-centred care plans focussed on people's individual needs.

People took part in social activities and were supported to participate.

The service did not have an appropriate complaints process in place.

People and relatives' feedback was not regularly sought.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There was a positive workplace culture.

The conditions of registration were met by the service.

More audits required completion to monitor the safety and quality of people's care.

The duty of candour process required improvement.

Requires Improvement ●

Kingfishers Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 4 January 2016 and 5 January 2016 and was unannounced. The inspection was undertaken by one adult social care inspector, two specialist advisors and an Expert by Experience. One specialist advisor was a registered nurse and the other was a health and safety consultant. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

For this inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we already held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We asked the local authority teams, clinical commissioning groups (CCG), fire authority and environmental health officer for information to aid planning of our inspection. We checked information held at Companies House and the Information Commissioner's Office.

We spoke with five people who used the service and three relatives. We spoke with the nominated individual, operations manager, home manager, deputy manager and two administrators. We spoke with two registered nurses, nine care workers, an activities coordinator, two cleaners and the chef. Outside of the inspection we spoke with a GP and a social worker.

We looked at eight sets of records related to people's individual care needs. These included care plans, risk assessments and daily monitoring records. We also looked at four personnel file and records associated with the management of the service, including quality audits. We asked the provider to send further documents after the inspection. The provider sent documents to us after the inspection for use as additional evidence.

We looked throughout the premises and observed care practices and people's interactions with staff during the inspection.

Is the service safe?

Our findings

At our previous inspection on 28 October 2016 and 29 October 2016 we found a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people who use service and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. We issued a requirement against the provider.

At this inspection, health and safety risks from the building, grounds and equipment continued to be inadequately managed. Access to and from the building was secured. This was an identified risk at our previous inspection. However, various risk assessments required by legislation were not in place at the time of the inspection. These included a Legionella risk assessment with prevention and control measures, a gas safety certificate, a five-year fixed wiring certificate, LOLER certificates for passenger lifts and hoists and insurance for passenger lifts. Where risks were identified, for example in a fire risk assessment, evidence was not produced to demonstrate the risks were mitigated or continued to be reviewed. We asked the provider to send information after the inspection regarding maintenance management. We were not provided with evidence that risks were managed between our inspections. However, the provider did send evidence that the legally-required checks were scheduled for completion following our latest inspection.

Infection prevention and control was inadequate. The service failed to follow the Department of Health's code of practice for infection prevention and control. No appointed staff member was assigned to manage infection control. It was not possible to prepare sterile dressings in the clean utility room as the bench space was used for storage of documents and folders. We observed the carpets in certain parts of the building were stained and required replacement. In these areas, the inspection team noticed malodour. This smelled of urine. Access to handwashing facilities was limited in communal areas as was the ability to use alcohol-based hand gel in the absence of running water and soap. We found poor storage of chemicals used by cleaners, which placed people at risk. The national cleaning code was not in place to prevent cross contamination during routine cleaning. Cleaning materials were improperly stored prior to and after usage. This was pointed out to the home manager during our inspection. We observed empty rooms and an ensuite facility were visibly dirty as well as two toilets smeared with faeces. Sluice rooms were not able to effectively operate as designated dirty utility rooms because of storage and the physical state of the rooms. Separation, storage and management of waste generated from care were inadequate.

Food safety was compromised at the service. A recent food hygiene inspection by the local authority environmental health officer (EHO) had raised the score from two out of five to three out of five. There were numerous issues identified by the EHO in their report. The main subject was the state of the kitchen area and that in order to improve food safety, refurbishment and redecoration was necessary. The service was also advised to use the Food Standard Agency's 'safer food, better business' risk assessment system, but had failed to complete the risk assessments.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were mixed opinions from people and relatives about the safety of the service. People we spoke with told us they felt safe. Relatives we spoke with had differing opinions. One relative had concerns about the behaviour of some of the other people living in the home. They told us "I don't think the staff take enough notice of one particular resident and there's not enough of them to take care of [other people]." However another relative stated, "[My relative] is most definitely safe here and gets 24 hour care. If [my relative] gets out of bed at night there are mattresses on either side to cushion a fall. It was agreed that cot sides would be dangerous. [My relative] is checked every hour and it's written down. I couldn't do that at home. [My relative] was frightened when they started using a hoist, but I saw how reassuring and patient the staff were."

