

Grandcross Limited

# Kingswood Court Care 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

This inspection took place on 25 and 26 April 2018 and was unannounced. Kingswood Court Nursing Home is registered to provide care for up to 66 people. At the time of our visit there were 54 people were living at the service. 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.

There was a registered manager who had been in post for a year. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the inspection of May 2017, we rated the service overall as Requires Improvement. At that inspection, we found breaches of Regulations 9 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not managed safely and people were not receiving meaningful activities that met their personal preferences.

Following the inspection, we told the provider to send us an action plan detailing how they would ensure they met the requirements of those regulations. At this inspection, we saw the provider had taken action as identified in their action plan. In addition, they had sustained previous good practice. As a result of this inspection, the service has an overall rating of Good.

### Why the service is rated Good

The appointment of the registered manager had significantly helped rectify previous poor management of the service. It was evident they were confident and committed to embrace new challenges and to continue to improve the service. An increase in the provider's oversight meant that a number of improvements had been made to help ensure that people were safe and received quality care.

Improvements had been made to help ensure people were protected from the risk of poor management of medicines. The registered manager and staff followed procedures, which reduced the risk of people being harmed. Staff understood what constituted abuse and what action they should take if they suspected this had occurred. Staff had considered actual and potential risks to people, plans were in place about how to manage, monitor and review these. People were supported by the service's recruitment policy and practices to help ensure that staff were suitable.

Staff had the knowledge and skills they needed to carry out their roles effectively. They felt supported by the registered manager and deputy at all times. They had a good understanding of the Mental Capacity Act 2005 (MCA). The care staff understood its principles and the importance of supporting people to make decisions and protect their rights. People enjoyed a healthy balanced diet based on personal preferences.

People and their relatives felt staff were caring and kind. Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care amended to meet their changing needs. The service was flexible and responded positively to people's requests. People who used the service felt able to make requests and express their opinions and views.

People benefitted from a service that was well led. The vision, values and culture of the service were clearly communicated to and understood by staff. The registered manager had implemented a programme of 'planned growth' that had been well managed and they were committed to continuous improvement. The provider and registered manager understood the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service.

## 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 had improved to Good.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people. Appropriate action was taken to ensure there were enough care staff to support people.

People were now protected against the risks associated with unsafe use and management of medicines.

Appropriate health and safety checks were undertaken to reduce risk to people. The home was clean and staff followed the homes infection control policy and procedures.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains Caring.

### Is the service responsive?

Good ●

The service had improved to Good.

Staff identified how people wished to be supported so that it was meaningful and personalised. Care documentation had improved to evidence a person centre approach and people had been involved in this.

Activities continued to improve and people were being consulted about further improvements.

People were listened to and staff supported them if they had any concerns or were unhappy.

**Is the service well-led?**

**Good** ●

The service had improved to Good.

The registered manager provided a consistent leadership of the service.

Staff were proud to work for the service and were supported in understanding the values of the service.

Effective quality monitoring systems had improved. Audits were being completed to regularly assess the quality and safety of the services provided.

The service notified CQC of events as required by law.

# Kingswood Court Care Home

## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014. This service was previously inspected in May 2017. At that time, we found there were areas that required improvement.

This inspection was conducted over two days by one adult social care inspector. We were accompanied by an expert by experience on the first day of our inspection visit. An expert by experience is a person who has used this type of service in the past.

Prior to the inspection, we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law.

Before the inspection, we had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

During our visits we spoke with 15 people individually and six relatives. In addition, we observed people in communal areas. We spent time with the register manager, the deputy, eight care staff, a domestic assistant and maintenance operative. The regional manager and support team also attended the second day of our inspection to support the registered manager, introduce themselves to us and answer any questions we had. We observed lunch and staff interaction with people. We looked at ten people's care records, together with other records relating to their care and the running of the service. This included staff employment records, policies and procedures, audits and quality assurance reports.

# Is the service safe?

## Our findings

The service had made improvements since our last inspection. At the inspection of May 2017, we found improvements were required around management of medicines. There was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

After the inspection of May 2017, the provider sent us an action plan detailing how they would resolve the issues we had identified with set timescales to achieve this. We saw significant improvements had been made. Regular medicine audits had helped ensure staff were following the home's policy and procedures on ordering, receiving, administration, storage and disposing of medicines. Any discrepancies were dealt with immediately so that systems in place were safe and protected people. There had been no medicine errors since June 2017. We asked people if they had any concerns with regards to how their medicines were managed. Comments included, "I've never had problems with my medication", "They bring me my medicines and they wait for me to take them before leaving my room", "Medicines are sorted out and always given on time", and "Medication is given in a safe way, the staff tell me what I need to swallow and which ones I chew".

