

Healthcare Homes (Spring) Limited

Kingsmead 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

About the service

Kingsmead is a residential care home providing personal and nursing care to up to 40 people across two separate floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia. At the time of our inspection there were 30 people using the service.

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

People living at Kingsmead told us they received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. People's care plans provided staff with the information they needed to manage the identified risks.

Medicines were managed safely, and people received their medicines as prescribed. Staff had the necessary skills to carry out their roles. Staff had regular training and opportunities for regular supervision and observations of their work performance.

The environment on the first floor could be improved to make it more dementia friendly and aid easy navigation for people living with dementia. The provider shared with us an action plan to improve the environment for the whole home which included creation of themed destination points, sensory area, rummage boxes incorporated with meaningful activities.

People, relatives and healthcare professionals told us staff were caring. Staff did all they could to promote people's independence and we saw examples of this. People had access to other healthcare services, ensuring a holistic level of support was provided.

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 supported this practice. Staff had a particularly good understanding of when the principles of the Mental Capacity Act should be applied. People were supported to meet their nutritional needs and complimented the food at the home.

The home was well-led by a long-standing registered manager who was committed to improving people's quality of life. They and the new provider had plans to continuously improve people's care. There was a clear management structure in place and a long-standing team of staff who worked well as a team. The provider had effective quality assurance systems in place that they used to monitor the quality and safety of the service. Staff worked well with external social and health care professionals.

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

Rating at last inspection and update

The last rating for the service under the previous provider was good, published on 13 April 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Kingsmead 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 Health and Social Care Act 2008.

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 team consisted of 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

Kingsmead is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Kingsmead is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service. We looked around the home and observed the way staff interacted with people. We looked at six people's care records and four medicine administration records (MAR). We received feedback from five relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, area manager, deputy manager, nurses, care staff and kitchen staff. We looked at five recruitment and training records and quality assurance records. We received feedback from 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm and they felt safe living at Kingsmead. One person told us, "I have been here about six and a half years and have no complaint with the carers at all. I feel safe now with them and the medical staff too."
- Relatives were confident their loved ones were safe and commended, "Yes I do think it is a safe place for my mum to stay. They [staff] always do what is best for her and what makes her happy" and "Kingsmead has proven to be very safe with the addition of a 1:1 agency carer mainly during his waking hours. This has reduced the number of falls hugely as he walks a lot."
- People were supported by staff that knew how to raise safeguarding concerns. Staff said that they had undertaken mandatory adult safeguarding training and was able to tell us what they would do if they witnessed any form of abuse in the home. Records showed staff had received regular safeguarding training and updates.
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe.
- People's risk assessments included areas such as falls, choking, malnutrition, medicines and skin integrity. Where people had been assessed as requiring hourly checks, records seen indicated that these had been completed and we saw staff completing them.
- People felt safe and acknowledged that the team was meticulous in preventing infections and noted that extra regulations had been introduced to augment existing procedures.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- During the inspection we saw staff were busy and appeared to be task orientated. They attended to people in a timely manner but did not have time to talk to them. Staff told us, "We have enough staff but struggle to cover short notice absences. Its busy in the mornings. We have more time in the evenings" and "Staffing is ok, but we could do with more staff when its busy."
- Records of staff rotas showed planned staffing levels were often met. However, on the day of the inspection staff were working short due to unplanned staff absences.

- People we spoke with felt staffing could be improved and said, "Staff are never enough, and nights seem to be worse. Afternoons are very quiet but as I am asleep sometime, I don't see many."
- Relatives commented about staffing, "They do a brilliant job to the best that time allows. When I ring, they are always aware of what is happening with dad", "Most of the time there is enough staff but I realise these last few years have been very challenging but the home has done the very best they can" and "I am fully aware of the staffing situation and although I do think there could be more staff but I understand that in the current economic climate it is difficult to recruit the necessary qualified people."
- We spoke to the registered manager about staff deployment during busy periods and they told us they would look into adjustments such as use of twilights shifts to target busy periods.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.
- The provider supported people with safe visitation and this aligned with government guidance. People and relatives told us visits were facilitated and encouraged. We evidenced that staff at Kingsmead had taken many steps throughout the pandemic to ensure that people and visitors were kept safe during visiting.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, following an incident of a person falling and sustaining a hidden injury, a decision was made to ensure all people on blood thinning medicines with suspected head injuries would be referred to hospital for a check-up.
- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Kingsmead was a purpose-built care home spread across two floors which had been decorated to a good standard. People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.
- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had a garden and a sitting area.
- However, the environment on the dementia unit could be improved to aid navigation around the floor. The general decoration was not dementia friendly and there were no things to aid stimulation. On the first day of the inspection we found the lounge area looked like an equipment storage room with very poor lighting. We did not see anyone using it.
- We raised our concerns with the area operations manager and on our second day of the inspection, some improvements had been done with rearranging the furniture and better lighting. We saw people using the room.
- Following the inspection, the provider shared with us an action plan to improve the environment for the whole home which included creation of themed destination points, sensory area, rummage boxes incorporated with meaningful activities.

