Four Seasons (Bamford) Limited

Kingswood Lodge Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection was unannounced. Kingswood Lodge Care Centre is registered to provide residential and nursing care for up to 44 older people. However there were only 40 available beds because shared bedrooms were no longer used. At the time of our inspection there were 32 people in residence. There were 11 beds for people who required residential care and 29 for those who needed nursing care. All bedrooms were now for single occupancy and the majority of rooms had en-suite facilities. One side of the home is a converted older house and the other part is purpose built.

The registered manager for the service was on leave and not present for this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The deputy manager and regional manager supported the inspection process.

People were safe. This was because the staff team had all received safeguarding adults training and were knowledgeable and protected people from being harmed. The staff knew how to raise and report concerns if they witnessed, suspected or were told about any bad practice or abuse. Any risks to people's health and welfare were assessed and appropriate management plans put in place to reduce or eliminate the risk. Where people needed to be assisted to move, their moving and handling needs were assessed and a moving and handling plan was written. Medicines were well managed and administered to people safely.

Checks to ensure the premises and facilities and all the equipment were completed regularly to safeguard people from being harmed.

The provider used a formulae to calculate the staffing numbers required for each shift to ensure each person's care and support needs could be met. Staff were provided with regular training and were supported by their colleagues and their managers to do their jobs.

The staff team were aware of the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were asked to give consent to care, support and treatment. Where people lacked the capacity to do this, staff worked within best interest decision making procedures.

People were provided with sufficient food and drink. Food and fluid intake was monitored where risks of weight loss or dehydration had been identified. Arrangements were made for people to see their GP and other healthcare professionals as and when they needed to do so.

The staff had developed kind and caring working relationships with people who lived in the home. Staff spoke well about the people they were looking after. Relatives talked about caring and friendly staff. People's privacy and dignity was maintained. Where possible people were involved in making decisions about their care and support. Families were included where this had been agreed upon.

People received personalised care which met their specific needs. They were encouraged to express their views and opinions, the staff listened to them and acted upon any concerns to improve the service. The improvements we had asked the service to make in respect of do not resuscitate decisions had been made and these were now recorded correctly.

A new registered manager and deputy were now in post. They provided good leadership and management for the staff team. The quality of service provision and care was monitored and, there was an on-going improvement plan in place to raise the quality of the environment and improve experiences for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains safe.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service was responsive.

People received the care and support they needed and this was adjusted in line with any changes. The service had made the required improvements regarding recording decisions made about resuscitation.

There was a varied programme of meaningful activities for people to participate in and, links had been made with local schools and other local facilities.

People told us staff responded to any comments they made and that concerns they had were dealt with.

Is the service well-led?

Good

The service remains well-led.

Kingswood Lodge Care Centre

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide an updated rating for the service under the Care Act 2014.

When we inspected the service in April 2015 we found there was one area where improvement was required but there was no breach of legal requirements. This was because decisions made about people's 'do not resuscitate' status were not well recorded and did not indicate who had been consulted in the decision making process. Whilst the GPs completed these forms, the service had not taken steps to ensure the care records were complete and accurate.

The inspection team consisted of one inspector. Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.
We contacted four health and social care professionals as part of the pre-inspection planning process and asked them to tell us about their experience of working with Kingswood Lodge Care Centre. We have included the feedback we received in the main body of the report.

During the inspection we spoke with 13 people who lived in the home, three visitors and 12 members of staff, including the regional manager and the deputy manager. We looked at six care records, five staff recruitment files, training records, staff duty rotas and other records relating to the management of the home.

Because not every person was able to express their views verbally or, only engaged with us on a limited basis we undertook a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not tell us about their life in the home.

Good

Is the service safe?

Our findings

People said, "I don't have to worry about a thing here, they all look after me well", "I am quite safe", "All the staff are very kind to me" and, "I am always spoken to politely and the staff are very gentle with me. They know my skin is very fragile". One visitor told us they never had any concerns about their relatives safety when they were not there and added, "They treat him like family". Other relatives who were leaving the home after their visit said, "(Named person) told us she is very content here" and, "Appeared calm and not at all anxious".

