Colten Care (2009) Limited

Kingfishers

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Good** ●

Summary of findings

Overall summary

The inspection took place on the 8 and 9 May 2017 and was unannounced.

Kingfisher's is registered to provide accommodation for people who require nursing or personal care for up to 60 older people some of who may be living with dementia. All rooms are single occupancy with on-suite facilities. The home is located a short walk from the town of Milford on Sea in Hampshire.

The service had a 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.

People continued to receive outstanding end of life care and people experienced a comfortable and dignified death. People, relatives and professionals consistently told us about the excellent care they received from well trained staff who demonstrated the knowledge and skills required which had a very positive impact on people's health and wellbeing.

There was a proactive support system in place to enable staff to develop their knowledge and skills and motivated them to provide a quality service. The provider continued to seek to improve people's care, treatment and support by working in partnership with health and social care specialists to implement best practice.

The home had developed excellent links with the local community, schools and charities and had a strong ongoing relationship that worked together in supporting the home and charities and involved the people living at Kingfishers.

The culture of the home was based on core values which related to promoting people's independence, recognising their individuality and providing the care and support in a way that embraced people's culture and diversity.

The calibre and knowledge of the nursing and care staff was consistently high as was the housekeeping and kitchen staff who all contributed towards providing a high standard of care to people.

Staff sought people's consent for care and treatment and ensured they were supported to make as many decisions as possible. Staff were knowledgeable of and confidently used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, relatives, friends and relevant professionals were involved in best interest's decision making.

Staff understood their responsibilities in respect of protecting people from the risk of harm.

People were involved in their care planning, and staff supported people with health care appointments and visits from health care professionals. Care plans were updated to show any changes, and care plans were routinely reviewed to check they were up to date.

Assessments were in place to identify risks that may be involved when meeting people's needs. Staff were aware of people's individual risks and were able to tell of the strategies' in place to keep people safe.

There were sufficient numbers of qualified, skilled and experienced staff deployed to meet people's needs. Staff were not hurried or rushed and when people requested care or support, this was delivered quickly. The provider operated safe and effective recruitment procedures.

Staff received supervision and appraisals were on-going, providing them with appropriate support to carry out their roles.

Medicines were stored and administered safely. Clear and accurate medicines records were maintained. Training records showed that staff had completed training in a range of areas that reflected their job role.

Staff developed positive and caring relationships with people and their families. Staff were very motivated and demonstrated a commitment to providing the best quality care to individuals in a compassionate way.

People's privacy and dignity was maintained at all times during the inspection.

Mealtimes were positive and sociable experiences. Staff supported people who were living with dementia to eat and drink and this improved their health and wellbeing. People told us they enjoyed the food and that the catering staff made sure they had food and drinks they liked.

People received a high standard of care because staff were led by an experienced and proactive registered manager. The staff team were highly motivated and enthusiastic, and committed to ensuring each person had a good quality of life.

There was a clear management structure in place and oversight from the provider. There were systems in place to monitor the safety and drive the continuous improvement of the quality of the service provided.

People who were able to talk with us said that they felt safe in the home and if they had any concerns they were confident these would be quickly addressed by the staff or manager.

At the last inspection on 9 March 2015 the service was rated Good. At this inspection we found the service was outstanding.

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. Staff received safeguarding training and knew what to do if concerns regarding a person's safety were raised.

Robust recruitment procedures ensured that only suitable staff were employed. There were enough staff deployed to provide care and support to people in a safe way and when they needed it.

People received their medicines as prescribed and medicines were managed safely.

Is the service effective?

Good

The service was effective. There was proactive support in place to enable staff to develop their knowledge and skills and motivate them to provide high quality care. The provider continued to improve the quality people's care, treatment and support by working with health and social care specialists to implement best practice.

There was an on-going programme of development to make sure that all staff were up to date with required training subjects. There was a consistent approach to supervision and appraisal.

Staff were knowledgeable about the requirements of the MCA Act (2005) and they gained consent from people before they provided personal care.

People's nutritional needs were assessed regularly and there was extensive information in support plans detailing people's nutritional preferences and needs.

Is the service caring?

Outstanding

The service continues to be extremely caring. The provider continued to provide outstanding end of life care. People receiving end of life care were treated with exceptional care and compassion, as were the relatives and those people that mattered to them both before and after the person's death.

Each person's physical, medical and social needs had been assessed before they moved into the service and communicated to staff. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided.

People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity.

Is the service responsive?

Outstanding ☆

The service was extremely responsive. People, relatives and professionals consistently gave us positive feedback about how the service was personalised to meet people's individual needs.

People's care plans were person centred and focused on people's strengths and abilities rather than what they were no longer able to do.

There was a positive, open, transparent culture about complaints and concerns. The registered manager, a relative and records told us complaints and concerns were taken seriously and used as an opportunity to learn and improve the service.

Is the service well-led?

Good ●

The service was well led. The registered manager led by example, was open, honest and transparent and modelled excellent practice to staff.

Regular staff, residents and relatives meetings were held to gather feedback about the service. The registered manager and management team listened to people and their families, and to members of nursing, care and ancillary staff about what would make this an exceptional service

Health professionals told us the service was dedicated to delivering the best outcomes for people.

There were effective systems in place to monitor all aspects of the care and treatment people received. Audits had been conducted regularly by the service and there was continual oversight by the provider.

Kingfishers

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 checked 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.