We found people were protected from abuse and neglect. There were seven safeguarding cases reported to us by the service in the 12 month period up to the inspection. The reported issues included alleged neglectful care, lack of staff or access to staff and a medicines error. These were subject to investigation by the local authority and police, however at the time of the inspection there were no ongoing cases. We were told staff received safeguarding training during induction and in regular updates. There was a good knowledge by the home manager regarding the principles of how to ensure people were safeguarded should allegations occur. The home manager displayed confidence in their knowledge of types of abuse, signs of abuse and the action they would take if they suspected or witnessed abuse. This was supported by the care workers we spoke with, who also had good knowledge of safeguarding practice. We were told a safeguarding and whistleblowing policy were in place and made available to all staff. We saw that signage with relevant contact telephone numbers was in the staff office. The home manager was clear about their role in managing safeguarding concerns.

We looked at how Kingfishers Nursing Home protected people from risks related to their care. Pre-admission assessments were completed before people were admitted to the service. There was evidence of comprehensive risk assessments in people's files, which included falls, moving and handling and behaviours which challenged the service or staff. There was evidence of the development of appropriate care plans to mitigate the risks. There was also evidence of regular and routine reviews. We saw people's weights were regularly obtained and recorded to identify the potential for malnutrition. The home manager explained new documentation for risk assessments and care plans was planned. We viewed the documentation which demonstrated a more comprehensive method to recording people's care. Due to the short deployment of the home manager and deputy manager, the updated care documentation was not introduced prior to our inspection. The operations manager provided evidence that staff training in how to best use the documents was completed.

The number of people who used the service was constant and most had lived at the service for a long time. We reviewed the deployment of all staff with the home manager as part of the inspection. We were advised of the daily staff shift patterns and deployment. The service had an unstable workforce. Several key personnel had changed since our last inspection, which included the home manager. The risks that stemmed from the premises were compounded by the provider's failure to implement interim measures during the recruitment of a maintenance worker. There was regular use of temporary staff from different external agencies to fill registered nurse and care worker shifts. We asked about efforts the service used to recruit to existing vacancies and were provided with information by the nominated individual and home manager.

In the Provider Information Return (PIR), the section concerning staffing numbers and turnover rates was not completed prior to submission to us. We asked people, relatives and staff at the inspection their opinions about safe staff deployment. When we asked about staffing levels at nights and weekends, one person answered, "Yes there definitely is a difference. I know because I have to wait longer." A relative told us, "I've noticed that the numbers of agency have declined. Some agency staff have been here a long time;

maybe it's more flexible for them. The staff know what they are doing but there are time pressure restrictions. They sometimes give up on feeding because they have others to look after." Staff provided mixed feedback about safe deployment, but most were satisfied. We observed that at times staff were busy and found it difficult to locate each other within the service. We reviewed the December 2016 rota. These records matched the staffing deployment that the home manager had explained. Dependency assessments were used for each person who used the service. Results from these were transferred to a staffing calculation tool, which was in line with the staffing deployment we observed. Management explained to us that changes in the number of people who lived at the service led to regular reviews of staffing levels.

We recommend that the service continues to review and adjust care worker and registered nurse staff deployment in line with people's dependency needs assessments.

Recruitment methods were not robust to ensure fit and proper staff were employed. Interviews conducted were recorded on a form which contained 'tick boxes', and there was a lack of exploration of the applicant's ability to perform the role they applied for. The regulations and associated schedule set out the mandatory checks the provider must make and record prior to the commencement of any staff member. We reviewed four personnel files from the most recent staff who commenced at the service. In the records, we found variance in the presence of the required records and checks. In one personnel file, a reference from the service itself was used as proof of conduct in prior roles. Although the staff member had worked at the service previously, a reference from an alternative workplace was not obtained. In one personnel file, no copy of a criminal record check from the Disclosure and Barring Service (DBS) was present. We checked the application system on the computer with the administrator to check whether it could be obtained, but the certificate was archived after six months and not available. In another personnel file, checks of the staff member's health status and interview notes were missing and could not be located.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We assessed if medicines were safely stored and managed. We found mixed evidence of robust medicines management procedures. We observed two registered nurses complete medicines administration. They did not wash or clean their hands between administrations of medicines to each person. One registered nurse opened a bin with her hand and proceeded to prepare medicines without cleaning their hands. We saw there was some disruption to registered nurses from other staff during medicines rounds. This increased the risk of an error occurring. Registered nurses did not use an appropriate method to follow whilst preparing the medicines and before giving them to people. They did not track what medicines were placed into the medicines cup as they obtained them.

