

Amicura Limited

Kingfisher House

Inspection report

Cleveland Road
North Shields
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Tel: 01912585500

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kingfisher House is a care home providing personal and nursing care for up to 50 people, including people who are living with dementia. There were 22 people living at the service at the time of the inspection.

Kingfisher House has accommodation over two floors with a large internal courtyard for people to use. People with nursing needs or living with dementia were accommodated on the first floor.

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

The provider's quality assurance systems were not fully effective and did not always identify gaps in records and checks.

The service had not always assessed the risks to people or put strategies in place to minimise them. Records about 'as required' medicines were vague and it was not always recorded if staff had applied prescribed creams. Training records were incomplete, so it was not always clear whether staff had clinical skills.

People and relatives had many positive comments about the service. They praised the care and kindness shown by staff. The home had a welcoming and friendly atmosphere. Staff were engaging with people and supported their dignity.

The home was clean, warm and comfortable. The accommodation was well-designed to support people to find their way around.

People said they felt safe at the home. There were enough staff to support them when they needed it and people said they felt well-cared for.

People said the quality of meals was good and there was enough to eat and drink. There was a good range of social events, activities and engagement to support people's social care.

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 did not fully uphold this practice.

Staff followed the principles of choice and people were not unnecessarily restricted but records did not always show this. We have made a recommendation about this.

The provider vetted new staff to make sure they were suitable but did not always check their full employment history. We have made a recommendation about this.

The culture of the staff team promoted a positive experience for people. Staff enjoyed their roles and were

keen for people to feel valued members of their local community.

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

Rating at last inspection

This service was registered with us on 4 December 2019 and this is the first inspection.

Why we inspected

This is the first inspection of the service.

The inspection was prompted in part due to concerns received about nutrition and hydration. A decision was made for us to inspect and examine those risks.

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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Kingfisher 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 (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 two inspectors 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

Kingfisher 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.

Notice of inspection

We gave a short notice period of one hour before the inspection. This supported the home and us to manage any potential risks associated with COVID-19.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, care professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people and two relatives and observed the support of four people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 members of staff including the registered manager, nurse, clinical support staff, care workers, catering, housekeeping and maintenance staff.

We reviewed a range of records. This included six people's care records and multiple medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke by telephone to three people, six relatives and two healthcare professionals.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- The service had not always assessed the risks to people or put strategies in place to minimise risks. For example, some people's behaviour needs had placed themselves or other people at potential risk but there was no planned positive strategies for care staff to follow on how best to support them.
- Records relating to the instructions about when to administer 'as required' medicines, such as occasional pain relief, were not sufficiently detailed. These did not describe how the person may exhibit the need for the medicines or what to do if the medicines was not effective.
- Staff had not always recorded when they had supported people with prescribed creams and ointments. We could not be certain people were receiving these medicines in line with prescribed guidance.
- Routine checks of the call alarm system did not include all call points, including lounges and bathrooms. Routine water temperature checks did not include regular checks of all bathrooms where people might be most at risk due to full body immersion.
- The door to the sluice room on the first floor should be kept locked but was open on both days of the visit. This placed people at risk of accidentally entering this unsafe area.

The incomplete records, risk assessments and premises checks were a breach of regulations 12 (Safe care and treatment) and 17 (Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service used an electronic medicines management system. Medicines were delivered in individual dosage pots for each person and staff felt this was an effective system of managing medicines.

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 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.

We have also signposted the provider to resources to develop their approach.

Staffing and recruitment

- There were sufficient staff deployed to meet the needs of the people who lived at the service. The provider used a dependency tool to calculate the number of staff needed.
- People said there were enough staff and they were attended to in a timely way. Their comments included, "I have a buzzer in my room and they come really quickly if you press it. There always seems to be staff around to help you" and "Staff are very patient and they don't rush you when they are helping you."
- Overall, recruitment practices were safe. However, the provider needed to make sure all applicants provided a full employment history.

We recommend the service seeks and implements best practice guidance in the exploration and documentation of essential employment information.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to report and manage safeguarding issues.
- People and relatives said the home was a safe place for people to live. Their comments included, "I feel very safe. The staff are always around to help" and "My [family member] feels safe with staff and they are really pleasant."
- Staff had training and guidance about safeguarding adults. They understood their responsibility to report concerns.