This inspection took place on the 8 and 9 May 2017and was unannounced.

The first day of the inspection was carried out by one inspector, an expert by experience and a specialist nurse advisor in elderly care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case older people and people living with dementia. The second day of the inspection was carried out by one inspector.

Before our inspection we contacted five visiting health and social care professionals in relation to the care provided at Kingfishers and received three responses.

During our inspection we spoke with eight staff including the registered manager, 13 people living at the home, five relatives and a visiting General Practitioner (GP). We also spoke with the provider's quality manager, clinical manager, activities manager, activities co-ordinator and a visiting fire safety consultant.

We looked at the provider's records. These included eight people's care records, six staff files, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and procedures.

The provider completed a Provider Information Return (PIR) on the 3 August 2016. 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.

Some people were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We last inspected the home in March 2015 where no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe living at Kingfishers. One person told us, "I can talk to staff if I am worried about anything and that makes me feel better". Another person told us, "I feel completely safe here. I have lots of people (staff) coming in". Another person added, "I am very safe living here. The staff help me if I'm struggling with anything like walking. They let me do it myself but don't leave my side until I am safe". One relative told us, "(Person) is safe and well looked after. I have every confidence that staff only work in a safe way". Another relative told us, "Staff are so kind, they make sure things are okay". A visiting GP told us, "The home is a very safe environment. I have never witnessed anything that would cause me concern".

The provider had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. Comments from staff included "I would report any issue that I was concerned about, no matter how small", and "I know how to report safeguarding and am confident to do so".

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions. Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

There were enough skilled staff deployed to support people and meet their needs. During the day staff providing care and one-to-one support were not rushed and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by using an Individual Needs Assessment tool which assessed people's level of dependency and needs. Needs assessments were completed every three months or as people's needs changed. The provider's clinical lead told us, "Staffing hours have been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. For example, if a person displayed behaviours that

put themselves or others at risk additional staff would be deployed to ensure the safety of the person and others. This would be reviewed regularly to ensure that people's safety was not compromised".

Staff provided care in a timely manner. Staff responded to call bells quickly. People said call bells were answered promptly and staff responded quickly when they rang for help. One person said, "I've only done it once in the middle of the night and they came quite quickly". Another person added, "There's always someone around morning, noon or night. Help is always available. I'm reasonably independent". A further person told us, "They have never taken more than a couple of minutes to come and see me when I have pressed the buzzer so they are very quick". However one relative told us, "There is too few staff in the evening, maybe someone needs the toilet or something then there's a long wait, up to half an hour. Now that's a long time if she's distressed and by herself". Another relative told us, "At times when they are busy there is a bit of a delay but I suppose that can't be helped. They are usually pretty quick to come". People who were unable to use this system were checked by staff at regular intervals to ensure their safety but also to monitor their needs. Call bell audits were undertaken monthly to review call bell response times at various times of the day. The registered manager told us, "We always try to answer call bells in less than five minutes or sooner. I discuss the findings with staff regularly and we do aim to achieve 100% but sometimes situations that occur like emergencies mean that we don't achieve it".

Risks to individuals were thoroughly assessed and measures were put in place for staff to follow. These maximised people's opportunities for independence whilst minimising the risks they faced. For example one person was at high risk of falls and had fallen prior to moving into the service. There was an extensive plan in place which detailed the risks and how this linked to aspects of the person's health needs. There were clear actions detailed how to reduce the risk of falls and any near misses which took into account the person's history, medicines taken and their physical condition and this had resulted in the reduction of falls the person. Another person had been assessed as having a high risk of skin breakdown. Safe working systems had been clearly documented, including hoist and sling details and the use of bumpers, glide sheets and pressure relieving mattresses while in bed. The risk assessment had been reviewed monthly and the plan had been updated as the person's needs changed. We visited the person in their room in the presence of staff and they presented as comfortable' when on their pressure mattress and the settings were correct.

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. The provider also received visits from a local pharmacist as part of their quality monitoring to ensure that medicines were ordered, stored, and administered safely. People's medicine was stored securely in medicine cabinets that were secured to the wall. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily. Regular checks and audits had been carried out by the registered manager to make sure that medicines were given and recorded correctly. Medication administration records were appropriately completed and staff had signed to show that people had been given their medicines.

There was a fire risk assessment in place and fire drills were taking place at regular intervals. The home carried out a weekly fire test including checks on the fire alarm system, emergency lights, fire doors, fire extinguishers and exit routes. This helped to make sure the fire safety arrangements in place at the home were robust. At the time of our inspection a fire safety consultant was undertaking an annual fire risk assessment. They told us, "I have no concerns about the safety of people living here. The home conforms to all fire prevention safety legislation and all fire-fighting equipment is well maintained. I do feel however that additional evacuation chairs or sledges on the top floor would further ensure the safety of people in an evacuation situation".

The premises were being maintained in a safe condition. There were current maintenance certificates in place for gas safety, the electrical installation, the passenger lift, mobility hoists, bath hoists, portable appliances, the fire alarm system, emergency lighting and fire extinguishers.

There was a business continuity plan in place that had been reviewed in February 2017 that advised staff on the action to take in the event of emergency situations such as staff emergencies, heat-waves, flood, fire or loss of services. This also included information about evacuating the premises, alternative accommodation and important telephone numbers. There were also personal emergency evacuation plans (PEEPs) in place which recorded the support each person would need to evacuate the premises in an emergency.