People had medicines records in their care folders which set out what medicines were given and when. We found there was good stock control with counting of medicines to ensure accuracy and to quickly detect any mistakes. The medicines administration records (MARs) were properly maintained, complete and were easy to follow. The room and refrigerator temperatures were checked and recorded to ensure medicines were stored safely.

The safety of the medicines in the first floor clean utility room could not be guaranteed. This was because the room temperature had exceeded the maximum range, was recorded by staff but no action had occurred to control the risk. An air cooler was present in the room, but was not adequately controlling the temperature. We pointed this out to the home manager. The ground floor clean utility room required reorganisation to ensure safety. Items were stored on the floor, folders and books were stored on the benchtop and little space was available to complete clinical tasks, like wound dressings, by the registered

nurses. We pointed this out to the management team at the inspection who accepted our feedback and agreed with the finding.

Protocols were in place for 'as required' medicines. These are medicines given only when the person occasionally needs them, such as for pain or constipation. The home manager stated that medicines incidents were reported, and evidence we viewed confirmed this. We checked a selection of MARs and did not identify any concerns about missed signatures or inappropriate documentation. Care workers were responsible for application of topical creams to people's body. These were correctly recorded in folders. We saw a person received insulin for diabetes. Staff followed the correct procedure to check the person's blood glucose level before the insulin was administered. However, staff could not state the correct range of when to administer the insulin or not.

After the inspection, we contacted a pharmacist at the clinical commissioning group (CCG) to ask if a visit could be arranged and support provided to the service. The CCG offered to send a pharmacist to the location to review policies, procedures and offer training and advice.

We recommend that the management reviews and implements nationally-recognised best practice guidance into the medicines management at the service.

Is the service effective?

Our findings

At our previous inspection on 28 October 2016 and 29 October 2016 we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received appropriate ongoing or periodic supervision in their role to ensure competence in their roles. We issued a requirement against the provider.

At this inspection we checked staff supervision and performance appraisal rates. We found staff received appropriate support and supervision meetings. However, performance appraisals were still required. We took into account that the home manager and deputy manager had recently commenced in their roles. When we spoke with them, they were both recognisant that performance appraisals of all staff were outstanding and they showed us an action plan already in place to address this.

Staff were encouraged to plan their support with their supervisor or a manager, and ensure they had sufficient opportunity to talk about their performance, key strengths and areas for improvement. The home manager also had supervision sessions with the operations manager. We were shown evidence of this. The home manager clearly explained their method to ensure continued frequency of staff supervision sessions. On the basis of our findings at this inspection, the service had achieved compliance with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some staff had achieved relevant diplomas in health and social care, which assisted them in the performance of their roles. Other care workers were enrolled in relevant diploma courses. Where this was the case, staff were enthusiastic to tell us they were completing further relevant qualifications. The Skills for Care 'Care Certificate' was used for new staff and the management provided necessary support and checks to enable care workers to complete this during their first three months of work.

We found staff received specific, ongoing training and observed they were skilled in their roles. There was positive feedback from staff we spoke with regarding their training and development. All of the staff we spoke with confirmed that they received comprehensive training in various relevant subjects specific to their role. Staff could tell us the frequency of their training, for example how often they had to complete moving and handling training. The home manager maintained comprehensive training records which recorded when staff had completed each training topic. We reviewed the training system and saw the service's staff had satisfactory completion rates in all subjects relevant to their roles. This ensured they had the right skills and knowledge to carry out care and provide support.

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. The application procedures for this in care homes and hospitals are 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 were being met.

