Grandcross Limited

Kingswood Court Care Home

Inspection report

220 Soundwell Road
Kingswood
Bristol
BS15 1PN

Tel: 01179603722
Website: www.fshc.co.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 15, 16 and 20 March 2017 and was unannounced. This service was previously inspected in October 2016. At that time we found there were areas that required improvement and we made recommendations to the provider in order to achieve this. Kingswood Court Nursing Home provides accommodation and nursing care for up to 66 people. At the time of our visit there were 63 people living at the service.

A vacancy for a registered manager had recently become available at the service and someone had been recruited to commence their post mid-April. There had been a history of unsettlement around consistency in management and leadership. Because of this a significant number of improvements were required to ensure that people were kept safe and received quality care. The provider acknowledged the deterioration in the service provision over the last year. 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.

An action plan had been developed highlighting areas for improvement. We were able to see where action had been completed and where other areas were being addressed. Work had been prioritised and realistic timescales had been put in place so that the quality of work and further development had not been compromised. The service had been supported by various health and social care professionals and this had been embraced by the management and staff. They acknowledged shortfalls, learnt lessons and took action to resolve issues. It was evident progress had been made and working progress continued.

At this inspection we could not be satisfied that medicines were managed safely and this was being investigated by the service with support from the local authority safeguarding team.

We could not be assured that people received appropriate care and support because there were not effective systems in place to assess, plan, implement, monitor and evaluate people's needs. People had not always been involved throughout these processes but this was improving. This was paramount to ensure their needs were clearly identified and the support they received was meaningful and personalised. We needed further evidence to ensure people experienced a lifestyle which met their individual expectations, capacity and preferences.

People and visitors we spoke with told us they were happy and things were improving. Despite the areas for improvement, people said things were satisfactory and staff always did the best they could. We read comments from relatives who had recently completed a questionnaire. They wrote, "The staff on the top floor work well together as a team and there is a friendly, welcome feel. From the moment I come through the front door I always have a good welcome by whoever answers the door", "The staff are very friendly, helpful and professional" and "Myself and my family are really happy and the staff are very nice".

Staff were knowledgeable in safeguarding procedures and how to identify and report abuse. People were supported by the recruitment policy and practices to help ensure that staff were suitable. The manager and staff were able to demonstrate there were sufficient numbers of staff with a combined skill mix on each shift. Despite staff vacancies, every effort was made to ensure continuity when using agency staff.

A training programme had been developed for all staff and good progress had been made rolling this out to staff. Staff acknowledged the training had been useful and effective. People were helped to exercise choices and control over their lives wherever possible. The deputy understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received a varied nutritious diet, suited to individual preferences and requirements. Mealtimes were flexible and taken in a setting where people chose. Staff took action when people required access to community services and expert treatment or advice if they were at risk of malnutrition or dehydration.

Peoples, relative and staff feedback was a vital part of the quality assurance system either through questionnaires, meetings and care reviews. They were listened to and action was taken to make improvements to their quality of life. The deputy monitored and audited the quality of care provided striving to meet the ever changing needs of people living in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Management of medicines were not always safely carried out.

Staff had received training in safeguarding so they would recognise abuse and knew what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

There were enough staff on duty to support people safely.

People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

Staff were encouraged and keen to learn new skills and increase their knowledge and understanding

People were supported to make decisions and choices about their care. Staff supported those who were unable to make choices themselves and to make decisions in their best interests in line with the Mental Capacity Act 2005.

People had access to a healthy diet which promoted their health and well-being, taking into account their nutritional requirements and personal preferences.

The service recognised the importance of seeking advice from community health and social care professionals so that people's health and wellbeing was promoted and protected.

Is the service caring?

Good

The service was caring.

Staff were committed to providing people with care and kindness.

Staff treated people with dignity and respect.
People were supported to maintain relationships that were important to them.

Staff provided end of life care in a supportive, caring way.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff had not always identified how people wished to be supported so that it was meaningful and personalised.

People were not encouraged to pursue personal interests and hobbies and to access activities in the service and community.

People were listened to and staff supported them if they had any concerns or were unhappy.

Is the service well-led?

Requires Improvement

The service was partially well led. Improvements required had been identified and plans were in place to rectify these.

Quality monitoring systems were in place and had influenced change and improvement.

