

MML Finance Ltd

Kingswood Court Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: Kingswood Court Care Home provides nursing, residential and respite care for up to 59 people many of whom may have dementia. At the time of our inspection 33 people lived here. The home had changed provider at the end of February 2018.

People's experience of using this service:

The service was extremely well led. The providers ethos was strongly promoted and modelled by the management team. People and staff felt nurtured and cared for. This was a commitment to valuing people as individuals, supporting them to maintain their independence, and encouraging people to lead fulfilling lives. The management team demonstrated a transparent leadership style and were fully engaged with people and staff at the service. A focus was on developing and encouraging staff, which meant people were supported by a consistent, knowledgeable and experienced staff team. The provider was passionate about providing the best care and support possible. The theme of continuous improvement and striving to make people's lives better was evident throughout our inspection. Robust quality assurance systems underpinned this.

The providers vision and values of providing effective care and support with dignity and respect was clear during our inspection visit. They were proactive in learning from others and implementing best practice initiatives around the home. This was especially evident in the use of technology across the service: This included specialist lighting to help people go back to a natural waking/sleep routine; sensor-controlled doors, use of technology to ensure the home was clinically clean; and innovative use of walkie-talkies so staff could be deployed effectively around the building.

People felt safe at the home due to the compassion care given by staff. Staff understood their roles and responsibilities around keeping people safe from abuse and other harm. Staffing levels met the needs of people, and people were involved in recruitment of staff whenever possible.

Staff felt well supported by the management. Staff received ongoing support and supervision to keep them up to date with best practice. The provider also showed their appreciation for the work staff did arranging group trips out, to activities such as west end shows. This made staff feel valued and gave them a positive outlook on their roles and interactions with people.

People, their relatives and healthcare professionals were very complimentary about the kindness and competence of staff. This included those people that were supported at the end of their lives. The words compassionate, and understanding were frequently used by people when they talked about the staff.

Activities were well organised and varied to give people the opportunity to keep fit, exercise their minds or just have a sit and talk with others. People's faiths were well supported, and families could visit whenever people wanted them to. There was also involvement by local community groups to bring happiness to the lives of people.

Rating at last inspection: This is the first inspection since the home was taken over by a new provider at the end of February 2018.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

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 effective?

Outstanding ☆

The service was exceptionally effective.
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive
Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our Well Led findings below.

Kingswood Court Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- Our inspection was completed by two inspectors, a nurse specialist and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

- Kingswood Court Care Home 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:

- Our inspection was unannounced.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House.

- We asked the service to complete a Provider Information Return (PIR). This is information we require providers to send us annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with 10 people who used the service and eight relatives.
- We spoke with the provider's Operations and continuous improvement director, registered manager, 8 staff, and a visiting GP.
- We reviewed seven people's care records, three staff personnel files, audits and other records about the management of the service.
- The provider sent us additional information after our inspection. This was received and the information was reviewed as part of our inspection process.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with said they felt safe living at Kingswood Court. Relatives felt that the home was safe, and the level of security meant they could feel relaxed about leaving their family members at the home.
- Relatives said they felt the home looked out for their relatives in a responsive way. They cited the changes to the front door and the installation of night time trip lights for people who walk around the home as a reason for this. These small changes to security since the new owners had taken over had made a big difference, relatives said.
- Information on what to do if abuse was suspected was clearly displayed around the home. This enabled people, relatives or visitors to know what to do if they had concerns. Reporting forms were also positioned by the notices so they could be completed and submitted to the home, or local authority safeguarding team anonymously if needed.
- Staff understood their roles and responsibilities should they suspect people were at risk of abuse. Referrals to the local authority safeguarding team had been made when appropriate.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were identified and action taken to reduce the chance of people coming to harm. These assessments covered medical and support risks, such as managing falls or choking, to environmental risks such as cleanliness and infection control and fire safety. These had been completed for each person who lived here.
- Risks to people's skin integrity were also well managed to minimise injuries such as pressure wounds developing.
- Assessments of risks also ensured that appropriate equipment and training was identified and put into place to support people. For example, correctly sized slings and hoists with associated training for staff where people required assistance to move.
- Regular checks were completed on the home to make sure it was a safe place to live. This included fire safety checks; electrical and gas service maintenance; and emergency plans which told staff what to do in an emergency.