We found the service legally deprived people of their liberty in line with the MCA and DoLS. Within people's care plans there was evidence of mental capacity assessments and best interest decision making. We spoke with the home manager regarding standard DoLS authorisations for people. The registered manager had a clear understanding about the DoLS application process and management of standard authorisations. The home manager showed us evidence that standard DoLS authorisations were obtained, and evidenced that when these expired, they applied for renewals. We looked at people's standard DoLS authorisation documents. These were clearly set out, staff knew where to locate them and what the content was.

Where people's mental capacity was established, staff followed the correct process and no referrals were made. When people's mental capacity was assessed as lacking, there was evidence of best interest decision-making and the use of advocates, where needed. There were three DoLS referrals and dates were included within people's files and once authorisations were received these were recorded, filed and a statutory notification sent to us in line with the regulation. The expiry dates for the authorisations were also recorded. There were no conditions stipulated in any of the authorisations we reviewed.

People's consent was obtained appropriately. Some people's care plans identified the need to use bed rails and wheel chair belts for safety. This placed a restriction on the person. However, this was determined as the least restrictive option and we saw documentation which was in line with the MCA. There were completed best interest assessments. Alternatively in some cases, consent was granted by the service user who had capacity to make this decision themselves.

We spoke with people about the food and menu at the service. There was a divided opinion. One person told us, "The food's not bad. There are two choices in a day. Some days there is meat, some fish". We found battered fish was offered once a week but did not see other meals with fish included were offered. Another person stated, "They did come round with fish, but I don't like it. I had a jacket potato with lots of cheese. They give me tomato soup, the only one I like. The food is hot and is brought to my table and they set me up." A third person told us, "I think the food is good. I get a bonus of extra seconds if I want." The person was pleased they could have more food if they desired it. A relative had positive feedback about the food. "If [the person] doesn't want a meal they immediately offer something else. They'll do chicken for [the person]".

Other people we spoke with had conflicting views. One person told us, "The food is crap. It really is appalling. We've got two chefs but it's frequently bad. There's not enough choice. I like spaghetti bolognese but there's no opportunity to discuss things. But the food has improved." Another person stated, "I should be on a soft diet, which gives me less choice." We found residents and relatives were aware that alternatives were available, but only by word of mouth or personal experience. There was no mention of alternatives to the main Menu in the service user guide and we saw no printed alternative menus.

We recommend that the service provides clear communication and documentation to people that alternative food and drink choices are available.

Wine or beer was available at meal times. The deputy manager told us that an assessment was made by consulting each person and their relatives, and alcohol was only provided after they checked personal histories, medicines and people's capacity to appropriately make a decision. We witnessed people took the opportunity to consume alcohol when they requested it or staff offered it.

We found people were provided with appropriate nutrition and hydration. People who had a risk of malnutrition assessed had their food intake recorded. We saw people were referred to and under the care of dieticians. There was evidence in care documentation of people's food likes and dislikes. There was also evidence in another person's file of swallowing difficulty. The person was appropriately referred to a speech and language therapist to decrease the risks from choking. People's weight was routinely recorded. We checked the kitchen, fridge and freezer and saw there were good stock levels and an appropriate range of foods. One person was correctly referred to a dietician because of their body mass index (BMI).

People at the service were actively supported to maintain good health. As far as possible, people were supported by the service to attend all necessary medical and healthcare appointments away from the service. Examples of good support to people related to healthcare included ensuring at least annual GP visits. We saw other healthcare professionals attended the service on occasions. Staff we spoke with were knowledgeable about people's ongoing health matters, especially their long term conditions like diabetes. The service ensured that people could access opticians, dentists, podiatrists and diabetes specialist nurses. There was a clear objective at the service to ensure people received the best healthcare. At the inspection, the GP was called to attend to a person who was unwell. The GP arrived quickly and provided appropriate assessment and diagnosis. The person required medicines for their condition, and the staff promptly obtained them to ensure the person's health was not further compromised.