The service needed to sustain improvements made to evidence they were effective.

People who used the service felt supported by the management team.

Procedures were in place for recording and managing complaints, safeguarding concerns, incidents and accidents.

Kingswood Court Care Home

Detailed findings

Background to this inspection

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

This service was previously inspected in October 2016. At that time we found there were areas that required improvement. This inspection was conducted over three days with one adult social care inspector and an expert by experience. An expert by experience is a person who has used this type of service in the past. A pharmacy inspector reviewed the management of medicines in the home on day one of our inspection.

Prior to the inspection we looked at 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.

The service was being monitored and supported by various health and social care professionals following previous safeguarding concerns which were raised about people's well-being. We have referred to the intelligence reports we have received from those that visit the service and from multi-agency meetings we have attended.

During our three day visit we spoke with 12 people, nine family members and two visiting professionals. We spent time with the area manager, a resident engagement specialist (responsible primarily for promoting and enhancing a person approach to care), the deputy and spoke with 15 staff on duty. We looked at people's care records, together with other records relating to their care and the running of the service. This included staff employment records, policies and procedures, audits and quality assurance reports.

Requires Improvement

Is the service safe?

Our findings

The service was not always safe with the management of medicines. We saw that there were separate recording sheets and protocols for medicines prescribed 'when needed' to guide staff on when it would be appropriate to give a dose. However, we saw records for one person prescribed a sedative medicine twice a day if needed, who were receiving doses regularly twice every day according to their current MAR chart. We checked the person's protocol for this medicine, but it did not provide enough detailed personalised information to guide staff, although it was recorded in the care plan that this person was frequently agitated.

We saw that there was a system for reporting any medicines errors and incidents. We saw that these were investigated so that measures could be put in place to prevent them from happening again. There was one serious incident from December last year which was still being investigated, where a person did not receive their prescribed medicine for 11 days. This happened because there were not adequate checks of the new MAR charts when they were received that month, and it wasn't picked up by staff that the medicine was missing from the new chart.

We saw the plans and recommendations that had been drawn up to address this. However these actions had been started but were not complete at the time of this inspection. Staff were to have updated training in safe handling of medicines and competency checks. These had not been completed at the time of our inspection. We were told that these would be completed by the end of March 2017.

This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staff were kind and they wanted people to be happy and feel safe. People we spoke with told us they felt 'safe and staff looked after them'. Comments included, "I have settled down here and feel safe and secure; it is nice being looked after", "I feel very safe and comfortable, there are plenty of nice people here who come quickly if I press the bell" and "I have no fears at night, I have got my buzzer to call them if I need anything". Family members also expressed they felt their loved ones were safe. Comments included, "My relative is monitored well and given regular pain relief when needed; in the 18 months since being here they have only been admitted to hospital on one occasion. Previously when they lived at home they were in hospital at least every six to eight weeks" and "My relative is here for respite care, I have no concerns about their safety".

Staff confirmed they had recently attended safeguarding training updates and this had helped refresh their knowledge and understanding. The deputy recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority and CQC. We had recently attended safeguarding meetings held by the South Gloucestershire safeguarding team. The deputy had prepared well for these meetings and it was evident from the information they provided that they had completed detailed investigations, were open and transparent and completed records to aid all professionals who attended.

At the inspection of October 2016 we found staff did not have suitable guidance on how to support people

who were at risk. Where risks had been identified there was not sufficient information to equip staff in order to reduce the risk. Improvements had been made since our last visit. Staff understood specific risks relating to people's health and well-being and how to respond to these. This included risks associated with weight loss and maintaining skin integrity. People's records that we looked at provided staff with information about these risks and the action staff should take to reduce these. Examples of intervention the service had taken included a referral for specialist advice from a dietician and supplying specialised equipment such as pressure relieving aids.

Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. With people's permission, we observed two transfers where staff were using a hoist to move people from their beds into armchairs. This was done competently and staff were giving clear instructions and reassurance throughout. People who required a hoist when transferring had their own marked sling which was kept in their room. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented.