Good

Is the service effective?

Our findings

People living at the home, relatives and health care professional's we spoke with consistently praised the skills of staff working in the service. One person told us, "Staff are good at what they do and are trained to do this". A relative we spoke with told us they felt the staff were well trained and said, "They do a good job of caring here. The do understand my relative's needs very well and I can't fault them". Another relative commented, "The strength of this home lies in the staff it employs; they are always so pleasant and welcoming to me when I visit and one cannot help but be impressed by the compassion, dignity and respect they show to residents, they are good professional carers".

There was proactive support in place for nursing staff to develop their knowledge and skills. The provider enrolled all of its qualified nurses onto The Nursing Times Archive. This is an on-line resource to enable nurses to keep up to date with best practice and to develop their skills. The Nursing Times Archive resource provided two hour units of learning that link into nurses Continuing Professional Development, (CPD). CPD is the process of tracking and documenting the skills, knowledge and experience nurses gain both formally and informally as they work, beyond any initial training. It's a record of what staff experience, learn and then apply. It allows nursing staff to record evidence of learning and provides evidence to support revalidation requirements such as practice hours and continuing professional development. One nurse told us, "This is an excellent learning and reference source. It helps us all to keep up with new ideas and best practice and is vital that we do so to continue providing the best care we can". As a result of this systems had been implemented in the service to improve the analysis of pressure area care, continence, malnutrition, dehydration and falls. This had led to continuing improvements being made to the care people received in these areas of need. The provider ensured staff had the training, specialist skills, knowledge and support they needed to support people effectively. The nurses employed in the service were given support to keep up to date with and develop their clinical practice.

Staff were supported in their role and had been through the provider's own induction programme. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff received the training they needed to meet people's specific needs. Training was completed both internally and using external resources and on line learning modules. The training matrix identified 96% of training was complete. There was an on-going programme of development to make sure that all staff were up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Specialist training had been provided to staff, such as dementia awareness and diabetes. Each member of staff had a 'My Learning Journey' file. This contained evidence of learning and each member of care staff had a Continuing Professional Development plan (CPD). Each new member of staff had a 'mentor' to help and support on-going development. One member of staff we spoke with had been working in the service for several months. They told us, "The training is brilliant. If I don't know something I have had 100 % support from the manager or my mentor".

A clinical nurse specialist in palliative and end of life care told us, "Some of my case load resides in

Kingfishers and so I visit them regularly. I also am involved in education within my role and am involved in teaching sessions at Kingfishers. I have recently been involved with the local pharmacist and Kingfishers in relation to the updating and review of their documentation / procedure in relation to their Palliative Care Subcutaneous Medication Administration Policy as we felt that it needed this. We also wanted to make it clearer for staff to minimise the risk of error". They told us how they had worked with the home as part of a joint education session to ensure the process for administering medications through the subcutaneous site was streamlined so that the workflow from physician to pharmacy to nurse to patient was transparent. They added, "I also run a six weekly link nurse meeting which staff regularly attend. These meetings are of great value and help to ensure that people received exceptionally effective care from staff that had an in-depth knowledge of their needs, and were skilled, well trained and confident in their practice".

There was a consistent approach to supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff received regular one to one supervision, annual appraisal and on-going support from the registered manager. This provided staff with the opportunity to discuss their responsibilities and the care of people living at the home.

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. The MCA contains five key principles that must be followed when assessing people's capacity to make decisions. 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's mental capacity had been assessed and taken into consideration when planning their care needs. All staff spoken with were confident and knowledgeable about the requirements of the Act and told us they gained consent from people before they provided personal care. People were supported by staff who had a good knowledge and understanding of the principles of the MCA Act (2005) and could tell us the times when a best interest decision may be appropriate.

There was evidence in the care plans we looked at for three people, containing information gathered when people who had fluctuating capacity were able to indicate their preferences and from discussions with their significant others. This was used as a benchmark for the times when the person did not have capacity to express their wishes. We saw that detailed assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. For example one person was declining their medicines and the registered manager had assessed the person's capacity to see if they understood the risks of not taking their medicines. The assessment detailed that the most suitable environment for the conversation, (in their room) and the best time of day had been considered. The person had been assessed as not having the capacity and so a best interests decision meeting had been held with a multi-disciplinary team, including the person's family and GP where a best interest decision concluded it was important for the person to receive their medication and it could be given 'covertly' in food if the person declined to take their medicine.

Records also showed that best interest decisions were specific. The notes from these meetings were held in the care plan and relatives and health care professionals had signed these to indicate their involvement and agreement. Examples we looked at included meetings with relatives to discuss people's personal hygiene needs, and the use of bed rails, medication, end of life care, photographs, change dressing and provide wound care and this was clearly reflected in the person's care plan. For one person with complex nutritional needs a best interest assessment for feeding via peg was in place as well as a monthly weight record, which showed a stable weight. Reviews by the Speech and Language therapist and recommendations had been

made to staff on how best to support the person. When we spoke with staff they were knowledgeable and knew the care that had been planned for the person. We visited this person in their room during the presence of a senior carer and saw that they were comfortable in bed and their peg feeding set was clean and running on correct volume and settings.