People and relatives felt the home was safe. Comments included, "I receive lovely care, the staff are great, I feel very well looked after in order to make me safe", " I have a good relationship with staff they are always checking in on me", "Staff do a great job even though they are always busy, I feel my relative is very safe here", " Yes it's very safe here. I am impressed with how many trained nursing staff they have working here" and "I have honestly never worried about mum when I leave I know they look after the residents very well".

People and staff were protected by the home's policy for entering the home. The front door was secure and visitors had to ring a bell to gain entry. All visitors were required to sign a book and state the reason for their visit and who they had come to see. Health and social care professionals were asked to show an official form of identification before entering the premises. A staff member asked us for identification when we arrived.

Staff understood risks relating to people's health and well-being and how to respond to these. These included risks associated with weight loss, maintaining skin integrity and difficulty with swallowing and potential risk of falling. People's records provided staff with information about these risks and the actions staff should take to reduce these. One relative told us, "My husband has changed rooms recently as he was getting out of bed and falling, he is now nearer the nurse station and has an alarmed bed if he tries to get up unaided".

Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Staff continued to monitor any trends to help ensure further reoccurrences were prevented.

During the inspection, the atmosphere in the home appeared calm and staff did not appear to be rushed,

they responded promptly to people's requests for support. People, relatives and staff confirmed there were sufficient numbers of staff on duty. Staffing levels had been reviewed and improved by the registered manager. In addition, they had considered how each shift was led and looked at a suitable skill mix over each twenty-four hour period. Following the review, the use of agency staff had reduced and had improved consistency of care delivery. The staffing levels did not alter if occupancy reduced. If people's needs increased in the short term due to illness or in the longer term due to end of life care, the staffing levels were increased.

Staff files evidenced that safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

The registered manager had reviewed the uniform policy to help protect people and staff from injury and or harm. Staff were checked at the start of their shift in order to ensure they were adhering to this. Staff were not allowed to wear unsuitable jewellery or nail varnish and nails had to be short in length. Staff were reminded of the injuries people could sustain when receiving care such as skin tears and bruising. Correct footwear had to be worn at all times to help reduce injury to staff when using moving and handling equipment, such hoists and wheelchairs.

The home was clean and free from any unpleasant odour at the time of our visits. People commented on 'how well the home was cleaned and how the cleaning ladies worked hard'. The provider had infection prevention and control policies in place and staff had received training. Staff had access to the equipment they needed to prevent and control infection including disposable gloves, aprons, sluicing facilities, and cleaning materials.

Policy and procedures to be followed in the event of an emergency were known and understood by staff. There were personal emergency evacuation plans (PEEP) for each person who lived at the home these provided the level of support someone would need in an emergency evacuation.



## Is the service effective?

### Our findings

The service continued to provide an effective service. The registered manager ensured staff were equipped with the necessary skills and knowledge to meet people's care and support needs. Newly appointed staff completed their induction training. The induction training programme was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. New staff worked with senior staff to assist with continued training throughout the induction process. Staff did not work alone until they felt confident within the roles they were to perform.

The registered manager spoke with us about how they had plans in place to support the nurses to update their skills and knowledge for the roles they performed. This included wound care management, palliative care, resuscitation and syringe driver updates. Syringe drivers were used to administer medicines continuously through a needle just under the skin. The registered manager and nurses continued to keep up to date with current best practice and guidance. They made provision to support each other with their duties and responsibilities to the Nursing and Midwifery Council (NMC) and revalidation. Revalidation exists to improve public protection by ensuring nurses continued to remain fit to practice in line with the requirements of professional registration, throughout their career.

Staff felt supported by the registered manager, deputy and other colleagues. Comments included, "Things are going very well, I feel very supported by the manager and all the staff I work with", "I feel supported by the people I work with" and "The manager and deputy are very supportive". The registered manager had ensured that staff felt supported through one to one meetings. These sessions enabled staff to discuss what was going well and where things could improve, they discussed people they cared for and any professional development and training they would like to explore. One staff member told us, "I feel confident to make suggestions and share my ideas and the manager listens to you".

Staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. Staff understood its principles and how to implement this should someone not have mental capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals and independent advocates. The registered manager told us they intended to re-visit the principles of the MCA during staff meetings and supervisions and, they had a topic of the month where information would be available in the staff room. Further training was scheduled to encompass this within a person centred care approach.

There were no restrictive practices and daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home, socialising together and some had arranged to go out. They chose to spend time in the lounge, the dining room and their own rooms. They engaged with various preferred activities/interests throughout the day.