At the inspection of October 2016 there was an increased use of agency staff due to permanent vacancies. People told us this had impacted the care and support they received. It also meant that if shifts could not be filled, staffing levels were compromised. Visitors had found it difficult to find a member of staff and people's request were not always responded to in a timely manner. Improvements had been made since the last visit in October 2016 particularly around staff recruitment. Every effort was made to ensure vacant shifts with covered by permanent staff members. The deputy used the same agency to cover any absence which helped promote continuity and consistency of care. Staffing levels were determined by people's needs and the level of support and care they required. Levels did not alter if occupancy reduced and if people's needs increased in the short term due to illness or in the longer term due to end of life care, the levels were increased. The manager ensured there was a suitable skill mix on duty over each 24 hour period.

During our recent inspection the atmosphere appeared calm and staff did not appear to be rushed, they responded to people's requests for support. People, visitors and staff confirmed there were enough staff on duty. Comments included, "I have to stay in bed because of my condition, there are plenty of staff who come quickly if I push the bell, they help me to move and I could not do without them" and "I never worry about my relative when I am not here because of the level of care; there are enough people around, always someone passing or popping in to check, buzzers are responded to within one or two minutes".

Safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Good

Is the service effective?

Our findings

People felt staff were competent and they were being cared for as they wished. We heard staff seeking consent before any care and support was provided and staff waited for a response before proceeding, people confirmed this is always the case. Comments included, "Staff are good at what they do, they have great patience, "Staff have the right skills to care for my relative, if they have any concerns they call the GP, my relative has had a new lease of life since being here", "Staff are brilliant at looking after me" and "This place is fabulous, the staff are fantastic, they do everything I need and cannot do enough for me".

At the inspection of October 2016 we identified there was a lack of training and knowledge around person centred care and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). At our most recent inspection we found improvements had been made. Staff were supported with training to keep up to date with best practice and extend their skills and knowledge. They provided feedback on courses they attended to help ensure it was meaningful and useful. Staff were asked to describe what they had learnt and how would they consolidate their learning in their care practices. We looked at some of the written comments received from recent courses including a person centred approach to care and raising awareness in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The accounts from staff evidenced a good level of understanding and how this would help inform them within their individual roles. Written feedback comments included, "The training has been interesting and pleasant", "It helped me understand more about the person, I am really glad I attended", "I will put all my learning into practice and ensure my residents live well" and "The trainer was excellent and made it fun".

The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. Staff understood its principles and how to implement this should someone not have mental capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

Staff had private one to one time with the deputy, or other senior supervisors. Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore. Staff told us they felt supported on a daily basis by the area manager, deputy and other colleagues. Staff meetings were an additional support, where they shared their knowledge, ideas, views and experiences. Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handovers, head of department meetings and written daily records.

We met with the cook who was very knowledgeable about the people living in the home, their likes dislikes and dietary requirements. Menus reflected seasonal trends and consisted of meals that people had chosen. Overall comments were positive about the food. These included, "I get plenty to eat and drink, they are trying to recover the weight I have lost, they give me my favourite corned beef and mashed potato whenever I ask for it", "The food does vary, it's not like home cooking", "I get plenty of fruit" "I always have enough to

eat" and "The food is ok, I get a choice every day, they know what I like and I usually have seconds".
If people were at risk of weight loss a screening tool provided guidelines to assist with developing a care plan and identifying any action required. Food and fluid intake was recorded if required, so that any poor intake would be identified and monitored. People were weighed monthly but this would increase if people were considered at risk. Referrals had been made to specialist advisors when required, including speech and language therapy when swallow was compromised and GP's and dieticians when there were concerns regarding people's food intake and their weight.

The deputy and staff sought expert advice from community health and social care professionals so that people's health and wellbeing was promoted and protected. We spoke with two physiotherapists who were visiting a person on respite care. They told us they were satisfied staff were following their programme and were happy with the progress made by the person whilst staying at the home. People were supported to register with GP's and dentists of their own choice. Referrals had been made to speech and language therapists and community dieticians. Opticians and dentists were accessed to provide regular check-ups and treatment where necessary.

Good

Is the service caring?

Our findings

We were introduced to people during our visit and we spent time observing them in their home. The atmosphere was relaxed and people appeared comfortable and happy in their surroundings. Staff were seen to interact with people in a kind and compassionate manner and were heard to refer to people by their preferred name, using appropriate volume and tone of voice. There were friendly exchanges, terms of endearment were used appropriately to the obvious pleasure of the people being spoken to. People told us, "Staff understand me and respond well to me, they are all kind" and "I am lucky I can do things for myself but the staff are brilliant, we have a laugh and a joke".