We looked at three care records for people with restricted mobility who were at increased risk of developing pressure sores (also known as bedsores). People looked comfortable in bed, and had a pressure relieving mattresses, set correctly for their weight. They were helped to change their position regularly and given regular skin care. Staff followed detailed care plans on how to promote healthy skin for people and minimise possible skin damage. This included comprehensive moving and handling care plans, with details of moving and handling aids, such as slide sheets, to make repositioning more comfortable for people and prevent friction to minimise the risk of skin damage. A visiting GP told us the home was proactive in identifying and responding to changes in people's skin. For example, they visited the home on the day of the inspection in response to a call about a person who had developed an area of red skin. The GP told us before they arrived at the home staff had already taken the steps necessary to ensure the person was given the best possible care. For example the involvement of the community nursing team and a Tissue Viability Specialist Nurse. (TVSN).

People were supported to make decisions and choose what they did on a day to day basis. People we spoke with told us they got to make choices, for example about when and where they ate, how they spent their time and what activities they did. People's choices were respected and we observed staff gave people information to enable them to make an informed choice. On one occasion a person was unsure about taking part in an activity and the staff member kindly said, "The last time you did this you enjoyed it". One person told us, "I like the fact there is not set routine. The staff let me set my own pace and work around me. I like to get up when I feel like it and go to bed when I feel like it and that's fine with them. I never get told what to do. They let me lead my life my way".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection eight people living at the home were subject to a DoLS which had been authorised by supervisory body (local authority).The home was complying with the conditions applied to the authorisation. The manager knew when an application should be made and how to submit one. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had produced a small booklet titled, 'Communicating kindness, How we make decisions on a resident's behalf'. It contained information about what the 'lack of capacity' meant, and also explained the process in respect of DoLS. It also gave an overview of who should be involved in the process. One relative we spoke with said, "Reading the booklet answered many of my questions and reassured me. I was worried when I was told that my relative would need a DoLS but after reading it and speaking with the manager I could see that they only had (Person's) safety and wellbeing at heart".

People's nutritional needs were assessed regularly and there was extensive information in support plans detailing people's nutritional preferences and needs. The care plans of three people showed they were nutritionally at risk and detailed plans had been put in place to guide staff in how to support them to gain weight and to prevent further weight loss. This included advice sought from a dietician, increased frequency of weight assessment and adding extra calories to food. We saw this had been effective with all three people gaining some weight since admission to the service.

People were encouraged and supported to eat and drink sufficient amounts to meet their needs. Most people took their meals in the dining room and this was encouraged to enable people to socialise. The

majority of people did not require support with their meals but staff were available to offer this if it was needed. Staff sat with people who required support to eat and let them eat at their own pace. For example, two people required assistance to eat and staff supported them in a dignified and unhurried manner. One person needed some assistance being given the opportunity to feed themselves. Another person fed themselves with the use of adapted cutlery. Some people talked to each other and others preferred to eat quietly. We saw that lunchtime was a positive experience for people. People were provided with whatever support they needed to eat and drink well. One person told us, "The food is very good. Lots of choice and very well prepared". A relative told us, "I've often had a meal here and it is very good". Staff we spoke with told us they felt people were supported to eat and drink the amount they needed to promote and maintain their well-being. One member of staff told us, "People have a choice from a menu but if they don't particularly like what's on offer the chef will prepare something for them".

People told us they could access the GP if they needed to and that they were supported to see the dentist, chiropodist and optician. Records confirmed what people had told us. One person told us, "I've seen a doctor on occasion because she was doing her rounds, I didn't ask to see her. I think she just thought she'd pop in. The nurses are very good; they'd call a doctor if there was anything even slightly wrong". Another person told us, "They called the doctor at the weekend because I wasn't well, but I'm much better now". The registered manager had worked to create relationships with key people from a variety of health support organisations. The provider told us in their PIR that they facilitated prompt referrals to the enhanced health services when indicated through clinical health indicators. We found evidence to show this was the case and staff sought advice from external professionals when people's physical and mental health changed. Relationships with a local GP practice had been established and there was a team of designated GP's linked to the service that made routine visits to check on the healthcare of people.

During the second day of our inspection a GP visited the service as part of their weekly 'ward round' and saw people who the nurses had identified as needing a review. The GP told us, "Staff are quick to identify any decline or signs of possible decline in people's health. All instructions were carried out and the nurses were pro-active in seeking advice and asking for referrals to other health and social care professionals as and when needed". They added, "Staff are 'on the ball' and if anything was requested, such as samples requiring analysis being obtained, this was done".

Outstanding ☆

Is the service caring?

Our findings

At our previous inspection in 2015 we gave a rating of Outstanding for this domain. The service remains outstanding in caring.

Relatives and healthcare professionals told us people received outstanding care. One person said, "I've lived here for seven years and I've never been happier. The staff are first class and the care is the absolute best. If I had to give them a mark it would be 11/10". Another person said, "I receive excellent care. The staff are wonderful and make this place what it is, my home". A third person added. "The care I receive is first class… no it's better than that it's exceptional". The relative of one person receiving end of life care told us, "They're fabulous. They've been wonderful. (Staff member) she's a star, she explains everything to us. Nothing is too big. When we came today, they were here brushing her hair, not because they knew we were coming, just to make her feel better. Their care of her is fantastic. Everyone has been really good, really, really kind". A consultant Orthopaedic Surgeon had written to the home with regard to one person receiving care at Kingfishers in January 2017 and said, 'Unfortunately his condition is becoming more difficult to manage in the home, although I must congratulate them that they have done an excellent job in managing his condition and on-going care'.