All staff completed a safeguarding training module as part of the mandatory training programme. Those staff we spoke with had good awareness of safeguarding issues and told us they would report any concerns they had about people's safety to the registered manager, the deputy or the nurse in charge. They knew they could report directly to Gloucestershire County Council's safeguarding team, the Police or the Care Quality Commission. The details of who they could contact were displayed on the noticeboard by the managers office and in the staff room. In the last 12 months the service had reported one safeguarding alert to the local authority regarding allegations made in an anonymous letter. The issues were thoroughly investigated but not substantiated. Safeguarding concerns had not been raised by any other agency.

The registered manager had completed 'keeping people safe' training at level three in November 2016 and the deputy had completed the same in January 2017. This is advanced training for senior staff on how to ensure people are kept safe from abuse.

Safe recruitment procedures had been followed to prevent unsuitable staff being employed and people kept safe. The appropriate pre-employment checks had been completed prior to new employees starting to work at the home. These included an enhanced Disclosure and Barring Service (DBS) check and written references from previous employers.

A raft of risks assessments were completed for each person as part of the care planning process. These included the risks of developing pressure ulcers, the likelihood of falls, moving and handling tasks, use of bed rail, continence and the risks of malnutrition. Moving and handling room profiles were written for those people who needed assistance to move or transfer. These detailed the type of equipment required and the number of care staff needed to undertake any task. One person had a risk assessment completed where it was identified they were at risk of choking. This resulted in a plan of care in order to mitigate that risk. Personal emergency evacuation plans (PEEP's) had been prepared for each person: these detailed what support the person would require in the event of the building needing to be evacuated.

Checks of the premises, facilities and equipment were undertaken on a weekly, monthly or quarterly basis. There were service and maintenance contracts in place for all nursing equipment and the utility services. The registered manager ensured these checks were consistently completed. In addition, the registered manager, deputy or nurse in charge, completed a daily walk around of the whole home and undertook a visual check of the premises. On a monthly basis the registered manager completed this with the maintenance person and a more in-depth inspection was undertaken. These measures ensured the

premises and all equipment remained in good working order.

In order to ensure safe staffing levels were maintained at all times the dependency score of each person was reviewed on at least a monthly basis. The service used a formulae to calculate the staffing numbers for each shift based on the numbers of high, medium or low dependency people. Shifts were covered with a mix of management, ancillary staff, nurses and care staff. At least one nurse was on duty at all times. Shifts on the residential unit were led by a senior care assistant. Staff felt that staffing numbers were sufficient although some staff made comments about the staffing numbers on the residential unit as this was split over two floors. The regional manager told us the use of agency staff had reduced as the service now had a stable bank of qualified nurses. This meant people were looked after by staff who were familiar with their needs and preferences.

The service had clear policies and procedures in place regarding the safe handling and administration of medicines. The ordering, receipt, administration and disposal of unwanted medicines were all in line with good and safe practice. Medication administration records (MARs) were completed each time medicines were administered and we found no gaps in these records. Information was recorded with the MARs detailing how people liked to take their medicines, for example one by one or swallowed all together with water. Where people were prescribed creams or ointments, a topical medicines record was kept in their bedroom and the treatment was applied by the care staff. Appropriate records had been kept.

Nurses administered medicines to those people who were funded to receive nursing care. Senior carers who had received safe medicines administration training administered medicines to those people who were funded for residential care.

Good

Is the service effective?

Our findings

People told us they received the service that met their needs effectively. They said, "I get the help I need", "The staff come and help me whenever I need them. I use my call bell", "All the staff are really good at their jobs" and, "I was worried about coming in to a home but I am honestly in much better health now". All the relatives we spoke with were complimentary about the service their family member received.