Family and friends were positive about their experience of the service. Comments included, The staff are good to my relative and they are happy", "Staff are lovely and they know my mother well, they understand her, they respond well and they respect and care for her", "The care my relative receives is more than adequate. They are loving, speak to residents in a kindly manner and treat them as a person, my relative likes them all". One relative recently wrote in a questionnaire, "The staff always seem very happy with their work and do have a really good relationship with my mother, my family and myself. They all happy to help when asked". One relative had some reservations about their relatives care and we fed this back to the management team so that they could address this.

People appeared to have a good relationship with care staff and they looked comfortable when approached. People we spoke with agreed they were treated with respect and dignity, and that their privacy was maintained. Many people chose to have their bedroom doors open, and we observed staff calling out as they entered their rooms, people confirmed doors were closed and curtains drawn before any personal care was given. Comments included, "The staff will do anything you ask, they are lovely, they come in and get me up. I am not embarrassed at all, they have a nice way" and "Staff are lovely, they are quick but do not rush me, they treat me with dignity, I have nothing to complain about, I get on really well with them all".

During our visits we saw staff demonstrating acts of patience and kindness. Mealtimes were a good example where staff promoted an atmosphere that was calm and conducive to dining. We observed staff speak tentatively to people, they described the meal they served, repeatedly offered drinks and asked if everything was satisfactory. People who required help with eating and drinking were supported with dignity and respect. Staff were supporting people respectfully and at their own pace, sitting at the same level, with clothes protected where requested. Staff were attentive throughout lunch offering drinks, gently encouraging and cutting up food if required.

Staff told us about friends and family members that remained important to people and how this was encouraged and supported. People kept in contact through telephone conversations and staff helped them send cards when celebrating special occasions. Visitors were welcome any time and spent time in the privacy of their own rooms or in communal areas. Family and friends were also invited to join in any celebrations or events at the home.

The service supported people when receiving end of life care. We spoke with two recently bereaved relatives

who came to give letters and cards of thanks to staff for the way they cared for their late family member. They were effusive in their praise. They complimented staff on their 'humanity, respect and love' and said they 'always went that extra mile'. Staff supported the 'whole family' when providing care and support. They had built positive relationships based on trust and mutual respect. This helped to support sensitive, emotional situations when people were receiving end of life care. Bonds were built between staff, spouses and family members and staff genuinely cared about them all. One of the relatives wrote, "Whenever I phoned calls were picked up promptly and the nurses made it clear that I was free to talk anytime. I never felt rushed, they listened and consoled me. I always felt they wanted the best for dad and knowing they were there was a real support to me".

Requires Improvement

Is the service responsive?

Our findings

At the inspection of October 2016, we were shown a new care file format the provider had introduced. This was in attempt to help ensure care was personalised and to make it easier to access information about people. Although the new format lent itself to a holistic approach to care, a lot of the sections were either incomplete or blank. Adequate planning had not been considered on how to introduce and implement the new system to ensure quality and effectiveness. A lot of information required had not been completed, there were various gaps in detail and they did not equip staff with enough guidance on how to support people.

Although the documentation was in working progress and required further improvements we did see that improvements had been made. The progress was not as the area manager had hoped for or anticipated. However it was recognised that certain factors had compromised achievements. This included, accessing additional training for staff to complete the files, staff vacancies, and difficulty in arranging appointments for family members to attend care reviews. In the care files that had been completed we found they were informative and interesting. They reflected that people had been fully involved in developing their plans and how they wanted to be supported and cared for and people confirmed this. Despite the lack of written information the deputy and staff knew people well and were able to explain people's individual diagnosis, conditions, and preferences in relation to the way they required support.

An activity coordinator had been in post for four months and worked 30 hours a week over 5 days. They had no previous experience of the role or of working in a care home. However they were enthusiastic and keen to develop their skills. The area manager confirmed they were looking at training to equip the coordinator with the skills required in addition to arranging support from coordinators in the organisations other homes. In addition the home was in the process of recruiting an additional full time post. Whilst it was acknowledged they were trying to engage with as many people as possible, and encouraged them to attend the activity sessions, few actually took part. On the first day of our visit only five attended, and the coordinator had a day off on the second day, so although activities were scheduled, none took place. More work needed to be done to ensure personal preferences and interests had been considered.

