

Salveo Care Ltd

Kingfishers Nursing Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

Kingfisher Nursing Home is a care home with nursing in south Buckinghamshire. At the time of the inspection 23 older people with a range of physical and mental health needs lived at the home. The care home operates from a large detached house which has had a purpose-built extension added in the 2000s. Since the provider purchased the business as an ongoing nursing home it has made significant financial investment and the environment has been significantly improved.

People's experience of using this service:

People told us they had a good experience of living in the care home. They were supported by staff who provided kind and compassionate care and support. Comments from people included, "She really is lovely, she always goes that extra mile," "They're a good bunch here, very polite and kind. If you need anything they go out of their way to help you," "Since being here we haven't looked back" and "I love it yes, it's lovely thank you."

People were supported staff who promoted independence and dignity. People told us "I've got used to it now. There's enough staff yes and they're very good. They all treat me with respect. They're kind and they don't rush me. The food is very, very good" and "It's wonderful here, everybody goes past and waves! I couldn't believe my luck coming here."

People were supported by staff who had been recruited safely. People told us they felt staff were trained and had the right skills to support them.

The provider had made significant improvements to the environment and people told us they were happy with the changes.

People were safeguarded from abuse. Staff were knowledgeable about how to recognise signs of abuse and had confidence to report any concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider had systems in place to monitor the quality of the service provided and drive improvements.

Rating at last inspection:

This is the first inspection since the provider has registered with us in June 2018.

Why we inspected:

The 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. Inspections will be carried out to enable us to have an overview of the service, we will use information we receive to inform future inspections.

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?

The service was Safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was Well-led.

Details are in our Well-led findings below.

Good ●

Kingfishers Nursing 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:

The inspection was carried out by one inspector 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. Their expertise was in the care of older people.

Service and service type:

Kingfisher Nursing 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:

This inspection was unannounced. Inspection site visit activity took place on 5 and 10 June 2019.

What we did:

Prior to the inspection we requested and received a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. Throughout the inspection we gave the provider and registered manager opportunities to tell us what improvements they had planned.

We reviewed notifications and any other information we had received. A notification is information about important events which the service is required to send us by law.

We spoke with the registered manager, one of the directors and four care workers. We spoke with 11 people and four relatives. We reviewed four people's care records in detail. We looked at five staff recruitment and training records. We read incident and accident records. We reviewed records held by the service about the monitoring of the quality of the service. Following the site visit we sent emails to staff to seek further feedback and received emails from family members.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse.

- People were protected from abuse, staff had received training on how to recognise signs of abuse. Staff told us "I would make sure that the resident was not in any immediate danger and report to my manager on what I have been told or suspect," "I would report it to my line managers if the suspect was my line manager I would refer to the safeguarding team which I can find information in the manager's office or on a notice board around the home" and "I would report this to the home manager, if they were unavailable I would contact my director and safeguarding."
- Staff who we talked to demonstrated awareness of when to raise a safeguarding concern to the local authority. We saw posters were displayed around the building on who staff could contact in the event of being made aware a person may be at risk from abuse.
- People told us "I've been here since October last year. I feel safe here yes, the entry systems are quite secure, I know that from visitors," "I feel safe here. I think there's enough staff, they answer the bell" and "I am quite comfortable here."
- Relatives told us they felt their family member was safe in the home. Comments included "She's safe here, much better than at home. There were many trip hazards at home" and "I think he's safe here."

Assessing risk, safety monitoring and management.

- The risks associated with people's medical conditions were assessed, for instance, we found risk assessments had been completed for wide range of issues. These included, skin integrity, risk of falls and risk of choking.
- Where people required the use of bed rails to maintain their safety a risk assessment was in place.
- Risk assessments were routinely reviewed on a monthly basis to ensure the risk posed to people prevented potential harm to them.
- Environmental risks posed to people had been assessed and were well managed. Risk assessments had been written for the refurbishment work and had been kept under regular review. We noted a risk assessment had been updated for the work being carried out at the time of the inspection. For instance, the relaying of a new car park.
- We noted updates had been provided to residents and relatives about the risk associated with the building work.