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

- People received care and support that was centred around their assessed needs, choices and decisions. Care was planned and delivered in line with current best practice and legislation. This was monitored to ensure consistency of practice.
- Assessments of people's needs were comprehensive, and people's records showed a streamlined process from first contact to admission benefitted both people and relatives. One relative told us, "Nan is a different person already from how she was in the last home, even though she has only been here a very short while. The transfer went well, and the staff have been so helpful here."
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met. People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction and did not work unsupervised until they and their line manager were confident, they could do so. The induction included the provider's own mandatory training as well as shadowing an experienced member of staff.
- Staff had access to supervisions and appraisals which were used to develop and motivate staff, review

their practice and focus on professional development. Staff told us they felt supported and that these meetings provided an opportunity for them to meet with their line managers and agree objectives as well as discuss their performance.

- Staff were offered development opportunities, and these were often discussed in team meetings. The provider had introduced new roles such as the Care Home Assistant Practitioner (CHAP) role as a care staff development pathway.

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

- People were supported with nutrition and hydration in a dignified way. Mealtimes were not rushed and were supported by attentive staff. Some people chose to have meals in their rooms and staff respected that and facilitated a tray service. People had the same dining experience and support wherever they chose to have their meal.

- People told us they ate the food, but they were critical of the quality and choices offered. They said, "The food is ok, but they are relying on the carers to cook a lot as we don't have a chef at the moment. [Staff member] will be cooking tomorrow so we know it will be good. She does nice home cooked food like shepherd's pie and wholesome cooking", "Some of the other food is definitely not my choice. It's not that it's not edible, just not the home cooking that I would choose" and "They do buy very cheap food here, it doesn't always have a lot of taste. It must be the budget they have. I have my brother in law bring in my cornflakes for me as I just can't stomach the cheap ones they have no crunch and no taste to theirs."

- Relatives commented about food and said, "I think the food choices he receives are sometimes rather limited but in general he seems to be satisfied" and "Excellent, my dad has been eating really well since he has been in Kingsmead."

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

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support.

- Where referrals were needed, this was done in a timely manner. One healthcare professional told us, "Kingsmead staff are efficient at referring residents promptly to speech and language therapy (SALT) for swallow assessments, ensuring any concerns regarding swallow safely are actioned quickly."

- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported in line with the principles of the act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out, or decisions were made in people's best interest in line with the principles of the Act.
- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We talk with them [people] in a way they understand. We support in best interest."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 were positive about the caring attitude of the staff. People said, "I am happy with the way things are. The carers are nice" and "I get on with them [staff] and I have nothing to complain about."
- Relatives told us staff were caring and provided compassionate care. They commented, "All of the staff I come into contact with have always interested in his [person] well-being and I often find them socially interacting with him on a personal level" and "My dad has received excellent care from Kingsmead. Staff understand his needs and what needs to be done to help his condition."
- During the inspection we observed staff were busy but talked to people in a polite and respectful manner.
- The provider had an equality, diversity and human rights approach to supporting staff as well as respecting people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain their cultural needs. Staff treated people as individuals and respected their choices.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis. One relative said, "I have always been involved in mum's care and have always been fully informed of any changes to her care or health."
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.
- The service made sure that staff had the information and support they needed to provide care and support in a compassionate and person-centred way. One relative commented, "The staff are very aware of mums needs and always treat her with respect even when she sometimes can be quite challenging."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times and were not discriminated against. One person told us, "I like to get up about 3,00am but that is my choice and I am happy with it, so I go to bed about 6.30pm again my choice. Staff respect and support me with that."
- Staff knew how to support people to be independent. During the inspection we saw many good examples of people being supported to be independent.
- The provider ensured people's confidentiality was respected. Staff were discreet and challenged behaviour and practices that fell short of this. Records containing people's personal information were kept in the main offices and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect confidential information.