Some people who used the service had dementia. At the last inspection, we found some lack of appropriate furniture and fittings in people's bedrooms. This was also noted by a local authority contract monitoring visit in November 2016. Some efforts were made by the provider to increase the décor in bedrooms and improve personalisation. We noted increased access in people's bedrooms to overbed tables, bedside tables and wardrobes. A portion of the service's furniture was replaced since the last inspection. We could not find evidence that a planned capital expenditure programme was in place. When we spoke with the nominated individual, they were able to explain what refurbishment had occurred since the last inspection. This had included increased security of access at the front door. The nominated individual explained that a focus for the following year was ongoing refurbishment. There was no written plan in place for this. We asked the provider to send one to us after the inspection and this was received and reviewed. We noted the provider had delayed decision-making regarding replacement of flooring in communal areas. A prompt decision was required to ensure that the flooring suitable and clean. We observed good personalisation inside people's bedrooms, but in other areas of the home, dementia-friendly principles related the premises had not been implemented.

Is the service caring?

Our findings

The service was caring. There was mostly praise for the kindness and pleasant attitude from the staff. One person told us, "The carers are the best in the business. They are superb. So kind and caring. Lovely people. I've formed a strong bond with some of them." Another person stated, "90% of the time I feel well looked after." Two other people felt staff were kind, but not on every encounter. One told us, "I can't complain. Some staff are awkward. They think they're more important than us". The other person said, "Most of them are all right but there's one or two that are snappy." Relatives we spoke with felt the service was caring. One relative told us, "I trust the carers implicitly. They are very nice". Another relative said, "I have recommended this home to several people who are now residents here." When we asked people, most expressed no concerns about being rushed when they were being supported. One person said, "They take their time with everything they do for me". Another person commented, "I've never been rushed by staff." One person said, "I [occasionally] feel rushed when I'm being helped".

People who used the service expressed they were provided choices in their care. One person told us, "My room is very nice and it's good to have your own pictures". Another person said, "I go to bed whenever I want. They let me go to sleep, wake me up with breakfast, which is OK, but it's sometimes too early at weekends." There were no concerns over visiting arrangements from people or their relatives. One person said, "My family come and go as they please." There was evidence within the care files that there was involvement in care planning by some people, relatives and advocates. We saw relatives and advocates were involved in three or six monthly reviews. A relative told us, "They have checked a care plan with me (but I don't remember signing it off.)" We saw on the front of people's files the named primary nurse and care worker. Only one person, a relative, was able to name the designated primary care worker.

Not everyone who lived at the service was able to tell us themselves whether the service was caring. We observed kind and compassionate care. Throughout the inspection, our team observed people and saw that they were happy and relaxed with the staff. There were occasions where people were left alone for extended periods without interaction from staff. However, we considered that the size and layout of the building prevented constant contact with people by staff if they were not in communal areas.

As far as possible, people's independence was promoted by staff. Staff explained they encouraged people to eat for themselves without staff involvement. We observed this during our lunchtime observations. Staff demonstrated respect of people's privacy when personal hygiene care was provided, by closing bedroom doors and curtains. We observed staff knock on people's bedroom doors when they were closed. We saw staff announced their presence and sought consent from people to enter their rooms. We saw staff called people by their name and treated them with respect when they provided care.

Confidentiality of people's information was maintained, including electronic records and communication. We noted computers required a user password to log in. Computers and paper-based records were stored in a staff office. We did not observe any instances of people's personal information being located at an inappropriate place within the building. At the time of the inspection, the provider was not registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that

processes personal information to register with the ICO unless they are exempt. We informed the nominated individual at the time of the inspection that the provider was not registered with the ICO. They took action to correct this immediately. This meant the provider ensured that confidential personal information was handled with sensitivity and complied with the legislation.

Is the service responsive?

Our findings

Although there was some person-centred care plans in the documents we examined, this was a recognised work in progress. The home manager and deputy manager expressed they were keen to improve care planning to ensure focus on the individual person rather than the task of care. We found care documentation did however already highlight people's likes and dislikes, and also their preferences.

Although the service's aim was to have person-centred care, some task-focussed care was still evident. During the inspection, we had to alert the home manager about a distressed person who was in their bedroom. We noted the serious signs and symptoms the person displayed, and that the care worker had not detected this. The care worker was organising the person's clothing and personal hygiene following breakfast and had not concentrated on checking the welfare of the person. After we raised the alert, the home manager acted quickly in conjunction with the registered nurse to organise the GP to visit the person.

