

Barchester Healthcare Homes Limited

Kingsland House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Kingsland House is a care home registered to provide nursing and residential care and accommodation for 71 people with various health conditions, including dementia and sensory impairment. There were 60 people living at the service on the day of our inspection. Kingsland House is a large purpose built care home located in Shoreham-by-Sea, West Sussex.

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

People were happy with the care they received, felt relaxed with staff and told us they were treated with kindness. They said they felt safe, were well supported and there were enough staff to care for them. One person told us, "You cannot fault the staff here, they are lovely." Our own observations supported this, and we saw friendly relationships had developed between people and staff. A relative told us, "We're very lucky to have [my relative] living here, she is taken good care of."

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.

The registered manager had worked hard to embed a positive culture and ethos of care at the service. One member of staff told us, "I love working here, we treat the residents like they are our own parents. The manager has made changes, but they are for the better." The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. These systems also supported people to stay safe by assessing and mitigating risks, ensuring people were cared for in a person-centred way and that the provider learned from any mistakes. Our own observations and the feedback we received supported this.

People received good care that met their needs and improved their wellbeing. The staff team were dedicated and enthusiastic.

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

Rating at last inspection

The last rating for this service was Good (published 26 August 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. Please see the safe and well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the key

questions of effective, caring and responsive. We therefore did not inspect these. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained as Good.

Follow up

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

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 was safe.

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Kingsland House

Detailed findings

Background to this inspection

The 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.

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

Inspection team

The inspection team consisted of one inspector.

Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with people, relatives and staff and gathered information relating to the management of the service. We reviewed a range of records. This included eight care plans. We spoke with five people living at the service and five visiting relatives. We also spoke with nine members of staff, including a general manager, a regional care manager, two registered nurses and care staff and ancillary staff.

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.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

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

- People said they felt safe and they had no concerns around safety. One person told us, "I'm safe here, I've never had a reason to think that I'm not."
- Staff had a good awareness of safeguarding, could identify the different types of abuse and knew what to do if they had any concerns about people's safety. Information relating to safeguarding and what steps should be followed if anyone witnessed or suspected abuse was displayed around the service.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up measures to prevent a re-occurrence were recorded. Any subsequent action was shared and analysed to look for any trends or patterns.

Using medicines safely

- Registered nurses and care staff were trained in the administration of medicines and had undertaken competency checks. A member of staff described how they completed the medicine administration records (MAR). We saw these were accurate. They also showed us how they ensured that stock levels of medicines were accurate.
- People told us they had no concerns about their medicines. One person said, "The nurse gives them to me when I need them."
- Where people were prescribed 'as required' (PRN) medicines, there was clear guidance for staff on when to administer this.
- Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks of medicines storage areas. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.
- Medicines were stored appropriately and securely, in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Assessing risk, safety monitoring and management

- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had several risk assessments completed which were specific to their needs. For example, some people were at risk of falls or choking. Their care plans contained comprehensive and specific details for staff on how to manage these risks.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.

- Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- The deployment of staff met people's needs and kept them safe. Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and agency staff were used when required.
- People and staff told us the service had enough staff to keep people safe. A relative told us, "I know they've struggled with staffing, because of the pandemic, but I've never felt there was a dangerous level of staff. They all work exceptionally hard." A member of staff said, "No day is ever the same, and it gets busy, but we manage. I'm confident people are safe."
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Records showed staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the Nursing Midwifery Council (NMC).

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was facilitating visits for people living in the service in accordance with the current guidance.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. 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

- At the last inspection, we identified issues in respect to the culture of the service and the wellbeing and morale of staff.
- We saw that improvements had been made and managers at the service had implemented new systems and initiatives to improve transparency, communication and the morale of staff.
- For example, regular staff meetings took place to understand how staff were feeling. These meetings were a safe space for staff to express their views and be supported.
- The provider had also implemented financial benefits and wellbeing initiatives that staff could access. Staff commented they felt supported and had a good understanding of their roles and responsibilities. One member of staff told us, "[Registered manager] has standards that we have to keep up. She's made positive changes and we are always learning." Another member of staff added, "I love working here, we treat the residents like they are our own parents. The manager has made changes, but they are for the better."
- We received positive feedback in relation to how the service was run, and our own observations supported this. One person told us, "It's not perfect every day, but you cannot fault the care and commitment of the staff." A relative added, "We're very lucky to have [my relative] living here, she is taken good care of."
- People, relatives and staff spoke highly of the service and felt it was well-led. Staff told us the care of people living at the service was the most important aspect of their work and they strived to ensure that people received high quality care. Our own observations supported this. A member of staff told us, "I've worked here for many years, that shows how much I like it here. The residents get good care, we're like a big family."
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure nobody at the service suffered from any kind of discrimination. This was reinforced through training.

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

- People and staff were actively involved in developing the service. We saw examples of how feedback from people had influenced activities and food choices. A relative told us, "They do all they can to keep us involved. My [relative] attends to the residents and relatives' meetings, they are very informative."
- There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. Meetings and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided.

Continuous learning and improving care

- The service had a strong emphasis on teamwork and communication. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
- Staff commented that they all worked together and approached concerns as a team. A member of staff told us, "There have been issues in the past with staff not supporting one and other, but that is better now. I can't speak for everyone, but I think we all work together very well."
- Up to date information was made available for staff including details of specific topics, such as COVID-19, medicines and the Mental Capacity Act, to ensure they understood and had knowledge of how to assist people.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider undertook a range of quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included medicines, infection control and health and safety. The results were analysed to determine trends and introduce preventative measures.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.
- The provider had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check appropriate action had been taken.

Working in partnership with others; 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 service liaised with organisations within the local community. For example, the Local Authority and Clinical Commissioning Group, to share information and learning around local issues and best practice in care delivery, as well as to assist each other in investigating any concerns.
- Staff aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.