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 good. 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 and support specific to their needs, preferences and routines. Care plans reflected people's individual needs with clear guidance for staff to follow to ensure person centred care.
- Staff knew people very well, had a good understanding of their individual needs and made sure those needs were met. People's care plans were regularly updated to reflect people's changing needs.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to look out for facial expressions, observe body language and maintain eye contact to promote communication and minimise frustration.
- Information was accessible to people in different formats such as audio, pictorial, large print as well as in different languages.

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 had access to activities facilitated by an activities coordinator. Activities consisted of arts and crafts, fun and games and quizzes. People who were unable to join in group activities had access to one to one interaction in their rooms.
- People told us they were involved with the activities and said, "We do have various activities to keep the brain active but not all the residents are able to join in. We use the outside when it's nice", "I am enjoying being here. I've been here for over four years now and I won a competition for the best dressed Zimmer

frame" and "There are activities mostly in the afternoons, but I don't go down. I chose not to go down."

- The service enabled people to carry out person-centred activities and encouraged them to maintain hobbies and interests. For example, one person had a personal interest in butterflies. Staff supported this person to decorate their walls and furniture with butterflies. The room looked beautiful and the person loved it.
- On the day of the inspection we did not observe any activities. The coordinator had taken a short notice absence and the provider could not find cover. Staff looked busy with no time to have meaningful interactions with people. One person commented, "Staff are very busy and do not have time to sit and chat."

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support and could do so in a range of accessible ways, including how to raise any concerns or issues. The provider had systems in place to manage complaints. Since registration, the provider had received two formal complaints which had been investigated and addressed in line with their policy.
- People and their relatives told us they knew how to make a complaint. One person told us, "I have never had to complain but if I did, I would go to see the manager and I am sure they would listen to my concerns." There were many compliments received regarding care nature of staff and communication.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. This included funeral arrangements and preferences relating to support. The staff ensured these preferences took account of people's cultural and spiritual needs.
- The registered manager informed us one person was receiving end of life support at the time of our inspection. The team often worked closely with other professionals to ensure people a had dignified and pain free death.
- We saw many compliments regarding compassionate end of life care support for people and their relatives.

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 good. 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

- There had been no changes in the management and staff structure since the provider took over the service. It was clear there was a stable management and staff structure which created a general sense of calmness in the home. Staff looked happy.
- People were positive of the way the home was managed and made comments such as 'Good management', 'Would definitely recommend the home' and 'Manager always available' during reviews of care.
- Relatives were complimentary on the way the home was managed and told us, "The manager is excellent. She takes time to make you feel that she is aware of my dad and his needs and after being there for so long I do feel a little anxious about her leaving", "I think Kingsmead is excellently ran, a lot of homes could learn a lot. I would have no problem recommending Kingsmead to another family" and "I find in my experience that the home is managed in a very professional way."
- Staff were complimentary of the support they received from the management team. Staff said, "Manager is strict but fair. Works on the floor, supportive and approachable" and "Lovely manager. Understanding and flexible."

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 and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- The registered manager had been in post for 10 years with the previous provider. They were a knowledgeable and established registered manager with lots of experience. They had created a clear management and staffing structure and staff were aware of their roles and responsibilities.
- The registered manager was supported by a deputy manager and an area operations manager. Staff understood their roles and responsibilities, were motivated, and had confidence in the management team

and the provider.

- There was emphasis on continuously improving the service. The staff team assessed the quality and safety of the service through audits. Audits included all aspects of care including health and safety checks, safe management of medicines and people's care records.
- The registered manager also completed unannounced night visits to ensure consistency in quality of care.
- The provider had a 'You said, We Did' approach to improving care. For example, people and relatives had identified communication around restrictions on visiting during the pandemic as big issue. The registered manager had introduced better communication with updates on government guidance on visiting restrictions as well as rationales around that. a newsletter and several communication channels with staff.
- The management team and staff considered information about the service's performance and how it could be used to make improvements. Records showed there were discussions around how to improve people's care following audits and surveys.

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

- People and their relatives had opportunities to raise any comments via an open-door policy at any time as well as meetings
- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through surveys and care reviews. The information gathered was used to improve people's care. For example, a survey had indicated one person's room was not big enough to accommodate equipment. As a result, a suitable room was sought, and the person was moved.
- Staff felt listened to, valued and able to contribute to the improvement of care. They told us they enjoyed the flexibility around interchanging roles such as care work, domestic and kitchen. This allowed continuity of care for people.

Working in partnership with others

- The service was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.