When we spoke with people, no one could describe any planned outside trips, although the activities coordinator did tell us of their plans to improve this. One person said, "There's no opportunity to go outside [into the community], but we do go out in to the garden". This was confirmed when we walked around the perimeter of the building with the home manager and noted the large yard at the rear. In warmer weather, people were able to enjoy the outside space where there were extensive gardens and a fish pond. Inside the building, we witnessed a volleyball game in the library. There was a full-sized net and a balloon was used instead of a ball. There were 12 people who took part, most seated, and we saw they enjoyed themselves.

We looked at how the service encouraged, received, investigated and responded to complaints. We noted a lack of appropriate signs, brochures and other visual material around the building which informed people and relatives how they could make a complaint if they wished to. We also saw that service user guides or similar documents were in people's bedrooms where the content could refer people and their relatives but the information about how to make complaints was outdated. We viewed the complaints policy dated July 2016, which was simplistic and provided little guidance specific to the service. There was no reference to process, timescales or other agencies that could be used in the management of complaints.

We asked people and relatives if they knew how to make a complaint about the service. One person said, "I'd go to one of the head nurses." Another person had raised concerns they felt were not listened to. They told us, "I think they sometimes forget we have to pay." Another person commented, "I don't think I'd know how to make a complaint. I'd ask if I wanted to make a formal complaint. There are times I tell staff and I think 'that won't go any further'". A relative we spoke with about how to make complaints said, "I'd see a manager." Another relative told us, "Last year we were getting awful food. The quality plummeted and I sent photographs to the owner, who said he was pleased to see them. He removed the agency caterers and returned to in-house [catering]. The food is now wholesome". A third relative commented, "[My relative] needs individualised care. [My relative] needed fluids monitoring but it only improved after I made a formal complaint."

There was an inconsistent approach to the management of complaints at Kingfishers Nursing Home. We

looked at the provider's folder containing complaints for 2016. We saw that people and relatives had written complaints which were stored in the folder. However, we noted that the location consistently failed to acknowledge complaints in writing, store investigation documents with the complaint or always write to the complainant with an outcome. For some complaints in the folder, there was no associated documentation that indicated whether the complaint had been dealt with. There was also no analysis log of complaints to show trends or patterns, and common causes of complaints.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service demonstrated a lack of engagement with people and relatives in gaining feedback about care. One person we asked about participating in surveys gave us a negative comment. They said, "Feedback? Nobody bothers to ask [me]". A relative said she could not recall being asked to participate in any surveys. We saw no evidence of planned 'residents and relatives' meetings or any information about the most recent one. When we asked a relative, they told us that there were meetings which she thought were held two or three times a year. They said they had attended the last meeting, but were not provided with any minutes or notes. The last meeting was held in April 2016. When we looked at the meeting minutes from this date, it showed that this relative was the only one to attend with the home manager, operations manager and administrator.

Although the service did not seek regular feedback from people and relatives using surveys or questionnaires, the service received compliments in writing. These were not centrally logged or stored. Examples we viewed around the building included comments like, "I am just writing to say thank you to you all for looking after my mum so well in the time she was with you" and, "...I wanted to thank you for all the kindness and devoted care you gave my mum during the time she spent in your home." The home manager explained that obtaining feedback from people and relatives was crucial and outlined their plan to gain people's opinions about care.

Is the service well-led?

Our findings

There was overall praise for the home manager at the time of the inspection. We observed two people and three relatives knew her by name but they all said they recognised her when she came in to a room. One person told us, "I was very unhappy...but it's got much better. The new manager is much, much better; very good, in fact. She takes a personal interest in us and gave us a good Christmas Day and I've been here for 5 years." A relative stated, "There's been a very positive impact since the new manager came. She comes to see [my relative] and she was the first to re-evaluate his care and issued new care instructions." Another relative said, "The new manager comes in more frequently and seems very friendly." A staff member we spoke with commented, "I have supervision meetings with [the manager] every two months. I can say anything to her. I feel safe and I can get help and an explanation. She gently corrects me if I am doing something wrong. The atmosphere is good because there is a very good manager... It's like home."

