

# Four Seasons (Bamford) Limited

## Kingswood Lodge Care Centre

### Inspection report

Wotton Road  
Kingswood  
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Gloucestershire  
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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Kingswood Lodge Care Centre is a 'care home'. It is registered to provide accommodation and personal care and support for up to 40 older persons. The service provides long term and respite care. At the time of our inspection there were 25 people living at the service, some were living with dementia.

People's experience of using this service

People told us they felt safe. The service had systems and processes which ensured any concerns were reported to appropriate authorities without delay.

Risks to people's health and wellbeing had been assessed. There was guidance for staff on how to minimise risks to people. Staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subject to abuse.

People received their medicines as prescribed. Staff had received medicines administration training and knew how to administer medicines safely. Lessons were learnt when things had gone wrong.

The premises were clean and tidy. There was a record of essential maintenance carried out. Fire safety arrangements were in place and equipment had been regularly serviced.

We spent time with people during our visits and feedback received from people living in the service was positive. We observed staff interacting with people and we saw that staff showed empathy and understood the needs of the people they supported. People said the service was of a good standard and that staff were kind. Managers and staff created a warm and relaxed environment.

People's healthcare needs had been assessed and continually reviewed. People were supported to access the services of healthcare professionals when needed. People's nutritional and hydration needs were met in line with their individual needs and preferences.

There were quality assurance systems in place to help monitor the quality of the service and identify any areas which might require improvement.

The registered manager was committed to developing a service where people received person-centred care. This was evident throughout our visit. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was Good (published 13 May 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Kingswood Lodge Care Centre

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector and one inspection manager.

#### Service and service type

Kingswood Lodge Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider previously sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 11 members of staff, that included the registered manager, lead nurse, the cook, a catering assistant, a maintenance worker, a senior carer, the activities coordinator, an agency carer and three permanent care staff. We spoke with three relatives and friends of people who use the service. We reviewed a range of records. This included four people's care records and the services medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including quality monitoring audits and maintenance records were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question Good. At this inspection this key question remained Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm. Staff knew what signs to look for to keep people safe from harm or abuse. There was up to date procedures and information available to support them. Action had been taken in response to safety incidents, for example, where people had had a fall, their risk assessments had been updated and a debrief held with staff to prevent reoccurrence where possible.
- People told us they were safe, and we saw people looked relaxed and happy around staff. One person said, "When I press my emergency button, they [staff] come very quickly."
- The service had carried out environmental risk assessments in areas such as fire safety, the use of equipment and the security of the building.
- The registered manager understood their responsibilities to keep people safe and we saw that they had raised concerns appropriately with the local authority and notified the Care Quality Commission of any safety events as required.

Using medicines safely

- During our inspection we saw that the registered manager and lead nurse were reviewing their system of quality assurance around medicines. The registered manager told us this was to ensure any recording errors were picked up more quickly.
- We found that people had received their medicines as prescribed. Staff who supported people with their medicines had completed training. Competency assessments were carried out following this training and annually to check staff were following the correct procedures.
- People's prescribed medicines were reviewed regularly which helped to make sure people were not taking any unnecessary medicines. Where people required medicines to be given covertly, the correct protocols and documentation were in place and these had been agreed and signed off by the person's GP.
- The management of people's pain was effective. Each person had a pain management assessment and plan and there were clear protocols for staff to follow should a person tell them they were in pain.

Staffing and recruitment

- There were enough staff working at the service to meet people's needs. We saw staff were able to support people in a prompt manner. The staff rota accurately reflected the staffing situation on the days of inspection. Staff, people and relatives told us there were enough staff to meet people's needs effectively.
- The service was continuing to recruit staff to permanent posts and had a robust recruitment procedure in place.