Staff received training and support in order to enable them to do their jobs effectively. They completed a programme of mandatory training. This included safeguarding adults, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), pressure ulcer prevention, infection control, health and safety and fire awareness, equality and diversity and moving and handling. The provider also had a bespoke two day dementia care training programme. The registered manager had taken a lead role in dementia care and the deputy was a dementia link worker.

At the time of our inspection the service had an overall compliance rate of 93% with their training programme. We discussed some low percentage rates of key training with the regional manager and were advised there was a glitch with the training system that was in the process of being resolved. (CQC had been informed of this).

Staff received regular supervision every eight weeks and any training and development needs were discussed at these meetings. In addition, staff received an annual appraisal. Supervision meetings were shared between the registered manager, the deputy, and the heads of departments. Records were seen in staff files and our conversations with staff members confirmed these arrangements were in place.

New staff had an induction training programme to complete at the start of their employment. Most training was completed on-line however staff had workbooks to complete as part of a knowledge check. Those staff who were new-to-care also completed the Care Certificate which ensured they were suitably trained and assessed to deliver safe, effective, responsive care.

The deputy manager told us they were supported to do training in order to meet Nursing & Midwifery Council conditions of their registration. They had recently completed training in wound care, venepuncture training (taking of blood samples) and catheter care. The deputy planned to attend a manual handling 'train the trainer' course in April 2017 which meant they would be able to teach other staff.

At the time of the inspection 11 of the permanent care staff had completed a recognised health and social care qualification at level two or three. All care staff were encouraged to complete this diploma qualification, previously called an NVQ.

We looked at the measures in place to evidence the service was acting in accordance with the Mental Capacity Act 2005. MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lacked the capacity to consent to treatment or care. The

safeguards legislation sets out an assessment process that must be undertaken before deprivation of liberty may be authorised and details arrangements for renewing and challenging the authorisation of deprivation of liberty. The deputy and regional manager was knowledgeable about the principles of the MCA and DoLS. DoLS applications had been submitted to the local authority for seven people but the assessments had not so far been completed. We would recommend the local authority be contacted to ascertain when the applications would be processed because five of them had been made many months before. The regional manager was aware CQC needed to be notified when the outcome of DoLS applications were known.

Staff told us what would happen if a person lacked mental capacity and how best interest decisions should be recorded. In those care files we looked at there were mental capacity assessments and best interest records. These had been completed by one of the qualified nurses and demonstrated a good understanding of the legislation and, the requirements to safeguard people's rights. During the inspection we heard the staff asking people for their agreement about things which affected their daily life. Examples included being asked if they wanted to sit in a comfy chair rather than a wheelchair, if they wanted to get up and if they would like to go along to the dining room for lunch. At lunch time were heard people being asked to make choices about want they wanted to eat.

As part of the care planning process each person was assessed to determine if they were at risk of malnutrition or dehydration. This assessment was reviewed on a monthly basis and included a check of body weight. The chef and kitchen staff were notified where risks had been identified in order that they could provide fortified foods for people with weight loss. People had an eating and drinking care plan and people were asked about likes and dislikes and any food allergies. An oral assessment was completed monthly to look at people's teeth, dentures, speech and risks of choking. Where people were at risk of choking their drinks were thickened with a thickening agent and staff had received training to ensure this was done to the right consistency. Food and fluid charts were maintained where a person's eating and drinking needed to be monitored.

The chef has worked at the service for may years and had a team of three other kitchen staff (one cook and two kitchen assistants). They said they were kept fully informed about people's dietary needs and specific dietary information, preferences and allergies were all written on the diet board and updated weekly. All meals were home cooked with minimal use of frozen foods and, home made cakes were served every day in the afternoons. There was a rolling four weekly menu plan in place which provided a variety of food and choice for each meal. They were changed four times a year in line with the seasons.