Staffing and recruitment

- There were enough staff to meet the needs of the people who lived here. Staffing levels were based on the assessed needs of people. The staffing levels also considered the design and layout of the building to ensure enough staff were deployed in each area to meet people's needs. Staffing rotas demonstrated that safe levels of staff were in place.
- The process for recruiting new staff was safe and ensured only suitable staff were employed. The provider carried out checks such as obtained references, proof of identity, address and a Disclosure and Barring

Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

- People had been involved in the selection process of new staff. The provider had increased the number of activities staff to four, and interview notes recorded that potential candidates had met with people and their views had formed part of the hiring decision.

Using medicines safely

- Peoples medicines were managed in a safe way, so they had them when they needed them and as prescribed.
- Records relating to medicines were accurate, complete and up to date. Where there had been some gaps, such as staff not signing the medicine administration record, the provider's audit records showed these had been followed up to investigate why this had happened. Accurate completion of records was an area the registered manager was focused on at the time of our inspection.
- Medicines were stored, recorded and disposed of in a safe way.
- Detailed records were in place for Parkinson's management. These gave clear guidance on what nurses who gave the medicine should and should not do; such as medicine to be administered on time because if it was delayed or missed this may cause stiffness or shakiness in the person.

Preventing and controlling infection

- Overall infection control processes were good; however, we did identify two areas the service could improve.
- There are weekly and monthly audits of cleaning of clinical apparatus, as well as infection control monthly audits. However, there was no log of daily cleaning of regularly used apparatus such as the blood pressure machine. The staff explained the reason for this was that it was understood it was cleaned after each use. However, there was a risk that this could be missed, or staff become confused with whose responsibility it was. The registered manager confirmed, "Maybe we should be doing that" when the lack of daily cleaning records were discussed
- There was an inconsistent approach to how plastic pots that were used to give medicines were washed. Some were seen to be washed by staff in the clinical room, however staff told us this was sometimes done in the kitchen by non-clinical staff. We also received different responses about the use of these pots, with some staff saying they were disposable (use once) and others saying they wash them.
- Staff hand hygiene practices were effective at minimising the spread of infection. Dispensers of antibacterial hand-wash were available throughout the premises and continued use by staff and visitors was encouraged by the management.
- People we spoke with also confirmed that staff were good at keeping their rooms clean and washing their hands. Staff had received infection control training.

Learning lessons when things go wrong

- It was apparent that observing and monitoring information was at the centre of the providers plan for implementing improvements. For example, one person had been identified by the staff as constantly using the call bell system. This impacted people as the bell constantly sounded around the home, disturbing others. To overcome this the person was given a bell that linked directly to the nurse, to minimise the disruption to others.
- Another example was where the registered nurse had identified that the pharmacy was still sending discontinued medications. A meeting with the pharmacy had been scheduled to discuss the cause and implement changes so it did not happen again.

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

People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People's comfort, safety and well being mattered. The provider had sought out innovative technology to ensure every aspect of people's lives were considered and met. People living at the service could be assured of an excellent level of care and support. For example,
- Circadian lighting had been introduced in February 2019 to help meet the needs of people who had difficulty in sleeping at night. Its use helped to reset the body clock of people whose sleep patterns are disrupted. This had a direct impact to the people's health, as care records showed their sleeping pattern had stabilised and their mood was seen to improve.
- The quest for innovation was considered across all aspects of people's care and support needs. New technology, such as UV-C light sanitisers had been introduced to the home in January 2019. A smaller unit was in use for cleaning items such as staff walkie-talkies, and a larger unit was in place for cleaning rooms, such as communal toilets. This enables staff to clean 99.9% of germs without the use of harmful chemicals, or noisy cleaning machines that could disturb people.
- The staff team used technology and other solutions to make sure that people lived with as few restrictions as possible. The management had implemented mobile door sensor technology to enable people to freely access the gardens whenever they wished. This enabled staff to monitor and ensure the safety of people, whilst ensuring people's independence, in the least restrictive way.
- People's support needs were assessed before they moved into the home to ensure those needs could be met, and equipment or modifications to the home could be installed before they arrived. This assessment also gave the opportunity to check if any special action was required to meet legal requirements. For example, use of specialist medicines, use of equipment that lifts people, or meeting the requirements of the Equalities Act.