The provider continued to provide outstanding end of life care. All relevant specialist and specialist equipment was provided to make people comfortable. For example, In February 2015 the home received accreditation to the Gold Standards Framework (GSF) quality hallmark award in End of Life care. The principles of which were being applied in the home. The Gold Standards Framework is a form of proactive palliative care and is nationally accredited. This promoted anticipation of care needs and the care required to meet those needs. Staff provided the care outlined in people's care plans. For example, People's end of life care wishes and any advance decisions were discussed and fully documented in their care plans and kept under regular review. Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate. The end of life lead nurse and the registered manager spoke frequently with doctors, specialists and people's power of attorney (POA) to discuss decisions about their end of life care. A POA acts as a representative in the event a person is unable to communicate decisions about all aspects of their healthcare.

The home had links with a 'Soul Midwife'. Soul Midwives are non-medical, holistic companions who guide and support the dying in order to facilitate a gentle and tranquil death. The registered manager told us, "The Soul Midwife continues to visit as needed to comfort people who are at end of life. They also support people and their families through the last few hours of life and offer support to our staff. I have myself enrolled to become a Soul Midwife and will be undertaking the training soon to further understand the role and support families at end of life". The home provided, at no cost accommodation for relatives who's loved ones are nearing the end of their lives. A GP told us, "The home has really kicked on since your last inspection. This has become a centre of excellence in end of life care. The care provided to people and relatives is and continues to be the best care I have witnessed. Staff have the knowledge and skills required which has had a positive impact on people's health and wellbeing, right to the end and for relatives beyond". A Clinical Nurse Specialist told us, "I believe the home has a good philosophy regarding end of life care. They are fully

committed to providing exceptional end of life care putting the person at the centre of everything. They engage with me well and are always interested in our education and courses that we provide. I feel they communicate well. Also, there is always a friendly atmosphere when I visit from all staff".

The home worked with local GP's and health care professionals to support anticipatory prescribing and access to palliative care medications for people at end of life. These people often experience new or worsening symptoms outside of normal GP practice hours. The proactive prescribing of anticipatory medicines seeks to avoid distress caused by poor access to medications in the Out of Hours (OOHs) period, by anticipating symptom control needs and enabling availability of key medications in the patient's home. In partnership with a local GP and hospice service the home ensured that people who were at end of life had access to relief of pain and other associated symptoms medicines when they needed it.

The home had a designated End of Life lead nurse who was supported to develop their knowledge, skills and confidence and empowered staff within the organisations to deliver quality end of life care. They met regularly with the local palliative care working group at the local hospice. The lead nurse undertook an after death analysis to reflect on what could have been done better for the person and things that were done well. Outcomes from the analysis were shared with staff to reflect on how they could continue to improve the end of life care experience for people and their relatives...

Letters and cards from relatives who had experienced end of life care included the following comments, 'Thank you for all the wonderful support you gave me. You all made his last few days bearable, thank you so much', 'Kingfishers has such a wonderful homely atmosphere and the staff we have met have all been amazing', 'We are so grateful that she was so well looked after. Kingfishers provides a home away from home and you should all be very proud of what you manage to achieve' and 'It was so appreciated that his every comfort was met by a dedicated and professional nursing staff. We can't thank you enough'.

For the relatives and friends of loved ones who had passed away at Kingfishers the provider had arranged its first 'celebration of life day'. The aim of the celebration was for staff, families and friends to come together, remember and appreciate people who had passed away and was scheduled to take place on the weekend following our visit. The registered manager told us, "It is very important for us as carers and for families to hold this event and it is something we will offer families and relatives going forward. It is a time for sharing memories, reminiscing and we hope that staff and families will find comfort in getting together. Even after death people still have many questions and whilst we aim to hold this event annually people are welcomed at any time following a loss to come in and talk with me or to staff".

Each person's physical, medical and social needs had been assessed before they moved into the service and communicated to staff. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. This ensured staff were knowledgeable about the person and their individual needs. Care plans we reviewed were person centred and contained personal life histories and included details of people's preferences and choices. For example, likes and dislikes were listed. In one person's plan there were details on a choice of where they wanted to be cared for in relation to their end of life care and they had chosen, "not to go for hospital admission." and their wishes were being respected. People's wishes and decisions they had made about their end of life care were recorded in their care plans when they came into the service. When people had expressed their wish regarding resuscitation this was clearly indicated in their care plan and the staff were aware of these wishes.

For one person with communication difficulties there was a care plan in place to manage their pain. The plan provided detail for staff on where the person experienced pain and explained to staff how to look for signs of pain. The provider used the Abbey Pain Scale for people living with dementia or for people with

communication difficulties. The pain scale is an instrument designed to assist in the assessment of pain in people who are unable to clearly articulate their needs. For example by observing changes in facial expression, behavioural changes and psychological changes. Building pain assessment into existing care plans means it will become familiar to staff and essential when pain occurs. By using this method to assess pain on a regular basis, pain is more likely to be detected and acted upon. For people who experienced pain their needs could be met in a proactive way and ensured as far as was possible that pain and discomfort was reduced and increased their wellbeing.

Where other professional's advice was required, for example, Speech and Language Therapist, Chiropodist, General Practitioner, Tissue Viability nurses, Physiotherapists, Opticians staff told us they had good working relationships and this was clearly documented in residents' files on visits or when telephone conversations had taken place.

