

Tawnylodge Limited

Kingfisher Court Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Kingfisher Court Care Centre is a residential care home providing accommodation and personal care for up to 40 people aged 65 and over, including people living with dementia in one adapted building. At the time of the inspection 25 were living at the service and one person was in hospital.

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

Staff deployment had not been consistent to ensure safe staffing levels were maintained. The provider took immediate action to address this.

Weight monitoring had not been fully effective. Repositioning charts showed some gaps in the expected frequency people required to be repositioned to maintain their skin integrity. Best practice guidance in the management of medicines was not consistently followed.

The provider's internal governance, systems and processes had not fully identified the shortfalls in the expected care standards identified during this inspection.

Safe staff recruitment checks were completed before staff commenced their employment. Staff were knowledgeable about people's individual needs. Relatives were complimentary about staff's approach and considered them to be competent, experienced and skilled.

Staff had received safeguarding training and any concerns were reported and action taken to protect people from avoidable harm.

The prevention and control of infections were minimised due to infection control best practice being followed. Health and safety checks were completed regularly on the premises, environment and care equipment. Incidents were reviewed for themes and patterns and action was taken to reduce further risks.

Staff were positive about their role and shared the registered manager's values in providing person centred, open and transparent care. Staff were clear about their role and responsibilities and received ongoing training and opportunities to discuss their work. Staff were positive and complimentary about the registered managers support and leadership style.

People, relatives and staff received opportunities to give feedback and this was used to develop the service. The provider and registered manager had met their registration regulatory requirements.

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

Rating at last inspection

The last rating for this service was Good (published 12 October 2017).

Why we inspected

We received concerns in relation to the management of falls and how people were protected from avoidable harm. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

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 coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. 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.

The provider took action to mitigate the risks and staffing levels were reviewed to ensure staff deployment was consistent in meeting people's individual needs and safety.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified three breaches in relation to staff deployment, assessing and managing risks and governance of the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Kingfisher Court Care Centre

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

Three inspectors completed a site visit. An Expert by Experience made telephone calls to relatives to seek their feedback. 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 Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch for feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection-

We observed staff engagement with people where possible. We spoke with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with one night and one day care senior, two care staff and one domestic. We spoke with a visiting healthcare professional. We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including the staff rota.

After the inspection

Following the inspection site visit, the Expert by Experience contacted relatives or friends by telephone and spoke with eight people.

We continued to seek clarification from the provider to validate evidence found. This included but was not limited to the provider's current action plan, training data, policies and procedures and meeting records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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.

Staffing and recruitment

- Staff deployment had not been consistently sufficient to keep people safe. The provider's dependency tool did not consider the impact on the service by the COVID-19 pandemic. This put people at greater risk of harm.
- A reoccurring concern of staff was when staffing levels reduced to four, this caused additional pressure and compromised people's safety.
- A visiting healthcare professional was positive about staff's competency and experience but expressed some concerns about staffing levels being low and the difficulty seeking staff assistance.
- The registered manager and nominated individual told us and records confirmed, agency staff had been used to cover staff shortfalls, in particular when the service had an outbreak of COVID-19. They also told us they believed staffing levels remained safe at four staff, but they tried to ensure five staff were deployed during the morning and afternoon.
- We were aware before our inspection, there had been a high number of falls. We were concerned due to the dependency needs of people and the high rate of falls and the impact of COVID-19, staffing levels needed to be reviewed to ensure five staff were deployed daily.
- People at risk of falls were not consistently monitored by staff. The registered manager told us people at risk of falls required close monitoring by staff. This included a staff member being present in the communal lounge at all times. We observed at lunchtime three people being supported by a staff member in the lounge. The staff member left people to collect something from the kitchen instead of using the call bell for assistance. An inspector had to intervene to keep people safe.

The failure to ensure staff deployment was sufficient in meeting people's needs and safety placed people at increased risk of harm. This was a breach of Regulation 18 (Staffing) Regulated Activities) Regulations 2014.