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

- Staff had an excellent understanding of the link between well being and people's diet. Real thought had gone into making each meal time special, and when people needed extra support to eat and drink this was done sensitively and with care.
- The importance of people eating and drinking well had been identified and actioned by staff, with a strong emphasis being placed on people having the food they wanted. One person, formerly of the Royal Navy, was fond of lobster and a particular brand of rum. The provider had found a source for both items and made them readily available to ensure the person's choices were respected and catered for. Drinks and snacks were offered to people throughout the day of the inspection.
- Staff understanding the need for people to eat and drink well was reflected in how they supported people who were reluctant or had difficulty eating. Staff deployment was carefully managed, and managers

ensured that staff who were more familiar with people who sometimes were reluctant to eat, were always allocated to support people at mealtimes. This had proved successful and people who were previously at risk of malnutrition were actively eating more. During lunch we observed a person had stopped eating their lunch, staff were seen to encourage them to eat a few more mouthfuls without pressuring the person. To maximise the nutritional content of those last few mouthfuls, staff targeted the protein on the person's plate as the first choice of food to be eaten.

- Research has shown that people living with dementia may respond more positively if food is presented on a coloured plate. This had been recognised by the provider and staff team and coloured plates and cups had been ordered at the time of the inspection, to be used as soon as they arrived.
- Mealtime was unhurried and relaxed which encouraged people to eat. As people finished the main meal and their plate cleared they were offered dessert. This was nice to see as nobody was asked to wait for the whole dining room to be cleared before dessert was served. We also observed people having second portions of favourite meals, such as the pudding.
- People's likes, and dislikes were clearly documented in their care records, and people's nursing needs around nutrition and hydration had been identified and well managed. Where modified diets were required, such as to reduce the risk of choking, speech and language therapist guidance had been followed.

Adapting service, design, decoration to meet people's needs

- People's views, opinions and needs were a driving force at the service:
The provider had listened to people's requests and made significant changes to the layout of the home so that it better suited people's needs. Additional private space had been created by converting what was a premium en-suite bedroom on the ground floor into a quiet lounge area. Families have found it particularly comforting as a quiet space in which they could mourn following the passing of a loved one.
- Another change to the environment initiated by feedback from families was the creation of nine additional car parking spaces. This made the home more accessible for relatives with poor mobility, as they were more likely to be able to park closer to the home.
- A relative noticed that the home's management were making lots of small but significant changes. They said, "Simple things like changing the taps. They were on the surface unimportant things but had made a great deal of difference in the long run. Taps don't cost much but if they mean you can wash your hand without help – well they are important."
- The home people lived in was decorated to give a homely feel and a programme of upgrades was underway to ensure it fully met the needs of people who lived with dementia. At the time of the inspection best practice initiatives, such as points of interest along corridors had not been fully introduced. Other initiatives such as having toilet seats in a blue colour, which helped people identify where the toilet was, had been implemented. This demonstrated that the process of continuous improvement to the environment was well underway. Staff gave other examples of improvements that were under way, such as the wet rooms in each bedroom that made life easier and more comfortable for people when washing and bathing.

Staff support: induction, training, skills and experience

- People received seamless care and support from staff who were well trained and supported. People's needs were at the heart of staff training, and the provider had recognised that it was equally important to ensure people's families understood their loved one's needs and had arranged training and support for families around various topics, including dementia.
- The provider had recognised that training did not only happen on training courses, and opportunities for learning and development of staff presented themselves daily. The provider had worked hard to embed a culture of active and continuous learning. One of the ways in which this was done was to have named staff as 'champions' for different areas. For example, personal care and manual handling. These champions were part of the staff team, and worked alongside all staff, leading by example, running training for staff, and

being a 'critical friend' when they identified areas for improvements. We saw the positive results of this method during our inspection:

- The management had identified that there was variability in the way that personal care had been given to people. This created the potential for variable quality in care given, confusion over the required standard and people's preferences. A senior care assistant, who was the 'personal care champion,' designed and delivered interactive training days for care staff. As a result, staff understood how to modify their practice to meet individual's needs.
- Staff received ongoing and refresher mandatory training which ensured they had sufficient knowledge and skills to enable them to care for people. Training specific to the needs of people had also been given. This included training on sepsis, insulin-controlled diabetes and oral healthcare. Clinical staff were supported to take part in training and clinical supervision to enable them to maintain their NMC membership.
- The provider had recognised that staff supervision and appraisal systems were key in ensuring they continually developed and provided high quality care and support. The provider had implemented an innovative 360-degree staff appraisal system which involved an anonymous survey being completed for each staff member being appraised. The surveys were completed by staff from across the home that worked with the staff member being appraised. The management then aggregated and analysed the responses, and this formed the basis of the feedback given to the staff member to drive continuous improvement. Staff then had the confidence to question and improve practice and it also enhanced their morale where positive comments were received.