People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen. Staff provided clear explanations to people before they intervened, for example when people were helped to move from an armchair to their wheelchair using specialised equipment. Staff checked at each stage of the process that people were comfortable and knew what to expect next. Staff promoted independence and encouraged people to do as much as possible for themselves. A relative said: "I know mum can't do much for herself anymore but it is good to see the staff trying to get her up on her feet and walking around a bit".

Staff cared for people in a relaxed, warm and friendly manner. People were treated as individuals and were able to do what they wished, making their own individual decisions helped and supported by staff. We saw that non care staff who worked in the home such as kitchen and maintenance staff took time to sit with people and chat. Staff sat talking with people and engaged in lively conversations about their families, social events and sharing memories. There was a lot of laughter and we noted that staff took every opportunity to engage with as many people as possible. For example, by bending down to ask if a person would like more tea, by touching a person's hand to ask if they were ok, and by frequently popping in and out of bedrooms to check on people. A member of staff we spoke with told us, "People are individuals and deserved to be treated as such. Here at Kingfishers we do just that. I always do the best I can and I know my colleagues do also".

Staff addressed people by their preferred names and displayed a polite and respectful attitude. They knocked on people's bedroom doors, announced themselves and waited before entering. Some people chose to have their door open or closed and their privacy was respected. Staff covered people with blankets when necessary to preserve their dignity. People were assisted with their personal care needs in a way that respected their dignity. Throughout the visit staff were heard speaking with people only in endearing terms and re-assuring them if they appeared distressed or upset. We observed that staff went the extra mile to care for people.

People were able to spend private time in quiet areas when they chose to. Some people preferred to remain in a quieter sitting area when activities took place in the main lounge. This showed that people's choices were respected by staff. There were other areas within the home to allow relatives opportunities to speak with staff privately about the care provided to their loved one.

Outstanding ☆

Is the service responsive?

Our findings

People, relatives and professionals consistently gave us positive feedback about how the service was personalised to meet people's individual needs. Comments about the home and staff included; "Staff are very good. Anything you want they do willingly with a smile", "The staff go over and above in responding to my relative's needs. Nothing is too much trouble".

People told us they were able to visit the home before moving in. Some people told us their relatives had visited instead. People and relatives said someone from the home visited them to complete an assessment and to give them information about the home. One person told us that moving into Kingfishers was such a significant decision in their life and they said, "I've not felt a bit unsettled moving in here at all".
People's care plans were person centred and focused on people's strengths and abilities rather than what they were no longer able to do. Care plans described how staff needed to support people in a positive way to ensure all their care, social needs and risks were met. Care plans contained details of how the person liked to spend their day, summary of any risks and all about their life history. This was then supported by comprehensive care planning documents for all aspects of the person's life. When we asked staff about specific people, they knew about them as an individual and they told us what was most important to the person. They were also extremely knowledgeable about people's care needs and risks and how these were to be met.

The registered manager chaired a daily meeting at 10am involving the heads of departments and senior nursing and care staff. The meetings were designed to discuss and communicate any concerns that had arisen during the previous 24 hours and to talk about any impending issues into the next 24 hours. Staff told us they found this a good way to communicate 'what was going on in the home' and enabled them to keep up to date with the day to day running of the home and people's changing needs. In addition to this meeting there were three handovers between staff throughout the day and night to make sure that important information about people's well-being and care needs were handed over to all the staff coming on duty.

The provider was a member of the National Activity Providers Association (NAPA). NAPA's values include, 'The right to person centred meaningful engagement with choice and control over how they spend their time and an activity provision which is respectful, creative, innovative and fun supported by skilled staff'. We spoke with people about the activities in the home. One person told us that the activities were, "Excellent". Another person told us, "You never get bored here". Other comments included, "I enjoy the activities here I don't want to go anywhere else", "I enjoy going out in the minibus", "There's lots. I don't always partake. Someone is in charge of activities. They're very good", and "With everything that goes on here why would you want to leave".

Although the home was set over three floors accommodating people with varying health conditions such as nursing needs and people living with dementia everyone was encouraged to join in daily activities held in the main lounge. Activities were tailored to people's interests and abilities. The activities manager told us how lifestyle histories were completed with people and or their relatives or representatives to enable staff to provide a personalised activities programme. They told us, "We treat everyone at Kingfishers as an

individual. The information we have in lifestyle histories help us to ensure people's identity and occupational needs are met and they lead a fulfilling life". For example, a number of people enjoyed gardening and the activities team had organised a regular activity 'patio garden maintenance' to meet those people's needs. Other people had expressed a wish to bake and a 'baking club' activity had evolved. Other activities included crossword club, cinema afternoon, quizzes, history hour, mini bus outings and music from an external entertainer. People's cultural and spiritual needs were also met with regular visits from the Methodist, Catholic and New Life church ministers. One person told us, "Before I came to live at Kingfishers I used to go to church regularly. My faith is very important to me. Now they come to see me which is wonderful". Another person said, "I'm not a religious person but they do hold Hymn services most weeks. I go along for the singing and really enjoy it".