The kitchen catered for all festivals such as Christmas and Easter, Mothers Day and Fathers Day. Birthday cakes were served with afternoon tea plus there were themed food days. The chef told us they had catered in the last month for an anniversary party where family had attended and every person who lived at Kingswood Lodge Care Centre had joined in. People made the following comments about the meals they were served with. They said, "I look forward to my meals", "I like traditional meals and that is what we are given" and, " I have to have soft food because my teeth are not very good. The staff know this".

Each person was registered with one of two local GP practices. However, the majority were registered with one surgery. Nurses or the senior care staff requested home visits as and when necessary whenever people were unwell or had asked to see the doctor. Arrangements were in place for people to receive support from visiting opticians, dentists and chiropodists. The home worked alongside community and hospital social workers, occupational therapists and physiotherapists, in order to make sure people were well looked after. A visiting healthcare professional told us people were well looked and any instructions they left for the care staff to follow, were followed.

Good

Is the service caring?

Our findings

People said, "The staff are great", "All the staff are just so kind and friendly. When I moved in, they made me so welcome" and, "We have a really good time here. The staff are committed to ensuring we are well cared for". Relatives made the following comments: "I enjoy visiting the home, my husband is very content. The staff also ask after me and make sure I am OK", "This is the first time we have visited here. It is a happier place than where my sister used to live" and, "I cannot rate the home highly enough and would recommend Kingswood Lodge to other people".

Staff spoke about people in a kind and respectful manner. They were aware of people's preferences, likes and dislikes. One staff member told us about one person who liked to walk a lot but they were able to tell when they were tired and, then sat with them having a cup of tea and cake. This had prevented falls from happening. People were generally called by their first name and their preference was recorded in the care plans. Staff received training in equality and diversity and this enabled them to provide support that took account of individuals specific wishes. Staff ensured they maintained people's dignity. Personal care was always provided with bedroom or bathroom doors closed and staff knocked on doors before entering rooms.

The staff team had good working relationships with the people they were looking after. Each person had a member of staff who was named as a key worker. The role of the key worker was to get to know the person better, to keep their wardrobe and clothes tidy and, to liaise with the family regarding toiletries for example. Care staff were able to tell us about the people they were a keyworker for however, one newer member of staff said they had not been allocated anyone as yet. We found that people were relaxed in the company of the staff, there were good interactions and we heard many examples of shared humour.

The registered manager maintained a log of complimentary letters and cards received. Examples of things that had been written included, "Thank you all for looking after mum in her final years. She appreciated your support and kindness very much and was happy for much of the time" and, "A big thank you to all the staff for the love and care you gave to (named person) over the past two years". The service had recently hosted a anniversary party at the home and the family had written afterwards giving their thanks and saying, "All the residents really enjoyed the day". The kitchen staff had prepared party food and the staff had decorated the communal area used.

The service looked after people who were poorly, receiving palliative care or end of life care. One of the qualified nurses had taken a lead role in end of life care and one of the senior care staff told us they had completed a level three qualification in palliative care. One person had recently returned from hospital and was not expected to live long. The nurses had arranged with the GP for anticipatory medicines to be provided. This meant that when the person's health further deteriorated, they would be able to administer medicines to keep them comfortable. We noted that many of the complimentary letters had been from families whose loved one had received end of life care at Kingswood Lodge Care Centre. A visiting healthcare professional told us people who were at the end of their life were well looked after in the home.

Good

Is the service responsive?

Our findings

When we inspected this service in April 2015, we found that some improvements were needed to ensure the service was responsive to each person's individual needs. Those improvements had been made.

People told us, "I get the help I need", "I only have to ring my bell and the staff come and help. Sometimes they may take longer but I expect they are helping one of the others", "Every so often the nurse comes and asks me about my care plan. I just tell her she knows best. I have no complaints at all" and, " The staff know what I like and that I like to watch my television in my room". One relative told us that their mother liked to join in with most of the activities and sometimes when they visited, she was too busy for them. The relative was very pleased with the care and support her mother received.