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

- People, their families, and healthcare professionals were consistently positive about how the service worked with other agencies. People felt safe and trusted staff in the service. They knew they would receive effective and timely healthcare. The strong and successful partnership working across agencies was confirmed by a visiting healthcare professional who said, "It's excellent here. When I come here they know what is going on with people, they are so organised. They keep track on what I say and follow the guidance. The walkie-talkies were such a good idea." We saw feedback from a GP which stated: "I have visited many care homes around the country and I have come across nurses and staff with very limited knowledge of their residents. People like [staff member] are really valuable - she was tremendously helpful and knowledgeable."
- The home had dedicated staff 'champions' who led on key areas of care and support. They worked with other staff and the management to ensure people experienced the best possible quality of life. Positive changes that had been made as a result of the initiative included the clinical room being moved and completely redesigned, multiple changes to the environment to meet the needs of people living with dementia, and improved staff training so they better understood people's needs.
- The theme of innovation and technology also ran through the way staff teams worked together to provide efficient care and support to people. The building was large with long corridors and multiple areas that staff needed to provide care and support. To improve the communication between staff, walkie talkies were used so that staff across the building and gardens could communicate with each other. This was not only useful in improving response time for staff when help or guidance was needed, but also for contacting key staff should telephone calls or visits from health care professionals take place. Staff would immediately be able to respond to these situations and speak to the individuals, rather than having to call back at a later time. This improved the working relationship between the home and health care agencies.
- People had good access to health care professionals to help keep them healthy. Weekly visits from a Doctor took place to review people's health. There was also evidence of multidisciplinary team working, for example, referrals to specialist services such as the local authority falls prevention team, mental health team and physiotherapist. Partnerships were also in place, so people had access to dentists, opticians and the

palliative care team when required.

- When people moved into the service, moved to other services, or underwent a hospital stay there were good systems in place to ensure a seamless transition: The service participated in 'the red bag scheme'. This is a system which aims to standardise the move between care settings, and ensures that everything needed by that individual to receive continuous care is in the 'red bag'. Everyone had a red bag checklist in place.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff were able to describe their roles under the act, such as not assuming someone cannot make a decision for themselves, and the process needed if a decision was needed in someone best interest.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives were positive about the caring nature of staff and how well the home suited people's needs. One relative said, "She is in a safe place and the right place. I know she is being looked after and stimulated by the company here. I can't offer her that at home."
- One aspect of privacy that could be improved was in relation to people's names being displayed on a staff notice board, along with information about their diet. This was visible to visitors that may walk past the noticeboard when walking along the corridor. For example, the guidance for staff on consistency of food and fluid contained 12 people's names, with their room numbers. The provider assured us this information had been taken down straight after the inspection.
- One person explained how being unable to look after themselves and their personal needs made them feel and the way their dignity was addressed and handled by the staff had scored very highly with them. As an example, they said, "Not having your private areas on show when being bathed in your own room."
- People's personal care was given by staff with the doors closed. We observed staff knocking on bedroom doors and introducing themselves before entering.
- Families and visitors were welcome to the service to maintain relationships with people. Visitors were seen arriving at the home throughout the inspection. One relative explained how the layout of the entrance hall had changed for the better, "You don't feel like you have to get past the staff now, but that you're welcomed in."
- People were supported to remain as independent as possible. This was done in several ways. The use of assistive technology helped people communicate and express themselves, and a programme of gentle exercise to maintain or increase people's mobility was also in place.