People who preferred to stay in their rooms or were not enticed by an activity on offer did not receive any one to one activity time. Comments included, "I am not asked to do activities, all I can do is listen to the radio", "The coordinator works hard and tries to get people to join in" and "There is nothing to do doing during the day, I am bored". One person said, "I have everything I need, so I do not go to activities, I have my music and my television, so I am happy". Where people were being cared for in bed, those seen appeared to be comfortable and were well positioned. However one person was lying on their side facing a blank wall, they had no visual or tactile stimulation, nor was there any music being played.

One family member of a person receiving respite care told us they would not use this service again because of the lack of stimulation and the fact that there was nowhere other than the dining room for people to sit in comfort and socialise. The 'lounge area' was being used for storage, similarly, the lounge area on the top floor was used for staff and the large lounge on the ground floor was not used by anyone on either day of the inspection. Relatives all agreed there were not enough activities or enough happening at the home to

provide stimulation, but they also acknowledged their loved ones were not always prepared to do what little there was on offer.
These were breaches in of Regulation 9 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

The service had a complaints and comments policy in place. People and their families were given a copy of the procedure and policy on admission. People who required assistance to make a comment or complaint were supported by staff. The deputy and staff encouraged everyone to share where improvements could be made and to talk about any concerns or anxieties. There was an electronic system to report concerns either in the foyer or on tablets in the home. This could be used by people living in the home, their families and other visiting health and social care professionals from the local community.

People told us they were confident and happy to speak with the deputy and other staff members if they had concerns. We were aware of two people in the home who regularly raised concerns if they were not happy. Discussions with them and the management team confirmed that every effort was made to resolve concerns wherever possible. Relatives said would have no hesitation to make a complaint and that they were confident it would be dealt with appropriately. One relative recently wrote in a questionnaire, "One nurse in particular is very approachable and is happy to receive any concerns, this is very welcome. The nurse said they need to know any issues in order to address them and wherever possible put it right". Another relative we spoke said they were always able to speak to staff if they had any problems or concerns, and were kept informed if there were any changes in their relatives condition.

Requires Improvement

Is the service well-led?

Our findings

The service was partially well led and things had improved over the last six months. The new management team in place had identified where improvements were required, including those that we identified at this inspection. Plans to resolve these had been placed in order of priority. The whole staff team acknowledged the improvements to date and the need to concentrate on strategies to ensure the standards reached are sustained. A new manager had been appointed following a rigorous recruitment process and was commencing their new post mid-April.

There was a genuine sense of relief from staff with regards to recent changes and the new management structure in place. Although this was a relatively new whole staff team there was evidence of a cohesive group who were committed to moving the service forward. Relationships of trust and confidence were being promoted by the area manager in order to ensure the new manager would be respected and supported. Both area manager and the deputy promoted and encouraged open communication amongst everyone who used the service. Relatives all expressed their satisfaction with the deputy who they felt listened to them and 'tried very hard to satisfy the needs of all'.

With the exception of two relatives we spoke with, other's said they would recommend it to others. Comments included, "This is a calming environment, there is no overload, the best thing about it is undoubtedly the staff", "the care is basically good and we feel it will improve over time", "We would definitely recommend it" and "The whole family are happy with the care and attention our relative receives". Two relatives said they would not recommend the home because of lack of comfort and activities and this was fed back at the end of the inspection.

Staff were feeling settled and supported. Comments included, "It's been a difficult time with changes in managers but things are improving already", "Communication has improved and the deputy listens" and "The deputy has helped maintain an equilibrium in the short term and that's been reassuring".

Although the home had experienced problems over the last year, some good practices had continued. This included assessing the quality and safety of the services provided through various audits and subsequent action plans for any improvements required. Feedback from everyone who used the service was sought on a daily basis with the home electronic systems. This information was assessed at various management levels and was used to drive improvements.

Additional systems were in place to monitor and evaluate services provided in the home. The deputy reviewed complaints, incidents, accidents and notifications. This was so they could identify trends and risks to prevent re-occurrences and improve quality.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were not receiving meaningful, social stimulation that met their personal preferences. Regulation 9 (1)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely Regulation 12 (1)