Preventing and controlling infection

- The service had an infection control policy. This provided guidance to staff about how to prevent the spread of infection, for example, through the use of protective clothing and good hand washing techniques.
- Staff were seen to wear protective clothing during the inspection as appropriate and there was a good supply of gloves and aprons in stock. The premises were visibly clean and free from offensive odours on the days of our inspection.
- The services laundry system effectively managed soiled and contaminated items away from items that had been freshly laundered thus preventing cross contamination.

#### Learning lessons when things go wrong

- The registered manager promoted an open and transparent culture in relation to accidents, incidents and near misses. For example, the registered manager completed a monthly analysis of accidents and incidents to check for trends so that these risks could be minimised and information shared across the providers network of services.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were carried out of people's needs before they moved into the service. This was to determine what the person's needs were and if the service would be able to meet those needs.
- Care plans identified the specific needs of people. Staff told us they had clear guidance on how to meet those needs and would refer to people's care plan when required. One member of staff told us, "One person can get distressed and we all know to try calm her down or just leave her room for a while till she is ready to have her care." another said, "One person loves to wear pink so you always make sure she is wearing her favourite clothes.'
- Our observations of staff practice confirmed people's care needs were met effectively. For example, during lunchtime we observed a staff member provide support and encouragement for a person to eat in line with their care plan.
- Care and support plans were regularly reviewed which helped ensure that staff could continue to meet people's changing needs.

Staff support: induction, training, skills and experience

- People were supported by staff who were competent and had the skills and knowledge to care for their individual needs. Staff who were new to their role undertook the Care Certificate, a nationally recognised qualification for staff new to working in care and received support from experienced members of staff before working on their own. A member of staff told us, "My induction was very good. I shadowed for 33 hours, I did some training and watched other staff working because every person is different, and it helped me to understand people's different needs."
- The registered manager had ensured that staff were trained in meeting the oral hygiene needs of people using the service.
- Staff told us they felt supported. They received regular supervision and checks of their competency. This included feedback about their performance and enabled them to discuss any concerns, training and development. A member of staff told us, "I have one to one meetings and go to staff meetings."

Supporting people to eat and drink enough to maintain a balanced diet

- People who were at risk of poor nutrition and dehydration had plans in place to monitor their needs closely and professionals were involved where required, to support people and staff.
- Staff supported and encouraged people to eat. Kitchen staff clearly knew and understood people's individual needs and ensured these needs were met through the preparation of pureed or mashed food for people with swallowing difficulties or those on specialist diets. A member of staff told us, "It is important to know how people like things done and we make it happen. For example, one person loves peas, one likes a

bacon butty for breakfast and another person likes their milk boiling hot, and we do that for them."

- We observed lunch and found this was a positive experience for people. People told us they enjoyed the food. One person told us, "The food is quite good, there is always a choice." Another person said, "The food is always good."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a range of healthcare professionals. Records showed these included GPs, opticians, district nurses, speech and language therapists and tissue viability nurses. People confirmed they attended health care appointments.
- People's oral health needs were met. Care plans included documentation in relation to oral health care. Teeth brushing was recorded so it was possible to monitor that this took place as required for people. We saw people had routine dental check-ups. Two people living at the service had recently been assessed and provided with better fitting dentures.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff assessed people's ability to make decisions about various aspects of their life. These assessments stated what support people required and who would support them in making those decisions. Their records were reviewed regularly to ensure they reflected people's current needs.
- Where people were deprived of their liberty, the registered manager had made applications to the relevant authorities and received the required authorisation.
- People's records showed the registered manager had taken relevant measures in their assessment and care planning to meet the conditions of MCA and DoLS. A visiting DoLS professional told us that the service was supportive of the DoLS process. They told us, "I always get what I need from the home when I visit to complete an assessment, the manager is always very good, and the home is always hospitable and staff ensure I am offered a drink and biscuits.
- We observed staff seeking consent before providing care and support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Care was provided in a caring and compassionate way. Staff were considerate and attentive during our lunch time observation. One staff member said "I know you like gravy, so I have bought some in case you might want some." People were asked discreetly if they wanted support to cut up their food or needed any help eating.
- People were positive about their relationships with staff. Their comments included; "They look after me ever so well" and "Staff are very good, nothing is too much trouble."
- Staff understood people's personal and religious needs and what was important to them. One staff member told us, "I just sit with her while she prays as I know she likes that. We ask her the whole time if she would like to go to church but she does not want to at the moment." Staff understood that it was important for one person to spend time with their spouse who also lived at the home and supported them to do so.
- Staff also built caring relationships with those who mattered to people. Family members and friends told us they were welcomed at any time. They were supported to understand people's care needs and how this affected them, so they could continue to visit and support them. Two visitors felt both their relative and themselves were well supported, and told us that staff treated their relative with patience and kindness when they became distressed and had a good understanding of their needs. One relative told us "They make you feel part of the family."

