

Thornton Care Limited

# The Kingfisher 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

The Kingfisher Care Home is registered to provide personal care for up to 20 people. Accommodation is on two floors with a stair lift for access between the floors. There are two lounges and a large dining room and a large garden for people to enjoy. The home is situated close to shops, buses and trams, the beach and the local facilities of Thornton Cleveleys.

At the last inspection in May 2015 the service was rated Good. At this inspection we found the service remained Good.

This was an unannounced inspection visit carried out on the 12 July 2017.

Although a number of people had limited verbal communication and were unable to converse with us, people we did speak with told us they were safe and secure at the home. A relative said, "The way they look after people is fantastic. I feel secure and relaxed knowing [relative] is safe."

We found the service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

The management team had systems to protect people from unsafe management of their medicines. Recordkeeping was completed correctly and we found staff responsible for medicines were trained and competency tested.

Care records of two people we looked at were informative and reviewed on a regular basis. Staff told us care records were up to date and were important to ensure people received the right care and attention.

Staffing levels were sufficient to provide support people required. We confirmed this by talking with staff and people who lived at the home and by our observations on the day of the inspection visit. One staff member said, "The manager will get extra staff in straight away if the needs of residents change."

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people who lived with dementia and care for their social and personal care needs. Staff spoken with told us they were well trained and always offered opportunities to develop their skills through training courses and professional qualifications.

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

At lunchtime we found people had a variety and choice of meals. People who lived at the home told us if they did not like what was on the menu then they could choose something else. Comments were positive about the quality of food and meals provided. One person who lived at the home said, "The food is cooked fresh you can't ask for more than that. It is also very good."

People had access to healthcare professionals and their healthcare needs were met.

People who lived at the home had access to advocacy services. This ensured their interests were represented by professionals outside of the service to act on their behalf if needed.

Staff knew people they supported and provided a personalised, individual service in a supportive and professional manner. Care plans of people who lived at Kingfisher were easy to follow and had identified the care and support people required. We found they were informative about care people had received.

The provider had a complaints procedure which was made available for people and a copy was found on the notice board at the home. People we spoke with told us they had no complaints.

The management team used a variety of methods to assess and monitor the quality of the service. These included regular audits, team meetings of staff and 'residents', also relative surveys were obtained to seek their views about the service provided.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# The Kingfisher 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection visit carried out on the 12 July 2017.

The inspection visit was carried out by an adult social care inspector.

Before the inspection, the provider completed 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 plan to make. We used this information as part of the evidence for the inspection. We also reviewed historical information we held about the service. This included any statutory notifications and safeguarding alerts that had been sent to us.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with a range of people about Kingfisher Care Home. They included five people who lived at the home, the manager, two relatives and three staff members. In addition we spoke with the registered provider/owner.

Part of the inspection was spent looking at records and documentation which contributed to the running of the home. We looked at two care plans of people who lived at the home, maintenance records, training records and recruitment documentation. In addition we looked at staffing levels and records relating to the management of the home. We also spent time observing staff interactions with people who lived at the home. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

We contacted health and social care professionals including the local authority contracts monitoring team.

We did not receive any information of concern about Kingfisher Care Home.

# Is the service safe?

## Our findings

Although we could not speak with some people who lived at the home due to them living with dementia, people told us they felt safe and supported by staff and management team. For example some comments included, "Yes very safe the staff make you feel that way." A relative we spoke with said, "The way they look after people is fantastic. I feel secure and relaxed knowing [relative] is safe."

Care records included detailed risk assessments, which provided staff with guidance on how risks to people were minimised. For instance this included risks specific to each individual according to their daily activities and personal support needs. Risk assessments covered falls assessment, the environment and mobility risks. Staff told us they had access to this information in people's care records and ensured they used them to keep people safe.

Systems were in place to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and understood the provider's safeguarding procedures. One staff member said, "We regularly update safeguarding training and I feel confident I would know what to do." Staff we spoke with were aware of their responsibilities to ensure people were protected from abuse.

People were protected by suitable procedures for the recruitment of staff. We saw records which showed the provider had undertaken checks to ensure staff had the required knowledge and skills, and were of good character before they were employed at the service. In addition staffing rotas we looked at showed levels and skill mixes were sufficient to assist each person in a timely manner. Staff told us they were happy with staffing levels. One staff member said, "The manager will get extra staff in straight away if the needs of residents change."

We looked around the building and found it was clean, tidy and maintained. Infection control audits were in place and the management team made regular checks to ensure cleaning schedules were completed. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons.

We looked at how medicines were recorded and administered. At the time of the inspection visit an audit/check of medication procedures was taking place by the local pharmacist. We sat in on the feedback session. The pharmacist was impressed by the way the service managed their medicine procedures and no concerns were found. Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly.

