

Healthcare Homes (LSC) Limited

# Kingsley Court Care Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Kingsley Court Care Home is a care home providing nursing and personal care for up to 85 older people. At the time of the inspection 84 people were living at the service, with another person moving to the home that day. Some people were living with the experience of dementia and some were people being cared for at the end of their lives. The service was divided into three units. Bluebell (ground floor) for older people with nursing needs, Rose (first floor) for people living with dementia who had additional nursing needs and Primrose (second floor) for people living with the experience of dementia. The service was run by Healthcare Homes, a company providing residential, nursing and domiciliary care throughout South and East England.

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

People were well cared for. They received personalised care which they were happy with. They had good relationships with the staff who they felt were kind, caring and respectful. People, or those who were important to them, had been involved in planning their care to make sure it reflected their needs and preferences. The staff knew people well, they offered them meaningful choices and respected these.

People were kept safe, because the staff knew how to provide safe care. Risks to people's wellbeing had been assessed and planned for. The environment was safely maintained. People received their medicines as prescribed and had access to healthcare services when they needed these.

The staff felt well supported. They had the training and supervision they needed to provide good care. There were enough staff to meet people's needs and keep them safe. The provider's systems for recruiting staff helped to make sure they were suitable and had the right skills and attitude.

There were effective systems for monitoring and improving the quality of the service. These included responding to, and learning from, incidents, accidents and complaints. The registered manager was visible and people using the service, their visitors and staff told us they could speak with them and felt listened to and valued. The provider worked with other external organisations, such as universities, carrying out a number of different research projects with the aim of improving care for older people and those living with dementia.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The rating at the last inspection was good (published 2 February 2018).

### Why we inspected

The inspection was prompted in part by notification of a specific incident regarding medicines management. The incident is being investigated by other organisations, including the local authority safeguarding team. Therefore, we did not investigate this specific incident. We carried out the inspection to

make sure medicines were being safely managed and whether there had been learning from this incident. We also looked at whether people's needs were being met

We carried out a focused inspection to look at the key questions of Safe, Responsive and Well-led. We found no evidence during this inspection that people were at risk of harm.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed and remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingsley Court Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe 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** ●

# Kingsley Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

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

#### Inspection team

The inspection was conducted by two inspectors, a nurse specialist advisor and a member of the CQC medicines team. An Expert by Experience supported the inspections by making telephone calls to relatives of people who used the service. 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

Kingsley Court Care Home 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.

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.

#### What we did before the inspection

We looked at all the information we held about the provider, including statutory notifications, information from the local authority safeguarding team and information from members of the public.

### During the inspection

We spoke with eight people who used the service and two visiting relatives. We also spoke with three visiting professionals and staff on duty, who included care workers, senior care workers, the activities coordinator, nurses, housekeeping staff, team leaders, the deputy manager and the registered manager.

We observed how people were being cared for and supported. Our observations included 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 looked at the care plans (and associated records) for seven people who used the service, and part of the care plans for another five people. We looked at how medicines were being managed, conducted a partial tour of the environment and looked at other records used by the provider to manage the service, such as records of staff recruitment and training, records of meeting minutes, quality audits and checks.

### After the inspection

The registered manager sent us some additional information which we reviewed. The Expert by Experience spoke with the relatives of nine people who used the service on the telephone. A representative from the local authority quality assurance team gave us feedback about the service following a recent visit they had conducted.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People received their medicines safely and as prescribed. Medicines care plans were not always completed. For example, there were not always care plans for time sensitive medicines, the use of anti-seizure medicines and anticipatory medicines. We discussed this with the registered manager. Following our visit, they sent us records to show this information was recorded elsewhere. We were assured staff knew how and when to give these medicines and there was enough information to help ensure this.
- The registered manager also sent us evidence that changes had been made so that the information was recorded within individual care plans following our visit. They had introduced more robust systems for monitoring this and making sure information about medicines was always recorded in line with relevant guidance.
- We observed staff give medicines to people in the morning. The staff were polite, gained consent and signed for each medicine after giving it on the medicine administration record (MAR). The staff followed infection prevention and control methods while giving medicines.
- Medicines were stored securely and at appropriate temperature.
- There were no gaps in the MARs we reviewed. This provided assurance the staff gave medicines as prescribed. However, for one person who was prescribed a transdermal patch to be applied daily, there was no specific patch chart to record where the patch was applied daily, although this was recorded on the MAR. We discussed this with the registered manager and they put an additional chart in place.
- There was a policy in place for medicines management. There was a process in place to receive and act on medicine alerts

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

- The provider had systems to protect people from the risk of abuse.
- People using the service and their relatives told us they felt safe. One relative said, "I am more than 100% happy with the care, I have no concerns about safety."
- There were procedures for safeguarding and whistle blowing. The staff were given information and training about these. They were able to tell us how they would recognise abuse and what they would do if they suspected someone was being abused.
- The registered manager and staff had worked with other agencies, including the safeguarding authority, to investigate concerns and help protect people from further harm, following safeguarding alerts.

### Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing had been assessed and planned for. Information about individual risks had been recorded and was regularly reviewed. The staff had guidance on how to keep

people safe, for example when meeting their health needs, supporting them to move, using equipment and with eating and drinking.

- The staff were trained to understand how to care for people in a safe way. We observed staff supporting people throughout the inspection, for example, moving around the building and at mealtimes. They did this carefully, giving people clear information and following good practice guidance.
- Equipment which people used was safe and appropriate. The staff checked equipment, such as wheelchairs, mattresses, hoists and slings each day and before use.
- The building was safely maintained, and the provider carried out regular checks of fire safety, on gas, electricity, water and other areas of health and safety. They had responded appropriately when risks were identified. There were plans to evacuate people in the event of a fire or other emergency, including individual plans which took account of people's mobility and cognition.

#### Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. A small number of people told us they sometimes had to wait for care during busy times of the day. We discussed this with the registered manager so they could look at ways to help make sure people were comfortable and safe if they had to wait for staff to be available. Most people told us their needs were met in a timely way. They told us call bells were answered promptly. The staff felt there was enough of them and we saw they were attentive and available throughout our visit.
- The provider had procedures to help make sure only suitable staff were employed. These included checks on their identity, eligibility to work in the United Kingdom, references and interviews. Following successful recruitment, staff completed inductions, which included shadowing experienced workers, training and assessments of their competencies to make sure they had the skills and knowledge needed to care for people.

#### Preventing and controlling infection

- The provider's procedures helped to prevent and control infection. There were new procedures relating to COVID-19 and staff were aware of these and followed them. Staff wore personal protective equipment (PPE) and disposed of this safely. The managers carried out checks to make sure staff were following infection control procedures, such as good hand hygiene and use of PPE.
- The provider carried out regular COVID-19 tests for staff and people using the service. Visitors were required to take a test on the day of their visit and were provided with PPE. Staff and people using the service had been encouraged to have vaccinations against COVID-19 and seasonal flu.
- The building was clean and there were regular checks on cleanliness and infection control. There were appropriate systems for laundry and the disposal of waste.
- The staff monitored all infections and managed these appropriately to help people recover and to minimise the risk of others becoming unwell.

#### Learning lessons when things go wrong

- The provider had systems for learning when things went wrong. Accidents, incidents and complaints were recorded, investigated and action taken to improve the service. Information about these was shared with the staff team through meetings and guidance so they could all learn and prevent things from going wrong again.



# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which reflected their needs and preferences. They and their relatives confirmed this. Some of their comments included, "[Person] always looks well looked after", "[Person] is thriving now, that is all down to the home", "[Person] is always very clean, shaved and nice hair, [they] have put on weight, the staff look after [their] skin" and "[Person] makes their own choices, the staff support [them] to be independent, like making [their] own cup of tea."
- We saw people looked well cared for. They were given choices and the staff respected these, for example where they wanted to spend their time, what to eat and what they wanted to do. People confirmed this and also told us they were supported to be independent.
- People's needs were recorded in care plans, which they, or their representatives, had helped to develop and review. We identified some care plans lacked details about specific individual needs and how these should be met. The staff demonstrated a good knowledge of these needs and we were assured people's needs met. We spoke with the registered manager about reviewing plans and adding the details which were missing. They told us they would do this.
- Records of care which had been provided showed people were well cared for and supported. The staff had responded appropriately when people's needs changed, for example when they lost weight, became ill or their fluid intake decreased. We saw records which showed they had consulted others for support and guidance and had closely monitored people.

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.

- People's communication needs were met. Information about the service was available in different formats if people needed this.
- There were communication care plans which recorded people's communication and sensory needs and how these should be met. The staff communicated well with people, understanding what people were expressing and making sure they were understood. This was in part due to the fact staff knew people well and that people felt relaxed and comfortable with the staff who were supporting them.

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

- People were able to stay in touch with friends and families. The provider facilitated visits in line with

government guidance during the COVID-19 pandemic. They also supported people to stay in touch via phone and video calls. At the time of our inspection, visitors had to pre-book appointments. Some relatives told us this could be difficult because they worked and would like to have more opportunities to visit outside of their work times, but the appointment slots were limited. We discussed this with the registered manager so they could make sure enough appointments were available outside of working hours.