Every effort was made to make eating and drinking a pleasant experience. Tables and trays were attractively laid with flowers, napkins and condiments. People chose where they wished to receive their meals. Meals prepared and served had always been well received. Traditional freshly cooked meals were firm favourites and although there was a menu plan people were supported to choose whatever they wanted on the day. In general, comments were positive about the food they received. People told us, "Food is good you get a choice the day before and the portion sizes are good", "The quality of food is eight out of ten", "The food is generally ok, when agency are in the kitchen it's not so good", "The food is alright and I am putting on weight", " I like my meals in my room it's calmer, I liked the food today I am full up" and "The food is excellent". We did notice that some people who were receiving their meals in their rooms were served their main course with their pudding. We reported this to the registered manager who told us they would speak with staff to remind them that this was poor practice.

Staff continued to support people to maintain a healthy weight and a balanced healthy diet whilst taking into consideration their likes and dislikes. If people were at risk of weight loss staff had management guidelines to assist with developing a care plan and identifying any action required. Food and fluid intake was recorded if required, so that any poor intake would be identified and monitored. People were weighed monthly but this would increase if people were considered at risk. Referrals had been made to specialist advisors when required, including speech and language therapy when swallow was compromised and, GP's and dieticians when there were concerns regarding people's food intake and body weights.

The registered manager, deputy and nurses understood the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected. This included GP's, speech and language therapists, continuing healthcare coordinators, tissue viability nurses and community psychiatric nurses. Staff ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services. People were supported to register with GP's, dentists and opticians of their own choice.

## Is the service caring?

### Our findings

The service continued to provide a caring service. There was positive interaction between staff and people in the home; everyone appeared relaxed, happy and comfortable in each other's company. We were introduced to people throughout our visits and they welcomed us to their home. We asked people and relatives if staff were caring. Comments included, "The staff are nice", "Staff always say hello and pop in", "Staff are kind, once a member of staff stayed to help me even though her shift had finished", "Staff are nice but they are always busy", "Yes they are all kind, they come in and chat" and "They are all good and lovely. I am well treated" and "They are very caring and kind I couldn't ask for much more".

Due to management changes, it had at times been an unsettling year for staff, however there was still a sense of determination and pride. Staff morale was quite cheerful, they were motivated and enjoyed their roles and responsibilities. They were committed to the people they supported and enjoyed talking to us. One new staff member told us, "I am feeling really good vibes, there are some very good carers. I've seen some lovely warm interaction, very happy and caring staff". We asked staff what they thought they did well and what they were proud of. Comments included, "The residents are great they make the job worthwhile and I love them all", "I enjoy helping people as much as I can, I will stay over my shift time if someone needs me", "People come here to live their lives, not to die. We want them to feel part of a family" and "I love my job, every day is different and I am proud of what I do".

People we spoke with agreed they were treated with respect and dignity, and that their privacy was maintained. Many people chose to have their bedroom doors open, and we observed staff calling out as they entered their rooms, we also saw staff knocking on doors before entering. Everyone said their dignity was maintained when receiving personal care and confirmed doors were closed and curtains drawn before any personal care was given. One person told us, "I have always been washed with dignity and respect, I ask for a female carer and that's what I get".

Maintaining independence was also integral to respecting choice and maintaining dignity. Two people told us, "The staff put my clothes out so I can reach and get dressed myself" and "I have my washing things put next to me and they pop back to see if I am ok". Relative told us, "Mum is encouraged to be independent and she makes her own choices which are listened to".

People looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. This included preferred style of clothes that were clean and ironed, shaving, manicures, helping people to fasten their jewellery and access to hairdresser visits.

The registered manager and staff continued to ensure people's night-time experiences were as enjoyed as much as during the day. Preferred night time routines were always considered and records reflected that people had thought about what would make them feel content and safe. This covered aspects such as providing drinks, closing bedroom doors, whether people preferred a light on and how many times they wanted to be checked by staff during the night.

Visitors were welcome any time and people saw family and friends in the privacy of their own rooms in addition to the communal areas and the garden. Family and friends were invited to special events. Relatives we spoke with told us they always felt welcome. There was a drink dispenser so that people and their visitors could help themselves to a selection of hot and cold beverages without relying on staff to make one for them.

## Is the service responsive?

### Our findings

The service had made improvements to provide a responsive service. At the inspection of May 2017, improvements were required with regards to completing the newly introduced care file documentation. This was to promote and support a more 'robust person centred care planning system'. Individual meetings were set up with each person and relative if required, they were fully involved in developing their care plans to reflect, their needs and how they wished to be supported.