Ensuring people are well treated and supported

- People and relatives were positive about how staff treated them. Feedback from a relative said, "[person's name] knew you, knew your voices and was, I am sure, very grateful for the care he received. As I am grateful to you for how kind you were to me and bringing me a cup of tea when I really needed it."
- Supporting people and their relatives was core to the way staff worked. This was demonstrated where a relative whose family member had recently passed away visited the home. She had received a letter from the hospital relating to an appointment for her [family member]. The office staff were going to call the hospital for her to spare her the conversation, as to why she was going to cancel the long-awaited appointment. She said, "I could not praise the home highly enough. They had been so kind and compassionate."
- Staff knew people's preferences and used this knowledge to care for them in the way they wanted. At the time of our inspection the provider had cut agency staff usage by 90% since they had taken over at the end of February 2018. This helped to promote a staff team that were able to get to know each other and become

an effective team. Consistency of staff helped to ensure people received consistent support from staff that knew them well. A staff member said, "It's nice because everyone that works here treats the residents exactly how I would want my grandparents to be treated."

- People were supported to practice their faith, via visiting local faith centres or attending services held at the home.

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

- People told us that they were involved in their planning of care. One relative explained how they felt fully informed and involved in the care that was given to their family member.
- Throughout the inspection staff involved people in decisions around their care. People were afforded choice in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose, such as taking part in activities or where they spent their time in the home. One person told us how they were normally able to take part in the activities but, "Did not feel up to it today." Staff had respected this decision and the person was able to spend time in their room relaxing.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received the care and support they needed, although care plans did have some areas for improvement. This had been identified by the provider and a project to review and update care plans was under review at the time of the inspection. The registered manager acknowledged at the start of the inspection that they had done a lot of work in trying to improve care plans as a team, and this was evident in review notes for those that had been updated. However, it meant that the quality of care plans was inconsistent.
- Some care plans were basic and generic while others were personalised and detailed. We found gaps in some care plans, for example, oral hygiene care plans had no associated information that this was being completed by staff. While other care plans were informative in relation to specific needs, such as insulin use, blood pressure and blood sugar levels and what was expected of staff if there was any irregularity.
- Activities were based on keeping people active and their minds stimulated. They included arts and crafts, exercise and creative talk exercises. Regular sessions to discuss the news were also held to keep people apprised of the events going on in the world. One person said, "There is lots to do and I enjoy most of the social aspects of the home."
- Activities were based on group and one to one interaction. On the day of the inspection there were two activities coordinators working with individuals in the lounge. They were engaging people in several different fine motor skills activities which individuals had chosen to do. Later in the day there was a book reading session for those that wanted to attend. Once the reader started, everyone fell silent and sat listening. From comments made to us, this was a regular much loved and much appreciated activity.
- Current research has shown the presence of animals can be therapeutic for people. Rather than having a dog visit on occasion, the provider sourced a suitable adult dog and arranged for it to gain the pets as therapy (PAT) registration process. It now spends its time with people at Kingswood Court and the provider's other care homes.

Improving care quality in response to complaints or concerns

- Complaints were well documented with detailed description of the Concerns raised and the investigation outcome. People and relatives told us that they knew how to complain and would not hesitate if they needed to. Information on how to make a complaint was displayed around the home.
- People's concerns and complaints were listened and responded to. Findings from analysis of complaints were used to improve the quality of care. For example, a family complained about their relative wearing clothes that did not belong to them. This resulted in a review of the laundry procedures, and a significant reduction in repeat occurrences.

End of life care and support

- Relatives were complimentary about the kindness and compassion shown by staff when their family

members had approached the end of their lives. A relative wrote, "Thank you for your loving care of our [family member]. She could not have been in a better place for her last few months." Another relative wrote, "[Persons name] passing was made easier by your wonderful help and kindness."

- People's families were fully involved and informed about the end of life process. A relative said, "I and my [family member] have been prepared by the home for the end of life." If people did not wish to discuss their wishes at the end of their lives this was clearly recorded in their care plans, for a conversation to be held again at another time.