The provider responded immediately following the inspection and submitted evidence to say how they would address this breach in regulation.

- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service.

Assessing risk, safety monitoring and management

- Weight monitoring was not effective. Whilst people's weights were taken regularly, we identified consideration of recorded weight loss over a period of time was not identified effectively or acted upon in a timely manner.

- The registered manager told us a weight loss of 3kg required a referral to the GP or dietician. The registered managers spreadsheet for people's weights, showed three people had weight loss that required a referral to a healthcare professional. However, the registered manager confirmed this had not occurred. A further three people were also identified to have weight loss that required action.
- Following the inspection, the registered manager told us they had made referrals to the GP and dietician who had no significant concerns about people's weight loss. However, a lack of action may have had a negative impact on people's health.
- We were not fully assured people were repositioned at the frequency required to reduce the risk of damage to their skin. Three people's repositioning charts showed they had not been consistently turned at the two hourly intervals required. For example, one person's chart showed on 10 January 2021 they were repositioned at 07.59 and 12.49 and on 11 January 2021 nothing was recorded after 14.10. This increased people's risk of developing skin damage.

Using medicines safely

- Best practice guidance in the management of medicines had not been consistently followed. This increased the risk that people may not receive their prescribed medicines safely.
- A body map was not used to instruct staff of the site application for a transdermal patch. This is a patch that attaches to the skin and contains medicine which is absorbed into the body over a period of time. This increased the risk of skin itching and redness causing discomfort.
- Medicine administration records (MAR) showed prescribed topical creams were not consistently recorded as administered. It was unclear if this was a recording issue or if the cream had not been applied.
- Dates were not consistently recorded when medicines were opened. This increased the risk of expiry dates being exceeded, impacting on the effectiveness of the medicine.
- Medicines prescribed 'when required' (PRN) such as pain relief had protocols, but were not personalised. Many people were living with advanced dementia but the provider did not use a pain assessment tool to assess how a person with limited communication expressed pain. Whilst a staff member was able to give an example, this was not recorded in the PRN protocol. We were aware that the service used agency staff who would not be familiar with people's needs.
- We completed a medicine stock check and identified a discrepancy with a person's stock level. The MAR showed they had received all their prescribed medicines and should not have any left. However, one tablet for two different medicines was still in the box. This medicines error could not be accounted for.

The failure to ensure people's individual care needs, and the administration of medicines were effectively managed increased the risk of harm. This was a breach of Regulation 12 (Safe care and treatment) Regulated Activities) Regulations 2014.

- Relatives told us they were confident staff managed risks well and any concerns were shared with them. They also told us the environment was managed well to ensure people's safety.
- Where people were at risk of falls, this had been assessed and referrals made to external health care professionals when required for assessment and guidance. Assistive technology was also used to monitor people at risk of falls and staff were knowledgeable about people's fall risks.
- Health and safety checks were regularly completed on risks associated with the premises, environment and equipment. People's personal evacuation plans were available for staff. These provided guidance on how to safely evacuate people from the building if required. Water testing was also completed to assess and control the risk of exposure to legionella bacteria, that can cause serious illness.
- Safe protocols for the receipt, storage and disposal of medicines were used. Staff responsible for medicine management, had received training and their competency assessed. The provider had a medicines policy and procedure to support staff.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Relatives told us they had no concerns around issues of abuse, discrimination or poor care. Comments included, "[Relation] is definitely safe. I am kept informed."
- Staff knew how to recognise and protect people from the risk of abuse. Staff had received safeguarding training and access to the provider's policies and procedures. The registered manager had used the multi-agency safeguarding procedures to report any safeguarding concerns and had taken staff disciplinary action to reduce risks to people where required.
- Incidents were reviewed for lessons learnt. An example of this was how staff were reminded to ensure hand sanitiser was correctly stored to reduce the risk to people. Falls were analysed for themes and patterns and discussed with staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks were effectively prevented or managed. We discussed with the registered manager the cohorting of staff to reduce the risk of transmission. They said they would review their current practice.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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