For people who did not wish to join in with activities, or for those people who had specific welfare needs a social care period of time was made available by the home for one to one personal support by 'Colten Companions' The companions visit people in their rooms and engage in activities such as hand massage and playing music. Companions also walk with residents in the gardens or support them to access the gardens in their wheelchairs. Most of the activities are 1-1 and engage people with dementia. Companions also involve people with cooking which people watch or take part or eat the finished product. The aims of the companions are to reduce the risk of social isolation and to encourage and support people to lead an active and meaningful life. For example one person said, "I don't like mixing but I do like walking". They told us they went out for a walk each day with a member of staff and added, "I have problems using my upper body, but I love going out for a walk every morning. I go out with a member of staff every day and do a circuit. Sometimes another person comes with us as they enjoy it too".

Records were kept by the activities team of all activities and who attended them. Information was used to formulate a 'room visit' for those people who chose not to partake of general activities. It also helped staff to monitor people who may be low in mood and this information was passed to nursing staff for further intervention if needed.

All of the activities team were passionate about their roles and told us they had so much fun with people and they loved their jobs. They said the things they enjoyed most were seeing people participate in activities that were important to them and how this increased their well-being.
The home had excellent links with the local community. There were close links with the local primary school, with children visiting the home and people going to events at the school. For example, Christmas carol services and harvest festival. People also visited the home at times throughout the year to engage with and enjoy refreshments with young children. One person told us, "I love going out to see the children. They are so inquisitive but also interested in me as a person". Another person told us, "Its lovely having the school choir come in. It brightens my day". The provider also supported local charities such as, Gift of Sight Appeal which supports people with age related macular degeneration, Glaucoma and Diabetic eye disease, The New Milton Stroke Group and Bramshaw riding for the disabled and regularly held events at the home to raise funds. For example, raffles and quiz evenings. A person from one of the chosen charities told us, "We are so grateful for the support we get from the residents at Kingfishers. It would not be possible if it was not for the enthusiasm of the staff and management. We also fully support the home when we can by attending garden parties and open days to engage with the people who support us".
Complaints information was displayed throughout the home. People and visitors told us they knew how to complain. Comments from people included, "I have no complaints" and "I've never had to complain but if I did I know to speak with the manager". We reviewed the complaints file which contained an up to date policy. We reviewed five complaints and the policy had been followed. Previous complaints were acknowledged, investigated and the complainant responded to in writing. All responses to complainants included the contact details of the local government ombudsman and CQC if they were not satisfied with

the response from the home.

There was a positive, open, transparent culture about complaints and concerns. The registered manager, a relative and records told us complaints and concerns were taken seriously and used as an opportunity to learn and improve the service. Feedback was actively sought from people and their representatives. Staff told us they were encouraged to support people and their representatives to complain if they needed to.

Good

Is the service well-led?

Our findings

Before our visit we asked health professionals from a range of external organisations for feedback on the service and the feedback we received was consistently positive. Health professionals told us the service was dedicated to delivering the best outcomes for people. One visiting health professional told us, "The leadership from the management team has always emphasised the need to treat each resident as the individual they are; to keep them safe and ensure they have the best possible and happiest life they can". From the management team throughout the staff team we saw a clear and dedicated passion for achieving the best outcomes for people living at Kingfishers. Another health professional told us, "Over the years that I have been associated with Kingfishers I have had nothing but respect for their organisation". Another healthcare professional told us, "The level of care has been high quality, and the client's needs are met. I consider the service to be safe and effective, and the teams are well led".

The registered manager and management team listened to people and their families, and to members of nursing, care and ancillary staff about what would make this an exceptional service. Staff told us, "We involve everyone, some people are more vocal than others, but we like to make sure everyone is heard so we support those who are less confident about airing their views". They went on to say, "Sometimes people just need that little push and once they get their confidence it's brilliant to watch them participating in important and meaningful discussions". The registered manager led by example, was open, honest and transparent and modelled excellent practice to staff. The environment and atmosphere was one of inclusion, everybody was treated as an individual and was valued. For example the registered manager and management team listened to people and their families, and to members of nursing and ancillary staff about what would make this an exceptional service. Staff told us, "We involve everyone, some people are more vocal than others, but we like to make sure everyone is heard so we support those who are less confident about airing their views"

Throughout the inspection if a person needed support or assistance the registered manager prioritised the person above everything else. People, relatives and staff told us this was the registered manager's usual practice and this ethos was carried out throughout the home. The registered manager told us they made sure they walked around the home every day and spoke with people and staff. The registered manager was fully involved in the lives of people and staff at the home. The registered manager's office was close to the main door at Kingfishers opposite the manned reception and they operated an 'open door' policy. One member of staff said, "Oh yes, we can always pop in and know we will get help if needed". It was clear the registered manager's priority was the people living at the home, their loved ones and the staff they managed.

The culture of the home was based on core values which related to promoting people's independence, recognising their individuality and providing the care and support in a way that embraced people's culture and diversity. The registered manager told us that several representatives from different religious groups attended the home regularly to enable people to attend services or visit individuals. In addition people told us that they were supported to celebrate religious festivals. Specialist food was provided for such occasions and family and relatives were invited to attend if they wished. During the course of the inspection we found

that this culture and philosophy was shared and promoted by all staff. The calibre and knowledge of the nursing and care staff was consistently high as was the housekeeping and kitchen staff who all contributed towards providing a high standard of care to people. People had access to a range of professionals which ensured their health needs were fully met. These included access to GP's who visited the service when required, physiotherapist, occupational therapist, chiropodist, and visiting optician.