Staffing and recruitment.

- People told us they were always supported by the right number of staff to maintain their safety. Comments from people included "There's enough staff yes and they're very good," "They're kind and they don't rush me" and "They come if the bell rings."
- For instance, people who had been identified as needing two members of staff were always

Supported by two staff.

- Records we looked at demonstrated staff had been recruited safely. The registered manager was aware of the required checks prior to a new member of staff commencing work. The checks carried out included an employment history, references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.
- The registered manager used a dependency tool to manage the staffing levels. However, they told us at present we are running higher levels of staffing than the dependency tool due to all the building work.
- A new call bell system had been installed. This provided a more effective way people could summon help. Posters had been displayed around the home showing people how they could use the call bell system.
- We observed call bells were answered quickly. The registered manager monitored call bell response times on monthly basis. Where they identified improvements were required this was discussed with staff.

Using medicines safely.

- People told us they received support with their medicine. We found medicines were managed well within the home.
- Staff responsible for the administration of medicines had received appropriate training for medicines management.
- The home had recently created a new clinical room, this was well maintained and records relating to the hygiene of the room were kept. For instance, the temperature of the room and fridges were taken.
- Stock levels of medicine were managed well. Stock levels were checked on each medicine administration time.
- Medicine which required additional storage and recording as a result of being at risk of abuse where maintained within national guidance. We checked if the records were accurate and found they were.

Preventing and controlling infection.

- Staff received training on how to minimise the risk of infections.
- The home was clean and tidy with no unpleasant odours.
- Relatives were complementary about the environment. Comments included "It is spotlessly clean and well furnished" and "They've made a huge difference to it here and they're not even finished yet."

Learning lessons when things go wrong.

- The registered manager had systems in place to learn from care that was not delivered as planned or when things went wrong.
- Staff were asked to write reflections about the incident and this was discussed with them. If additional training was identified this was provided as required.
- Staff were aware of when and how to report accident and incidents. The provider and registered manager had systems in place to monitor accidents and incidents to identify trends to prevent a re-occurrence.
- The provider had an internal auditing system. One of the directors told us "We undertake internal quality reports originally by the operational director and now by the quality assurance manager. These are an internal document and although not for public consumption, do demonstrate our commitment for ensuring that home managers have a system of check and balance and therefore the provider can be assured of compliance whilst at the same time striving for continual improvement."

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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.

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

- Staff had received training in the MCA and DoLS.
- Where concern had been noted about a person's ability to make an informed decision the service had carried out a mental capacity assessment (MCA). When the MCA had concluded the person lacked capacity to make the specific decision, a best interest (BI) decision was recorded. However, where restrictive practice was used, for instance, the use of bed rails. This was not always detailed in the MCA or BI. We spoke with the Registered manager and provider about this. They confirmed they would review their current practice.
- We routinely observed people being consulted about their care needs. For instance, at an observation at lunchtime we heard, "Where would you like your napkin?" "Are you okay B?," "Is that close enough for you," "Have you finished?" and "Would you like some dessert?"

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

- Prior to moving into the home. The registered manager or deputy manager carried out a full care needs assessment. This captured important information about people's physical and mental health, likes, dislikes, family and social history.
- Assessments identified any individual needs which related to protected characteristic identified in the Equality Act 2010. For instance, preferred language, faith, religion, and cultural considerations.
- The service was sensitive to ensuring they would be able to meet people's needs. The deputy manager told us. "We don't take anyone, we have to ensure we can meet their needs, I have refused to take people."

Staff support: induction, training, skills and experience.

- Staff were supported with a structured induction to their specific role. New care staff were supported to

study the Care Certificate. The Care Certificate is a set of nationally-recognised standards all care staff need to meet. The standards include communication, privacy and dignity, equality and diversity and working in a person-centred way, as examples.

- Staff were expected to complete training courses which the provider deemed mandatory.
- The provider had its own training portal, which all staff had access to via a range of methods.
- Where additional training was identified to meet people's needs this was arranged.
- Staff were supported each Friday with a 'Brief clinical workshop', this provided bitesize training and knowledge checks on a range of topics which were relevant to supporting people. These included effective communication, end of life care, pressure care as examples.
- Staff had one to one meetings with a line manager and an annual review of their performance. The registered manager had a system in place to ensure meetings were held within the timescales expected by the provider.