- The systems and processes that monitored quality and safety were not fully effective in protecting people from the potential risk of harm. The provider had not identified all the shortfalls in the expected care standards found during this inspection.
- Staff deployment had not been effectively assessed and planned for, to ensure people were sufficiently and continually cared for safely. This exposed people to the risk of harm.
- People's individual and ongoing care needs had not been sufficiently monitored, to ensure when changes occurred, timely action was taken to reduce further risks. This put people at increased risk.
- Medicines management audits and checks were not fully effective in identifying shortfalls. Where improvements had been picked up on and raised with staff, such as the completion of MAR's and dating medicines when opened, these continued to not be completed. This put people at risk of not receiving their prescribed medicines safely.

A failure to effectively and consistently assess, monitor and mitigate risks placed people at increased risk. This was a breach of Regulation 17 (Good governance) Regulated Activities) Regulations 2014.

- The provider had up to date operational care policies and safety procedures that reflected current legislation, best practice guidance and set out what was expected of staff when supporting people.
- A whistleblowing policy was in place. Whistle blowers are employees who are protected by law to raise concerns about illegal, unethical activity; wrongdoing or misconduct within a service or organisation, either private or public.
- A new, experienced manager registered with CQC in December 2020, they were making good improvements and had a clear vision and improvement plan they were working towards.
- The registered manager was supported by senior managers, including quality and compliance colleagues to manage and develop the service. Staff were clear about their roles and responsibilities.

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

- Relatives were positive about the care provided to their loved ones. This included being complimentary about the care and attention provided by care staff.
- A relative said, "They [staff] are fantastic. They are so gentle and kind with them [family member]." Another

relative said, "There are never any signs of anything untoward, we have been more than happy with the care [family member] receives."

- Relatives gave us examples of how their loved ones had experienced positive outcomes and received person centred care. One relative said, "[Family member's] care seems to be person centred. They don't like shaving so they don't force them, they will go back and try later, they have got them weighed up."
- Staff knew people well and were observed to be kind, caring and overall attentive towards people in their care.

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

- Most of the relatives we spoke to told us, communication in general was good and had for the most part, continued to be so during the pandemic. Relatives were kept well informed regarding their loved ones and telephoned immediately if there had been any incidents or accidents. They were also updated about changes and developments. A relative said, "Care is person centred, during the outbreak they put [family member] in a bubble with their friend on the same floor."
- The provider had an effective complaint procedure. At the time of the inspection, there was one ongoing complaint that was being investigated which was within the provider's expected timeframe.
- The provider had met their registration regulatory requirements of notifying CQC of events they were required to report. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. We noted the rating from the previous inspection was displayed on the provider's website and at the service.

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

- The provider enabled people to share their experience about the service via an annual quality assurance questionnaire. Any feedback for improvements were added to the overall improvement plan.
- The registered manager told us of their plans to arrange review meetings with people, their relative or representative and health care professionals.
- Staff were positive and complimentary about the current registered managers leadership and support. Staff told us they felt well supported and valued. Staff received ongoing training and development and opportunities to discuss and review their work and development.

Working in partnership with others

- An external professional was positive about how the staff followed recommendations made. They also told us they found staff to be knowledgeable and competent.
- Whilst we identified some gaps in timely referrals to external health care professionals in relation to weight monitoring, it was clear from talking with relatives, staff and viewing care records that the service regularly worked in partnership with external professionals and relevant care agencies. This demonstrated the service had established effective links with external health and social care professionals in meeting people's needs.

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 Failure to effectively assess, monitor and mitigate risks and have robust medication procedures put people at increased risk of harm. Regulation 12 (2) (a) (b) (g)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance systems were not fully effective in monitoring quality and safety and put people at increased risk of harm. Regulation 17 (2) (a) (b)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Failure to ensure the deployment of staff consistently met individual needs and safety put people at increased risk of harm. Regulation 18 (1)