Staff praised the culture and support they received in the home. They said they felt really valued whatever their role at the home. Job descriptions were included with regular staff supervision sessions to embed staff roles further. All of the people, relatives and staff we spoke with told us they would recommend Kingfishers as a good place to live. Staff told us the service was well run and the management good and supportive. Comments included, "There are good managerial standards and (deputy manager's name) is a very good manager" and "We are definitely a well-run home". Some staff had previously worked at Kingfishers and had returned to work there. One told us, "I would not have come back if it was not well run. We are encouraged to form relationships with people living at the home and this was rewarding".

Communication within the entire staff team was important. For example, the daily head of department meeting showed that the kitchen staff also knew individuals well and were able to input into person centred planning such as helping with the cookery club. People told us they felt the home was well-led and they could raise issues and concerns without hesitation with staff who were open and approachable.

People said they felt listened to by the staff and the registered manager. This was reflected by people and relatives who told us, "We see the manager walk around. The door (to the office) is always open. They are very pleasant", "The staff have smart uniforms and you can identify their role. Name badges are helpful". One relative added, "A good home starts at the top. The manager and deputy are wonderful, always have time to listen".

The home used the public review website www.carehome.co.uk. which gave the service a rating of 9.8 / 10. Comments included, 'The care provided to residents at Kingfishers is quite superb. My sister has been a resident there for over a year and even in the most trying circumstances, she has been treated with great kindness and courtesy'. 'My sister has just enjoyed a very happy birthday thanks to the care and thoughtfulness of the activities organiser who arranged a lovely afternoon tea. Her family gathered and blew the candles out on a specially baked cake and it was delicious', 'Unfortunately, Mum passed away recently; the carers at Kingfishers have been amazing and very kind and caring. We had a lovely sympathy card from them with lovely thoughtful words written in. Very comforting'. 'All the staff are so friendly, right from the time my Dad moved in, we have been treated as 'family'. My Dad is looked after really well, with care and affection. Today, we had an especially lovely afternoon tea and my family and friends were made to feel extremely welcome' and 'My friend had excellent care and all her needs extremely well cared for in the final months of her life. She was very happy and contented prior to the final stages of her life and received excellent care and attention from all the staff. The nursing team were extremely kind and vigilant in her final weeks and splendid palliative care in place towards the end.

There were regular staff meetings which were interactive and gave staff the opportunity to have their input into the meetings. Staff meetings were structured and included items such as, call bell response times, documentation and record keeping, team working, training, and the delivery of personal care. One member of staff told us, "The meetings are also a good time to reflect on what we have got right and what we could be better at". Another member of staff told us that the leadership at all levels was very good. They were clear about their individual roles and responsibilities and they said that the communication with them about what was happening within the home was good. High staff morale led to a happy and comfortable place for people to live.

Regular residents and relatives meetings were held to gather feedback about the service. These meetings were usually 'chaired' by the registered manager or a resident. We looked at the minutes of the last two meetings held in November 2016 and February 2017. Topics discussed for example were, food menus, activities, outings, housekeeping, gardening and laundry. Meetings were generally well attended. One person told us, "We have these meetings which are really good but we don't have to wait for a formal meeting to raise any issues. The manager is very approachable and her door is always open". Another person told us, "I really enjoy the meetings, they are light hearted but everything is taken seriously and documented". A further person added, "Good things come out of it. We have asked for a 'smart TV' for the lounge to give us more services and I think that is something that is going to happen soon".

Staff worked well as a team across different staff roles. Throughout the inspection staff worked well together for the benefit of people in their care and treated people and each other with dignity and respect. There was lots of laughter between the staff and they were seen being supportive to each other. Good relationships with the community and local healthcare professionals had been established. These good relationships enabled people to receive timely care to help enhance their quality of life and look at ways for continual improvement. For example, continuing improvements in end of life care and timely prescribing meant that peoples care and support needs were fully met and had a positive impact on people's well-being.

There were effective systems in place to monitor all aspects of the care and treatment people received. Audits had been conducted regularly by the service and there was continual oversight by the provider. These had assessed areas such as the cleanliness and safety of the environment, the accuracy of people's care records, falls prevention, people's nutritional needs and the management of people's medicines.

Incidents and accidents were recorded and investigated. There was a system was in place that alerted senior management. The clinical lead told us, "When we have an accident or incident within the home it is recorded electronically and senior managers receive an alert via e-mail to make us aware. Alerts are analysed with the registered manager so that action could be taken to reduce the risk of people experiencing harm". For example, some people who were at a high risk of falling had equipment to minimise future risk of falls. The registered manager looked for any reoccurring patterns to minimise risk overall.

The registered manager had been in post since August 2016 and was registered with the commission in December 2016. The previous manager had submitted the PIR on 3 August 2016. The registered manager shared a draft document with us based on the PIR submission where action points had been identified and plans put into place to continually improve the delivery of care and support at Kingfishers. For example, to maintain and develop strong professional relationships with external health care professions. To continue to work within the Gold Standard Framework for End of Life Care and proactively support all staff to continue to develop their knowledge and skills to ensure the delivery of exceptional care.

The providers promise, 'Cherishing You'. 'The reassuring commitment each member makes to each resident underpinned by our five values' of friendly, kind, individual, reassuring and honest were very evident throughout our visit. Staff were warm and welcoming when engaging with people and showed kindness and a genuine interest in them. Staff treated everyone as an individual and were reassuring in their approach.