People's care needs were assessed prior to admission to the service. This ensured the staff had the necessary skills and experience to meet their care needs and any specific nursing equipment was available. These assessments were then generally reviewed annually. From the assessment information a personalised plan of care was devised for each person. The plans included people's likes and dislikes and what was important to that person. Plans provided details about people's personal care needs, their mobility, the support they needed with eating and drinking, managing continence and wound care management where required. Those improvements we had identified with the care documentation at the last inspection had been made with respect of 'do not resuscitate' decisions. People were asked about what activities they would like to do and a 'My Choices' booklet was completed so that the staff team could get to know them and their past life.

Care plan reviews were carried out on a monthly basis to ensure the support provided was in line with the person's specific needs. All care staff received a handover report at the start of their shift, this ensured they were informed of changes with people's care needs since they had last worked. People were encouraged to have a say about their care and support and make suggestions about how they wanted to be looked after, during these reviews.

Since the last inspection there has been a change in personnel who organised the activity programme. There is now one full time activity organiser plus a part-time organiser. Student volunteers who visit the service also help out with activities. The activity organiser said, "When I get up in the morning I want to go to work. I love my job and all the people here". Activity boards advised people of planned events along with displays of pictures taken of previous events. The programme consisted of gentle exercise classes, musical entertainment and mindsong, quizzes and games and arts and crafts. The hairdresser visited the home each week and now had a pleasant salon to work in. The salon was also used by the activity and care staff for pamper sessions, usually with the ladies. An art class was taking part on day one of the inspection and was being enjoyed by five people. One person told us they really looked forward to painting and at other times liked to watch the news on television and keep abreast of what was happening in the world.

The activity organiser told us they were part of a 'meaningful activity and well-being' network and had so far attended two of their meetings. They had picked up some different ideas of activities which will be

incorporated into the programme. The organiser had also attended an event run by one of the big supermarkets regarding the importance of exercise to keep people as mobile as possible. The service was using a local organisation who had a library of activity equipment and lent this out to care services. They said the registered manager understood the importance of social activities for people.

Some people told us they enjoyed the activities whilst others said they did not want to participate and preferred to spend time in their own bedroom. Some people were confined to bed and therefore unable to attend any group activities. The activity organiser spent time with people on an individual basis in the mornings, chatted to them, gave them a hand massage or read to them. Records were kept for each person of the activities they had participated in, with comments made about the level of satisfaction.

People and relatives we spoke with felt able to raise any concerns or complaints with the care staff, the nurses of any of the managers. One relative said, "I have raised concerns in the past and everything got sorted out straight away". One person said, "There is absolutely nothing to complain about but I would ask to see the manager if needed". People were asked to share their views or make comments about how they felt about things during their care plan reviews and when they were resident of the day and visited by the chef and housekeeping team.

Good

Is the service well-led?

Our findings

We did not ask people or their relatives directly whether they thought the service was well-led but asked them about what it was like to live at Kingswood Lodge Care Centre or to visit. Comments they made included, "This is a very comfortable home and the staff are all helpful", "We have just moved my sister from another care home. I like the attitude of the staff here" and, "Everyone is always asking us if we are happy with things and if we want anything else".

There has been a change of management at the service since the last inspection and the registered manager began their employment with Four Seasons Health Care in May 2016. The registered manager was supported by a newly appointed deputy and an administrator.. The registered manager was also supported by other nearby home managers, a regional manager and the staff team, in providing a well managed service.

The provider's vision was to 'consistently deliver special resident experiences' to enhance the lives of people living in Kingswood Lodge Care Centre. The values that all staff were expected to work within included being respectful , being trusted, being caring and to make a difference. The provider had an employee of the year award scheme in order to recognise those staff members who had demonstrated those values. One member of Kingswood Lodge Care Centre staff had received this award in March 2017 because "they had gone beyond normal expectations". We observed during our inspection how these values were embedded into day to day practice in the service.

The registered manager had introduced lead roles for members of the staff team. These included dementia care champions, dignity champions, food hygiene and safety, end of life care and infection control. These measures ensured the staff team took responsibility for an area of quality and safety and enabled the service to meet the provider's vision and values.