Supporting people to express their views and be involved in making decisions about their care;

- Staff took time to explain information to people to enable them to express their views and make daily decisions. When one person became distressed because they could not understand a letter they had received, a staff member reassured them. They checked the person had their hearing aid and glasses and explained what it said in simple terms which enabled the person to say what they wanted to happen. One staff member told us, "Another person uses their picture cards to make decisions and we use them so that we know what he wants."
- Staff gave us many examples of how people were supported to make decisions about how they like their food prepared and how they would like their personal care and bedtime routines to be supported.

Respecting and promoting people's privacy, dignity and independence

- Staff created opportunities for people to be as independent as possible. People were encouraged and supported to continue to use their daily skills. We saw staff moved furniture out of the way to ensure a person could move their wheelchair independently.
- During our lunch time observation, we saw staff reinforced people's self-esteem and self-worth. They did

this by ensuring people were included in conversations, listening to them without judgement and by understanding and meeting people's personal choices and preferences.

- People's dignity was respected, and we saw they received personal care in private. One person told us "They know how to treat me with respect and have fun."
- People's confidential information was dealt with sensitively and securely and could only be access by authorised staff. Consent was sought from people or their representatives for confidential information to be shared with appropriate health and adult social care professionals when needed.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people's preferences, for example around what people liked to eat or drink and what time they liked to get up in the morning. Staff told us they got to know people by talking to them. We observed that one person living at the home had a football poster on their bedroom door as they were a professional footballer earlier in their life. The registered manager explained that this aided staff in starting a conversation with the person.
- People's care records were person centred and had been written with the involvement of people and their families. They included information about their preferences, what was important to them, details of their friends and families and their life story.
- People told us they received person-centred care. One person said, "It is all right here, they are all nice to me."
- People's care had been reviewed and updated in their care plans to reflect their changing needs. Staff told us they were informed of any changes to people's needs during handover meetings between shifts.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported with meaningful activities. The registered manager had created a culture whereby all staff were encouraged to engage with people and provide meaningful activities. The registered manager and activity coordinator had attended meetings as part of a local activity network to improve outcomes for people accessing activities. A person told us. "I like the activities here, there is always a list of things to do."
- Staff used people's life histories to match activities to their preferences. For example, we saw that some people in the home had been supported to complete puzzles and the service had purchased a puzzle board so these puzzles could be stored safely whilst people worked on them.
- Staff were actively building links with the local community. People had benefited from visiting a coffee shop and regular singing and dancing classes held within the home.
- The service involved people in deciding which activities to run. One resident who had exhibited low moods had been given the role as an activity coordinator. They had recently been awarded a certificate for the positive contribution they had made to the running of the service. The person told the registered manager that this role gave them a purpose in life.

Meeting people's communication needs. Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were known and understood by staff. People's care plans included details which helped new and unfamiliar staff learn about any communication needs, for example if people had difficulty hearing or reading information.
- Information was shared with people and where relevant, available to people in formats which met their communication needs. A member of staff told us, "We use pictures for one person to help them tell us what they would like."