Learning lessons when things go wrong

- The service had a system to record accidents which were reviewed by the registered manager to identify trends. The registered manager used this information to make sure appropriate referrals were made to other care professionals, such as the falls clinic.
- The accident analysis only included the person's name and the location of the accident or fall. This meant trends could not be identified in relation to the time of accidents which might indicate whether people needed extra support at key times. The registered manager told us they would address this.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Training records were not always well-maintained and did not demonstrate staff had training or competency checks in some key areas of their roles. For example, there was no record of training or competency checks for care staff in applying prescribed creams, which was contrary to the provider's own policy. The training records did not show any clinical skills of some nurses so it was not clear how the provider was assured they were competent to carry out nursing tasks.

The failure to ensure accurate training records were maintained was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received training in health and safety matters.
- People and relatives said staff were capable at their jobs. They told us, "I cannot find fault with the quality of the staff" and "The staff all seem to know what they are doing."
- The registered manager had commenced a schedule of supervision sessions with staff. Agency and new staff were provided with induction training. Staff said they felt supported by the registered manager.

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

- People were supported to eat and drink enough to ensure their health and wellbeing. We observed people's mealtime experiences. Staff were attentive to people's needs and encouraged them with their meals and drinks.
- Staff recorded the amount of food and fluids of people if they had been assessed as being at risk of malnutrition or dehydration. People were weighed regularly to ensure any weight loss could be identified and action taken.
- People and relatives who took part in this inspection said the quality of meals was good and they were offered plenty to eat. They commented, "I am a very picky eater but I can usually find something I like" and "The food is very good. You can always get a drink when you want one."
- One person who had personal dietary preferences said they were provided with individual dishes to suit them. People said their weight was monitored. A relative commented, "The food seems plentiful and there seems to be a variety. My [family member] has been putting on weight since they came here."

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

- People's needs were assessed before they started to use the service. The assessment decided whether their needs could be met.

- People's dependency assessments were checked monthly.

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

- The service made referrals to health care professionals to support people's health needs. People said they were supported to see health professionals if required.
- Following a recent concern, the registered manager was now carrying out a 'ward' round with nurses to check updates in people's well-being and make sure that any referrals were made to health professionals. The registered manager then checked that any actions had been carried out.

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

- The design and décor of the home met people's needs. Attention had been paid to the 'dementia friendly' design including signage so people could easily locate bathrooms and toilets.
- The home was a bright, modern building with sufficient facilities to meet the needs of the people who lived there. For example, adapted bathrooms and mobility equipment.

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 understood people's right to make decisions where they had capacity to do so.
- Records about people's capacity to consent did not always include whether named people, such as relatives or friends, had a legal power of attorney to support them with decisions about their care.
- A best interest record relating to the provision of covert medicines (disguised in food or drink) included incorrect information about the relationship and legal status of a person representing the interests of the resident.

We recommend the provider reviews mental capacity records to make sure these are correct and fully completed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and relatives made many positive comments about the caring support of staff. They told us, "Staff are really careful and patient when they are helping me" and "[Family member] gets on with all the staff and they are very caring."
- There was a friendly and welcoming atmosphere in the home. Staff engaged with people in a positive and uplifting way. People commented, "Staff do have time to sit and chat with you and I like that" and "When the staff help me with a shower they are chatting all the time which is nice."
- People described staff as "lovely", "so kind" and "special people to do this job". Relatives said staff treated people like their own family. They told us, "The girls are compassionate and thoughtful. They reassure [family member] all the time."
- We observed positive interactions, not only between care staff and people, but also other members of the staff team such as the maintenance, housekeeping and kitchen staff. It was clear that people appreciated seeing staff and had a good relationship with them. One person sang a special song she had made up about one of the care workers.

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

- People said they were encouraged to give their views and to make their own decisions about their care.
- People made their own daily choices and spend time doing the things they preferred. Their comments included, "Staff always ask what you would like to do. I choose what I want to wear and do as much as I can for myself" and "I can choose what I want to do, staff don't force me. I do need help to eat and staff are always there for that."
- Relatives commented they had been involved in discussions about people's care plans before they moved to the home.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff asked people's permission before providing assistance.
- People said their independence was promoted and celebrated by staff. One person told us, "When I first came in here I couldn't walk and staff have encouraged me to walk more and more steps each day. I am improving all the time. I can now walk down the corridor each day with my frame. One of the carers commented yesterday that I had walked to the bathroom without getting out of breath."
- Relatives described how people were treated with dignity and supported with their personal appearance. Their comments included, "[Family member] looks a lot cleaner and tidier now compared to their last home. Staff do their hair and send me photos. Staff do their nails and my [family member] gets a regular shower."



Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- The provider had recently introduced an electronic care planning system to record the individual needs of people and how staff should support them. The care plans viewed during this visit were either incorrect or did not match the associated risk assessments. In some cases, significant events had not led to a change in the plan of the support the person now needed.
- Care plans were brief and lacked detail which could lead to inconsistencies in approach and would not support agency or new staff to provide the right care. For example, one person's care plan stated, "Please monitor behaviour and specific triggers" but there were no details of what the specific triggers were.
- People's advanced preferences about their last wishes were not always recorded. The registered manager stated these conversations were difficult to approach. However, people might have specific wishes that the home should be aware of.

The incomplete and inaccurate care records was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had begun to audit care plans to check for gaps and used an action plan for staff to address these. This audit had not yet covered everyone's care plans.
- Regular staff were familiar with people's needs, preferences and wishes. One relative commented, "They have got to know [family member's] ways. My [family member] can get very disturbed in the night but staff seem good at anticipating their moods and needs."
- Staff had supported people with end of life care. A relative gave us very positive feedback about the care and compassion the resident and family had received during the person's last days. There were arrangements in place for staff to receive training in end of life care.

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.

- The registered manager was aware of the accessible information standard. She had begun to acquire pictorial information that may be useful in the future to support people's communication needs.
- There was signage around the home in picture format to support people's understanding. The provider stated information could also be made available in large print or audio format for people with poor vision.

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

- The home employed an enthusiastic activities staff member who provided a range of engaging and meaningful pastimes. These had included a French and Halloween themed nights, art and crafts, quizzes, making decorations and cards.
- People and relatives were complimentary about the social activities. Their comments included, "I think the activities are very good", "The home seems to have lots of entertainment and the residents really seem to enjoy it" and "[Family member] didn't normally like to get involved but they are now mixing and joining in."
- People and relatives described the efforts staff had made to help them contact each other by phone, social media or window visits during the COVID-19 pandemic. One relative commented, "It's wonderful that one of the carers helped me by FaceTiming me with my [family member] every week. It is really good to be able to see them and talk to them that way."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and information about this was available in the home.
- People and relatives said they would have no hesitation about raising any issues with the registered manager. A record had been kept of the complaints received and investigations carried out.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service leadership was inconsistent and did not always support effective governance of care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The home had been operational for just under a year. There had been multiple changes of regional management which meant the home had inconsistent organisational support during its first year. The registered manager had received no formal supervision since the home became operational.
- The provider's quality systems within the home were not robust. The gaps and inconsistencies in a number of records indicated ineffective governance by the provider. Care records were incorrect, insufficiently detailed or not updated when changes occurred. Training records were not well-maintained and did not demonstrate staff competency in some key areas of their roles.
- The provider operated other homes under the company Amicura Limited. Areas requiring improvement had not always been shared across these services. For example, during 2020 inspections of some of the provider's other services gaps had been identified in care records, staffs' employment history and protocols of 'as needed' medicines. These issues were repeated at Kingfisher House indicating there were shortfalls in the provider's governance and organisational systems so lessons had not been learnt.
- The provider had a dementia strategy for the home but the registered manager and staff were unaware of it. This indicated the provider had no oversight of its impact or success within the service.
- The registered manager undertook a range of quality checks and audit processes. However, these had not always identified the shortfalls we found.

The provider's ineffective quality assurance systems were a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives said the care was personalised and the service put people first. Staff told us, "It's not our home, it's [people's] home" and "Looking after [people] is a pleasure."
- The registered manager and staff team created a positive, welcoming culture. Staff told us that they would be happy for a friend or relative to live at the home because of the standard of care provided.
- The registered manager had an 'open door' policy and made themselves available to people, relatives, staff and professional visitors.

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 registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.
- The registered manager was open and transparent throughout the inspection process.

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

- At the time of this inspection there had been no residents' meetings or surveys. People felt they were asked for their individual views and choices on a daily basis.
- Relatives who took part in this inspection felt they were kept informed with any relevant information about their family member, although some felt this was reactive to events rather than a regular review.
- Staff said the registered manager was open and approachable and they felt well supported by her. Staff had regular meetings where they were kept informed of organisational expectations and standards.

Working in partnership with others

- The staff team were keen to form local community links that were meaningful to the people who lived there. Prior to the COVID-19 pandemic lockdown several people had enjoyed being supported to a local social club.
- The registered manager networked with a number of local and national resources.
- There were no managers' meetings within the provider's organisation. However, the registered manager did informally share ideas and information with other managers in the area.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Personal and environmental risks to people had not always been assessed and mitigated to ensure safe care. Regulation 12(1)(2)(a)(d)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to assess, monitor and improve the safety and quality of the service were not robust and did not ensure the service was compliant with the requirements of the regulations. Regulation 17(1)(2)(a)(b)(c)(d)(e).