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

- Where people required support to maintain good nutrition and hydration this was detailed in their support plans.
- On admission to the home, people were asked to complete a diet notification form, which listed their likes and dislikes for food and drink. We noted people were provided with drinks as described in the documentation.
- Staff were knowledgeable about people's food choices.
- Throughout the inspection we observed staff supporting and offering people drinks.
- People told us they enjoyed the food. One person told us "The cakes are good here."

Staff working with other agencies to provide consistent, effective, timely care.

- Records demonstrated staff worked in conjunction with other agencies to ensure people received effective and appropriate care.
- Where advice was given to staff following a consultation with other professionals, this was followed. For example, how to meet people's dietary needs.
- Staff had handover meetings between each shift to ensure important information was shared about people.

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

- The provider had made significant changes to the environment.
- Since the provider had purchased the care home, they had made improvements to the living arrangements. Bedrooms had been updated and communal areas have been re-decorated and updated to provide a warm, light and welcoming environment.
- People told us they were looking forward to using the garden. Comments included "The building is lovely and such pleasant gardens. When the sun comes out, we sit in the garden"

Supporting people to live healthier lives, access healthcare services and support.

- People were supported to live a healthy life, the activities co-ordinator facilitated gentle chair-based exercises.
- People were referred to external healthcare professionals when required. For instance, the home worked with local palliative care team when required.
- We spoke with a healthcare professional who visited the home each week. They told us the staff were always prepared for their visit and made appropriate referrals.

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.

Good: 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 told us they were supported by staff who were kind and considerate. We observed this to be the case.
- Comments from people included, "It's wonderful here, everybody goes past and waves! I couldn't believe my luck coming here," "She really is lovely, she always goes that extra mile" and "They're a good bunch here, very polite and kind. If you need anything they go out of their way to help you."
- People told us their lifestyle choices were respected. For instance, one person who identified themselves as a different gender from birth, told us staff respected them.
- People were supported to practice their chosen faith or religion.
- Staff demonstrated kindness towards people. Comments from staff included, "I love it here. Everyone's here because they're doing what they love. After 12 hours shift, I was sitting in the garden, I don't rush home, I just love these people".
- People told us they liked living at the home, one person told us "It's lots of fun with [Name of staff], she's lovely" and "I love it yes, it's lovely thank you."

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

- People were encouraged to speak about their care and treatment.
- People were offered the opportunity to attend meetings with the management team.
- One person told us "I try to attend the meetings, as I feel it is important to say what I feel. I am a person who tells it as it is. I feel they [Staff] listen to me when I speak."
- Relatives told us they were involved in decisions about their family member and felt welcome to visit anytime. Comments included, "I visit whenever and just roll up, there's no restrictions. We had Christmas lunch here and played Dominoes."

Respecting and promoting people's privacy, dignity and independence.

- We observed one person who was not supported with dignity and respect. We brought this to the attention of the registered manager who advised us they would take immediate action.
- We observed many kind and dignified interactions between staff and people. Staff demonstrated they were calm when people were upset or anxious.
- People were encouraged to be independent.
- Comments from people included, "He was so, so nice. It was such a personal thing and he was brilliant. He didn't make me feel embarrassed at all. You can't buy that," "He is lovely, he just comes to check" and "In fact many friends have commented 'out of all of the homes they've visited this was the best place around.'"
- People were supported to maintain important relationships with family and friends. One relative told us

"My son is getting married in November and they've allocated one of the carers to accompany my mum to the wedding."

Is the service responsive?