We looked at the care records that had been completed. They lent themselves to a holistic approach to care and had considered people's physical, psychological and emotional well-being. They provided staff with a good level of detail about people's likes and dislikes and how they were to care for people. Staff were continuing to further develop these. People and relatives told us, "I was involved in my mum's care plan, it was about a year ago and her needs haven't changed", " My daughter was involved in my care plan and we had a meeting" and " Yes I was involved in my care-plan, we made the decisions together about what I needed". Visiting health and social care professionals had also reported to the registered manager significant improvements in the care documentation. Further one to one training around person centred care had also been arranged for staff to further enhance their knowledge.

People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to the nurse in charge. The nurses knew people well including their past and present medical history. They were competent to make referrals and book appointments with relevant health professionals. We saw examples where continuous daily evaluation helped identify deterioration in people's health, or where needs had changed and intervention was required.

The service used a call bell system so that people could ask for help. In general, people were satisfied with response times. Those who told us that sometimes they had to wait a while confirmed that this was 'understandable'. Comments include, "The buzzer response is really good but I do wait a little in the mornings when it's busy", "Sometimes there seems to be a lot of pressure on staff", "I don't find it too bad, one would expect a little wait, if staff are busy with other people".

At the inspection of March 2017, improvements were required around activity provision. An activity coordinator had been in post for four months and worked 30 hours a week over 5 days. They had no previous experience of the role or of working in a care home. However, they were enthusiastic and keen to develop their skills. The area manager confirmed they were looking at training to equip the coordinator with the skills required in addition to arranging support from coordinators in the organisation's other homes. Since the inspection, the service had appointed an additional coordinator and we met with both of them on the second day of our visit. Additional training had been provided and they attended a locum activity forum run by South Gloucestershire local authority.

Although it was a fairly new partnership both were extremely enthusiastic about their roles and how they were developing an activity programme to suit and promote choice and personal preferences. They were getting to know people as individuals and as a group when they attended 'residents meetings'. People were

being involved about how activity could improve and the coordinators were working alongside the registered manager to action this. People and staff told us, the activities had continued to improve since the last inspection but more outings were required.

The service had a complaints and comments policy in place and this was shared with people and families on admission. People said they would raise any concerns and were confident their concerns would be acted on. The daily presence of the registered manager and deputy meant they saw people every day to see how they were. This approach had helped form relationships with people where they felt confident to express their views. It was evident when we were accompanied around the home they knew people well and they were comfortable and relaxed in their company. Comments from people included, "I've never needed to complain but we would go to the manager", "I have had to complain but I was pleased with the outcome that things were sorted", "There is nothing to complain about" and "I would go straight to the manager to complain".

## Is the service well-led?

### Our findings

The service had continued to improve and sustain improvements following the last inspection. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had been in post for a year, she was enthusiastic and enjoying her role. This was reflected in how she ran the service. She was proud of the service's achievements to date and committed to moving the service forward. They had slowly built confidence and values in the staff team with a clear management structure following the appointment of a deputy. Staff were all feeling settled, grounded and embracing effective changes within the service.

One of the greatest achievements had been around improved reporting and record keeping for incidents, accidents and safeguarding concerns. In addition, risk assessments had improved for people in order to keep them safe. Effective, streamlined medicine management had also contributed to people's safety. This had meant that the service was no longer under an institutional safeguarding with South Gloucestershire local authority safeguarding team. One visiting professional wrote to the registered manager and said, "I have enjoyed supporting your home through these challenging times. You should all take a minute and feel proud in how far you have come, things can only get better from here".

We spoke with people about the registered manager and we looked at feedback on surveys. Comments included, "The home manager is superb", "Keep up the good work", "This place has upgraded from a year ago" and "I know the manager and she seems approachable if I needed her". Staff also shared positive experiences about working alongside the registered manager and deputy. These included, "She is a very good listener, she is an active part of the team and will always help us", "I love the new manager, she is very approachable and she is raising the profile of the home", "I like that she covers shifts and gets to know the residents, she leads by example" and "She brings stability and we work well together. She is a stable leader and organised, staff seem happy and motivated".

Feedback from everyone who used the service was sought on a daily basis with the home's electronic system. This information was assessed at various management levels and was used to drive improvements. We read some recent feedback for people and their relatives. Comments included, "I have been going to different respite services for over 10 years and this is the first time I have been here and I prefer it. It's a fantastic home and amazing staff", "the care my mum was given was outstanding", "they are doing all they can to make my mum happy", and "I wouldn't change anything and everyone is so friendly".

There were various systems in place to ensure the service was reviewed and audited to monitor the quality provided. Regular audits were carried out in the service including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required. We looked at the quality monitoring reports conducted by

the regional manager and regional support manager. The audits evidenced a thorough quality assurance process and reflected interactive engagement with people, relatives and staff. Recommendations and feedback was documented and followed up by the manager and deputy.

The registered manager, deputy and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. We had received notifications from the provider in the last 12 months prior to this inspection. These had all given sufficient detail and were submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.