- The provider employed an activities coordinator. Other staff also helped support people with social and leisure activities. There was a range of different planned activities and special events. Additionally, the staff developed ad hoc activities to reflect the things people told them they wanted to do. People using the service and their relatives told us they enjoyed the activity provision. Some of their comments included, "They are very good and arranged a birthday party, the staff were so caring and natural", "They have loads of activities and there is always something going on" and "[Person] enjoys the activities and is stimulated." People told us how they were supported to celebrate special events, such as a wedding anniversary, birthdays, sporting events, bank holidays and religious festivals.
- The registered manager explained they had been able to support people with individual requests as well. For example, they had created a 'wonderland' at the service for one person who said they wanted this. They had also started an exercise group in the evenings which was led by a person who lived at the service. The group was also joined by relatives via video link.

#### Improving care quality in response to complaints or concerns

- There were systems to respond to concerns and complaints. People and their relatives told us they knew how to make a complaint and felt confident this would be investigated and acted on. Some of their comments included, "A while ago I [raised a concern] and they followed it up immediately to sort it out. I'm very happy with the manager", "If I had a complaint I would speak to the manager, [they are] very approachable" and "I have no complaints but I would feel comfortable making a complaint if I needed to."
- The provider kept a log for complaints, which included how these had been responded to.

#### End of life care and support

- People being cared for at the end of their lives were well supported. The staff had planned for their care with other professionals, such as the palliative care teams. People's wishes and any religious needs were recorded in plans so the staff would know about these.
- The staff had been trained to understand about end of life care and knew how to support people to stay comfortable and pain free where possible.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were well cared for and there was an inclusive culture. People using the service and their relatives commented positively about their experiences. Some of their comments included, "The carers are fantastic", "The staff are well trained and are lovely people", "[Person] is always happy and has banter with the nurses, I hear [them] giggling together", "[Person] loves the care home and is so happy there" and "We've been so impressed, they go above and beyond and nothing is too much trouble."
- There was a positive atmosphere at the service where people were calm and relaxed. The staff were supportive and kind. The staff told us they felt happy working at the service, telling us they felt valued and treated with respect by the management team.

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 provider understood their responsibilities under duty of candour. They had policies and procedures in respect of this. The registered manager had apologised and explained to people and their relatives when something went wrong. Relatives confirmed this.
- The registered manager had made statutory notifications to CQC as required and kept CQC and other professional organisations updated with incidents, accident and safeguarding alerts; including how they had responded to these.

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

- The registered manager was suitably qualified and experienced. They understood their roles and responsibilities and people who used the service, relatives and staff all spoke well of the registered manager. Some of these comments included, "The manager has done a great job, I think [they are] brilliant", "The manager is excellent, [they run] a good care home", "The manager listens to me and always keeps me in the loop" and "[Registered manager] is the best manager, very organised and [they are] polite with staff and residents."
- There was clear guidance and information for the staff, including daily handover meetings where information was shared and twice weekly staff meetings to discuss the service and make sure all the staff were aware of their responsibilities. Some of the staff took on extra responsibilities, and provided guidance and training for other staff about these areas, such as falls.

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

- The provider engaged with people using the service and others. They consulted them about their individual care and asked for their feedback about the service and opinions. They held regular meetings for people using the service.
- The home catered for people from different nationalities and cultures. There was a multi-faith prayer room and opportunities for people to pray and celebrate their religion. Staff spoke a range of different languages and could support people by speaking with them in their preferred language. The provider offered culturally diverse meals.
- One of the staff was an allocated dignity champion. Their role included talking to people about their specific needs and making sure these were met.

Continuous learning and improving care

- The provider had effective systems for monitoring and improving the quality of the service. These included regular audits and checks by the staff, registered manager and checks by senior managers.
- Where problems or areas for improvement had been identified, the registered manager created an action plan to make sure these improvements were made. They asked people using the service and others for feedback about their experiences.

Working in partnership with others

- The staff worked with other healthcare professionals to monitor and meet people's individual needs.
- The service was also involved in projects organised by universities and other agencies to investigate and promote good practice. At the time of our inspection, the provider was taking part in a sleep disturbance study, looking at how to promote good sleep patterns for people living with dementia. They were also working with a group from Canada looking at how to promote fitness for older people and a project promoting better fluid intake.
- The registered manager attended local authority forums to share information and learning with other care providers.