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The providers vision for the service was 'to be the best – providing quality care in the heart of the community.' This vision and what staff did to achieve it was clearly outlined under the 'Philosophy of Care' section of the statement of purpose and was also contained within the 'resident's guide.' The provider had developed six core values that they expected staff to follow. These were Privacy, Dignity, Rights, Independence, Choice and Fulfilment.
- Staff successfully worked to these values, so people received a good standard of care. At the core of the providers vision was to continuously improve by putting people and staff at the heart of the service. Then as a team they could look for new ways to improve people's care and quality of life.
- The provider demonstrated their commitment to person centred care by extending this concept to the staff team in addition to the people they supported. Staff achievement and effort was recognised and rewarded. The provider organised trips out for staff to West End shows as a reward. This gave staff a sense of achievement and pride in the work they did, which was then reflected in how they cared for people.
- The success of this initiative was demonstrated by the attitude of staff from across the home. One of them said, "The best part of the job is I have been encouraged to see my role as a visit to the resident. I am a visitor, they are being visited and in the meantime their room is cleaned. I get to talk to them and they talk to me and this makes me happy."
- Peoples feedback was used to make changes to the home. For example, people and relatives had highlighted the perceived high reliance on agency staff. This was recognised as having a burden on permanent staff and deprived people of consistency of care, and positive relationships could not be developed between people and staff. In the 12 months since the provider has owned the home, there has been a 90% reduction in the use of agency staff.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager and provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.
- The registered manager was 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.

Continuous learning and improving care; Working in partnership with others

- The provider had a proven track record of working with other organisations to improve care. Through their

leadership had two other that had achieved a rating of outstanding with the CQC. This success had led to the provider's work being recognised as best practice and they were asked to take part in the Parliamentary Review of Care 2019.

- The information given in the parliamentary review could be used by other services as a learning point on how to improve care to the people they support.
- The providers passion and drive to seek out new ways of learning from best practice and improving the lives of people shone through the inspection. Kingswood Court is currently going through the continuous improvement process following the principles that had been successfully implemented at their other care homes.
- This dedication to learn and continuously improve was shown by how the management team had completed a detailed study on CQC inspection reports for all the nursing homes in the country rated as outstanding. They had then contacted a number of these services and visited them to be inspired, learn and share best practice initiatives. Each visit resulted in a detailed report of the learning from each location and if anything would make an improvement to the people's lives at Kingswood Court.
- The provider kept up to date with changes in the health and social care sector. For example, they were fully aware of the recently introduced changes to classification of food and fluid thicknesses issued by the speech and language therapists. Signs to guide staff were displayed around the home on staff notice boards.
- Areas for improvement were identified and action taken to improve. For example, the home was large with people and staff spread out. To improve communication the provider had installed walkie-talkie systems for the staff. This had a positive impact across the home. For example, for managing infection control, cleaning staff could be immediately contacted, and care staff could immediately request assistance from others across the home, improving flexibility and response times.
- Another improvement that had been made was to increase staff's efficiency so they could spend more time with people. A time and motion study had been completed on staff. It noted that time was lost by staff searching for appropriate personal protective equipment (PPE) to wear. As a result, PPE distribution hubs had been introduced around the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The current provider took over ownership of the home at the end of February 2018. They had identified many issues across the home that needed to be addressed. The provider produced a plan to improve the service for people and the staff and has been working towards completion of this plan for the last 12 months. This was managed via a continuous improvement board in the registered manager's office. At the time of our inspection the plan of actions were nearly completed
- The provider and registered manager showed a passion to ensure the service was continuously improving and worked towards achieving an outstanding service. Initiatives that had been introduced to achieve this included the employment of an operations and continuous improvement director to assist with the improvements. The member of staff's sole role is to support the provider with continuous improvement.
- Innovative methods were then used to identify and analyse improvement opportunities. For example, a study of the time taken updating documents had been undertaken. This led to the design and development of an electronic recording system that reduced time taken recording information from four hours to 20 minutes. Staff duties had also been analysed which identified an over reliance on the matron. As a result, one third of the matron's tasks were allocated to other staff. This then enabled the matron to focus more on clinical care and helping to identify and make improvements to the care people received.

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

- The strive for excellence and improving the lives of people who lived at the home clearly involved external organisations and the local community. This included local schools, nursery's, churches and scout groups.
- Support group meetings were held with families to share information and gather suggestions. At the last meeting a discussion had been held about the plans to introduce 'music and memory' with the help of Epsom college volunteers and the benefits this could have for people at Kingswood Court.
- Feedback from people and relatives was welcomed and key to the improvement process. Each suggestion had been analysed by the provider and action had been taken where possible to adopt the suggestion. One of the suggestions was for families to be given guidance and training on aspects of care, such as dementia and end of life. As a result, in the November 2018 support group meeting dementia care and the stages of grief were a discussion topic. Feedback from the people that attended had been very positive about the usefulness of the information given.
- People who used the service were also involved in the interview process for new staff. Where possible they took part in interviewing prospective candidates, such as with the recently employed activities coordinators.