Staff were positive about the registered manager and felt they provided good leadership and management. Comments included, "The manager is very understanding and listens to us", "Very supportive, a good manager" and, "I really rate the manager. They push things for the residents and care about the staff team". The registered manager's office was located by the entrance to the home so they were visible to all visitors and aware of the day to day activities taking place. The registered manager did a daily walk of the floor, spoke to people and staff on duty and checked the premises were safe. They used a computer tablet system to record their findings. On those days when the registered manager was not present in the home, the daily walkabout was completed by the deputy or the nurse in charge.

A 'flash' meeting was held each morning to enable the registered manager or nurse in charge to communicate with heads of department and senior staff. We sat in on the meeting on day two: this meeting was used to update staff on any changes in people needs, organise which people needed to see the GP and identify which person was 'resident of the day'. When a person was 'resident of the day' their care plan was reviewed with them (where possible), they were visited by the kitchen staff and their bedroom was given a deeper clean.

Staff meetings were generally held on a two monthly basis. The last two meetings were held on 1 March and 30 January 2017. Staff told us they were encouraged to make suggestions and were listened to. The last 'Relative and Residents' meeting had been held on 28 February 2017. The main topic of conversation had been about the activities planned and refurbishment arrangements.

The service completed a range of audits and quality checks in order to monitor how they were performing. Some of the audits were completed by the registered manager, others by the deputy, nurses, chef and the housekeeper. Audits were completed in respect of care documentation, medicines, infection control and health and safety. The regional manager completed a monthly audit and this had last been completed 24 March 2017. The service had received an overall rating of 92% and the registered manager had an action plan in place to remedy the shortfalls (this had mainly been brought about because of the use of agency staff).

The registered manager had to submit a weekly report to the regional manager. In this they reported on any accidents and incidents, health and safety issues, complaints, staffing issues and issues regarding people's care. These measures ensured the provider was aware of how the service was being run.

The service was aware of when notifications had to be sent in to CQC. A notification is information about important events which had happened in the home the service is required to send us by law. CQC uses information sent to us via the notification process to monitor the service and to check how any events had been handled. The service maintained a log of all notifications sent in to CQC.

The registered manager maintained a log of any accidents and incidents and, these were entered on to their electronic recording system. This process included any falls people experienced. At the end of each month the registered manager followed up on each report and analysed the number of falls or the number of events for a particular person. All accidents and incidents were analysed to identify triggers or trends so that preventative action could be taken.

A copy of the complaints procedure was displayed on the noticeboard in the reception area and stated that all formal complaints would be acknowledged, investigated and responded to. Leaflets were also displayed in the reception area, these were called 'Tell us what you think'. Information about the provider's complaints procedure was also included in the service user guide and home's brochure. The service had recorded eight formal complaints during 2016 and the first part of 2017. The records evidenced that each of the complaints had been dealt with in accordance with their complaints procedure. The complaints had been about care issues and staff conduct. The regional manager said they used information from any complaints to review their practice and make improvement. All complaints were recorded electronically which meant that head office were also able to monitor they were handled correctly.

One complaint had been raised with CQC regarding this service, in March 2016. We asked the regional manager to look at all the issues raised and tell us about any actions they had taken. The regional manager responded to us within the timescale that was set.

A 'resident's' survey had been undertaken starting in January 2017 and people were asked to rate the meals, the staff, the environment, activities and the standard of care. The results were in the process of being collated by head office and any negative comments and suggestions would result in an action plan being devised to make improvements.

A tablet computer was located by the front entrance to the home and people, relatives and visiting professionals were able to provide feedback about Kingswood Lodge Care Centre. The tablet was able to be

taken to the person's room if they were unable to access the front entrance. The information recorded was seen by head office but also transferred electronically to the registered manager. One of the questions was in respect of whether the service would be recommended to family and friends – those examples we saw had recorded 'extremely likely'. The regional manager told us that all feedback was used to drive forward any improvements.