Our findings matched the opinions of people, relatives and staff. We found a positive workplace environment was present at Kingfishers Nursing Home. Staff we spoke with were satisfied with the service and provider, and pleasant with us during the course of the inspection. We observed the team worked appropriately together and people were treated well by staff. One staff member on duty told us, she had an extremely positive outlook on the service. She was previously a care worker and left to learn about activities management at another location. When the vacancy at Kingfishers Nursing Home arose she said, "I couldn't wait to apply. I was so happy to get the post." We found staff, 'heads of department' and registered nurses took place regularly and the management were present in the everyday running of the service. We looked at samples of staff meeting minutes and found a variety of topics discussed. These included relevant topics like care plans, maintenance, people's call bells and meal choices.

We found the management team had an honest approach and were professional. They listened to the feedback we provided throughout the inspection and were receptive to our findings. The home manager and deputy manager were clearly visible throughout the service on both day of the inspection. We observed they assisted people to ensure they were comfortable, enabled people to have drinks available and checked people's welfare. Staff told us both the home manager and deputy manager were approachable and they would have no concerns in bringing matters to their attention. They described the managers as supportive and we observed positive and friendly interaction between the managers and staff throughout our visit. Staff told us the managers had an open door policy and they could speak with them at any time.

At the time of the inspection, both the home manager and deputy manager were in post for less than one month. Prior to the inspection, the registered manager who left the service had failed to cancel their registration. We cancelled the registration via an administrative process instead. We were told the outgoing registered manager had provided a handover to the new home manager over approximately a two-week period. This ensured that the incoming home manager was aware of key information about the service. This was demonstrated in the home manager's knowledge of how the service operated. Although the home manager was not registered with us at the time of the inspection, they had commenced processes leading to registration. This is required as one of the conditions of the provider's registration.

The service was required to have a statement of purpose. A statement of purpose documents key information such as the aims and objectives of the service, contact details, information about the registered manager and provider and the legal status of the service. We found the statement of purpose for the service was appropriate. The provider kept their statement of purpose updated and sent changes to us as needed.

We found that a small number of audits were conducted to ensure the service measured the safety and quality of care. We saw these included a medicines, infection control and care documentation audit. The home manager had also completed a building audit soon after commencing in post. The findings from the audits were created into an action plan with responsible staff and completion target dates. The operations manager audits were completed as part of the provider's own requirements for the service. We viewed the last one from August 2016 which was brief but contained pertinent information corresponding with our findings about the premises. The service had not completed personnel file audits, health and safety or food hygiene audits.

We recommend that the service increases the scope and frequency of audits to drive continuous improvement in the quality of people's care.

Accidents and incidents were recorded by staff and reviewed by the home manager or deputy manager. Where necessary, we found investigations occurred to determine the cause of incidents. When we looked through accident and incidents recorded for the past year, there had been 21 falls with 3 of the falls resulting in a skin tear and 2 of those falls resulting in bruises. The service failed to look at any patterns or trends to prevent similar incidents from reoccurring. However, a new falls report form was developed by the home manager and deputy manager. This was planned for implementation to check the cause of falls and how they could be prevented. This was a positive step to reduce the number of falls-related incidents.

There were times when the service was legally required to notify us of certain events which occurred. When we spoke with the home manager, they were able to explain the all of circumstances under which they would send notifications to us. Our records showed that the service sent required notifications to us, as required by the regulations.

Providers are required to comply with the duty of candour regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity.

The home manager was not familiar with the requirements of the duty of candour and was unable to explain their legal obligations in the duty of candour process. The service did have two occasions where the duty of candour requirements needed to be utilised. At the time of the inspection, the service had no appropriate duty of candour policy. Without a policy, there were no clear steps for the management to follow if the duty of candour requirement was triggered.

We recommend that the service implements a system to meet the requirements of the duty of candour process.

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	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The registered person failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and others in relation to the carrying on of the regulated activity.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures were not established and operated effectively to ensure that fit and proper persons were employed. All information specified in Schedule 3 was not available for each such person employed.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The premises and equipment used by the service provider were not clean, suitable for the purposes for which they were being used, properly used or properly maintained.</p>

The enforcement action we took:

We imposed a condition on the provider's registration.