Our findings

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

Good: 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 a personalised service. Each person had a care plan in place which detailed their likes and dislikes.
- People were supported to engage in a wide range of meaningful activities.
- We observed people enjoying a music and exercise session. Staff encouraged people to join in and this was responded positively by people. We saw many people smiling and clapping along to the music.
- One person who had been born abroad and had wished to live their twilight years in the country of birth was supported to move out of Kingfisher Nursing Home to their home country.
- Where people had identified their chosen faith and religion, this was respected by staff. For instance, one person was supported to go to church each week. The person was so thankful to staff who supported them to attend the local church as they had made friends with the fellow attendees and church staff.
- We observed people interacting with each other, it was clear that close friendships had been forged.
- People told us "We went out to the garden centre last week. Sometimes we've had Zumba exercises!"

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 service was aware of the AIS and had systems in place to ensure people received information in a format they could understand.

Improving care quality in response to complaints or concerns.

- The service had a complaints policy dated February 2019. The service held a complaints log detailing who had complained, when and what was the complaint, who dealt with it and when was it resolved.
- We found there were clear processes in place to monitor feedback from people.
- People told us they knew who to speak with if they were concerned about the service provided.
- Comments from people included "I think it's important to comment on good service and complain if not. I'd say it was good service here" and "He's not complained about anything and there's been no doubt about his safety since he's been here."

End of life care and support.

- People were consulted about their end of life care needs. Each person was asked to complete a questionnaire about their wishes.

- The registered manager had prepared an end of life box of useful information for relatives. This was readily available for family members to use.
- Where people had agreed their chosen end of life ceremony was detailed in their care plan.
- Family members were supported to stay with their relative towards the end of their life. One family member told us "I visit every day, I've slept here, I stay here some nights."

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted 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.

- Staff told us they felt able to raise concerns freely with the management team. Staff told us concerns would be listened to and appropriate action taken by managers. One member of staff told us "When you have a senior who has XYZ and that is the same values as you it helps." Another member of staff told us "I feel supported by the directors. I have confidence I can share my views and I always feel listened to."
- People were supported by a team of staff who told us management were supportive. Staff described how they worked in an environment with a positive culture. They told us that they felt well supported and valued and that managers were visible and approachable. We saw managers made regular visits into the lounge and dining room. One member of staff told us "I'm really happy with management, I'm very happy [Name of registered manager] is the manager because she is very supporting."
- The registered manager was aware of need to report certain events to the us and were knowledgeable about duty of candour (DOC). Although no events had occurred which met the DOC threshold the registered manager was aware of what action was required to comply with the related Regulation.

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

- There was a registered manager.
- The provider had effective quality management systems in place to drive improvement.
- The registered manager was responsible for completing a programme of audits these included a medicine audit and fire safety audit as examples.
- The provider had a quality assurance manager who carried out internal quality visits. They made unannounced visits to the home and looked at records relating to people's care and records relating to the safety of the home.
- Improvements identified from internal audits and quality visits were recorded on a 'Home action plan', this was a live document. The action plan clearly explained what needed to be achieved by when and who was responsible.

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

- The provider had systems in place to meet with people and their relatives to seek feedback about the service. Regular resident and relative meetings took place. A relative told us "The manager, other senior staff and the owners are accessible and welcoming. All have made time to discuss Mum's needs and the care home's facilities with Mum and or the family."

- A person told us "I try to get to the meetings, they are well attended. I am a person who needs to say it how it is." Another person told us "We've had a survey and a meeting for feedback."
- Staff were provided with regular meetings to discuss the service. Staff told us they found the meetings useful.
- Staff told us they liked working for the provider. Comments included "Salveo care is a lovely company to work for and always making sure we are involved" and "We are fortunate that our directors and home managers are approachable and will make time for each of their staff."

Continuous learning and improving care.

- The provider and registered manager demonstrated a commitment to continuous learning. The internal structure and quality assurance processes supported this.
- The provider was a member of local and national care organisations and received updates on changes affecting the care industry.
- The service received national safety alerts and had systems in place to take appropriate action as required.
- The service held weekly clinical meetings to ensure staff were equipped with skills and knowledge to ensure people received safe care. A daily five-minute meeting was used for all departments to share important information. For instance, changes to people's nutritional needs was shared with the chef.

Working in partnership with others.

- The home had forged links with the local community. An arrangement was in place for children from a local school to visit people.
- The service had supported local and national charities.
- The home worked with a local GP and pharmacist to support people with their medical needs.