#### Improving care quality in response to complaints or concerns

- A formal complaints process was in place and people knew who to talk to if they were unhappy about anything and told us they would feel comfortable making a complaint.
- There were accessible methods available for people to raise their concerns. For example, there were traditional methods such as talking to a member of staff or the registered manager but there were also tablet devices used to support people to provide feedback by providing information in a large font.
- The complaints procedure informed people how the service would respond, the timescales they would respond in and the details of other organisations if they wished to take a complaint further.
- There had been one formal complaint about the service since our last inspection. We reviewed records in relation to this complaint and could see that it had been fully investigated and lessons learnt from it. For example, we saw how the role of the shift leader had been amended to ensure that the diary was the first point of planning a shift to ensure people were supported to be washed and dressed ready for their family to collect them for a hospital appointment.

#### End of life care and support

- The service was supporting a number of people with end of life care at the time of our inspection. We observed that staff demonstrated an understanding of how people should be supported to have a comfortable, dignified and pain-free death.
- People's care plans included clear information in relation to their capacity to make decisions around end of life care and where appropriate, who was the nominated person to act on their behalf in these matters. We reviewed a range of records in relation to people's end of life needs. We saw that people and their relatives had been involved in decision making around end of life care and after death arrangements.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager met regularly with staff teams to make sure they understood their role and responsibilities regarding the people they cared for. Staff were encouraged to review their working practice through 1 to 1 meetings to promote positive outcomes for people in relation to their care and support needs.
- Staff told us they understood how to provide people with personalised care and support. They told us they were well supported by the management team. A staff member told us, 'I think we work well as a team.'
- The manager notified us promptly of events or incidents involving people. This helped us to check that the provider took appropriate action to ensure people's safety and welfare in these instances.
- There were arrangements in place for monitoring and checking the safety and quality of the service. The registered manager undertook regular audits and checks of key aspects of the service. This information was then fed directly into the provider network to aid overall governance of each service. Where issues were found through quality checks these were addressed promptly and improvements were made, and alerts were sent across the provider network to minimise risk of reoccurrence.
- Relatives spoke positively about the management team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider investigated all accidents and incidents that happened and made sure people and their representatives were kept involved and informed of the outcome. All information in relation to accidents and incidents was automatically sent electronically to the providers health and safety representatives and key personnel to minimise further risk and to ensure remedial action could be taken without delay.
- The providers documentation for recording incidents and accidents had clear instructions on how to ensure duty of candour was followed and the importance of doing this.

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

- The registered manager made sure that they were approachable and available for staff. There was constructive engagement with staff including supervisions, staff meetings and working directly with staff. The registered manager was familiar to people living at the service. When asked about the registered manager, one person said, "Oh yes, I like her very much."

- Staff were encouraged to discuss ideas and views on ways of working with people. There was a positive attitude among staff we spoke with and they told us they felt involved in meeting people's personal care needs. A member of staff told us, 'It is a good place to work. Staff are friendly and love their jobs and the manager is really good.'
- People were at the heart of the service and were continually involved in development of the service. For example, people's enjoyment of activities was monitored.

#### Continuous learning and improving care

- People, staff, relatives and stakeholders were invited to share their experience of the service. There was an electronic feedback station located in the foyer accessible for all.
- The service had received one complaint in the last 12 months. We looked at the registered managers' documentation around this and could see that the complainant had been responded to in line with the provider's complaints policy. We saw that the complainant was provided with a clear apology after the investigation had been concluded and was informed of measures the service was taking to prevent recurrence.

#### Working in partnership with others

- Good relationships had been developed with a range of healthcare professionals involved in people's care. Staff made sure recommendations and advice from healthcare professionals was used to improve the care and support provided to people. This helped to ensure that care and support was up to date with current practice in relation to people's specific needs.
- The registered manager worked in partnership with governing bodies and local authority commissioners to ensure the best outcomes for people. A local authority commissioner told us, "There are no immediate concerns with the service."