We looked at medication administration records of people who lived at the home. Records showed medication had been signed for correctly. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed and at the right time. No control drugs were being administered at the time of the

inspection visit.

We checked documentation and found equipment had been serviced and maintained as required. For example records confirmed gas appliances, fire equipment and electrical equipment complied with statutory requirements and were safe for use.



## Is the service effective?

### Our findings

We observed good interaction between staff and people who lived at Kingfisher during the inspection visit. We found staff had an understanding of the needs of people that led to effective care support for people. For instance one person who lived at the home said, "The staff know me well and I feel any problems the staff are always there."

The provider and manager had developed an extensive individual training schedule for each staff member. Training courses included dementia awareness, fire and environmental safety, food safety, infection control and safeguarding. This was also followed up by regular staff supervision and appraisals that ensured staff were encouraged to continually develop their skills. Training schedules we looked at and talking with staff confirmed good access and commitment the service had to provide training courses for all personnel. All the staff we spoke with confirmed access to training was very good at Kingfisher and also told us they were encouraged to undertake professional qualifications to help their development. Comments included, "I have never had training like we have here. It is exceptional." Also, "I have completed my National Vocational Qualification (NVQ) and have been supported to do that by the manager."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

People who lived at the home and relatives told us they had choices of meals and there were always alternatives. We observed staff in the morning asking people what they would like for lunch. People who lived at the home were complimentary about the standard of food at Kingfisher. For example one staff member said, "Lovely food always." Another said, "The food is cooked fresh you can't ask for more than that. It is also very good."

Care records of two people described people's food preferences and any allergies. Staff were aware of people's cultural and health needs in relation to their diet. People's food preferences were written down in the kitchen and the cooks had a good awareness of what people liked and disliked. Information was available about special diets, such as diabetic and blended meals. On the day of the inspection visit we observed lunch served in the dining room it was relaxed and staff were supporting people who required help in a sensitive encouraging way. For example one person was distracted from their meal, the staff member was patient and continuously spoke with the person to encourage them to eat lunch. The person did respond although it took a while for them to finish their meal. We spoke with a staff member who said, "There is no rush and people take their time that is fine with us."

People had access to external healthcare professionals in order to maintain their wellbeing. We looked at records, which detailed visits and appointments people had with outside health agencies. We saw that people received the appointments they needed. People were registered with local GPs and received visits

from them when they needed them

We walked around the premises and garden areas and found they were appropriate for the care of people supported. For example we found wooden floors and appropriate signage on bedroom and bathroom doors to support people living with dementia. In addition memory boxes were placed outside each persons bedroom with items that reminded people of their past. Seating was available for people to relax in the rear garden.

## Is the service caring?

### Our findings

Two people we spoke with at Kingfisher and a relative told us they received high standards of care by respectful kind staff. In addition survey comments we received were very complimentary about the caring attitude of staff at the home. For example a survey from a relative returned in June 2017 asking how they felt the caring attitude of staff, stated, 'The experience, patience and kindness of the staff was the best.' A comment from a person who lived at the home said, "Really kind and wonderful caring people. Nothing is too much trouble."

Throughout the day of the inspection visit we observed instances of staff talking and supporting people in a sensitive, calm manner. For example they spoke with people in soft voices, at the same eye level and used appropriate use of touch. A relative commented, "They are so friendly and warm to the people here from what I see. They always give the residents their full attention which is lovely." People who lived at the home told us they always found staff treated them with respect and kindness. A person who lived at the home said, "Always knock on my door before being let in."

Two care records of people who lived at the home demonstrated they and their representatives were involved in care planning. Those who lived at the home confirmed support was planned together with family. Relatives we spoke with confirmed this, one said, "We were consulted from the start about [relative] care and have been kept up to date all the time."

Staff had a good understanding of protecting and respecting people's human rights. We were told training was provided in this area. Staff and the manager were able to describe the importance of promoting each individual's uniqueness. We found there was a sensitive and caring approach practiced by everyone at Kingfisher during our inspection visit.

We spoke with the manager about access to advocacy services should people require their guidance and support. The service had information available for people and their relatives. We found evidence of this on the notice board in the home This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People's end of life wishes had been recorded if applicable so staff were aware of these. We were told people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. End of life training had been provided for staff, two staff members we spoke with confirmed this had recently taken place.

## Is the service responsive?

### Our findings

People who lived at the home and a relative told us staff were responsive to their needs and assisted them, treating each person as an individual. A relative said, "The staff seem to know each person individually and know when something is not quite right. I see it when I visit here. They always respond to any issues with my [relative]."

Two people's care records were based around their assessment information, details provided by relatives and personalised support. Staff had signed and dated records we reviewed to evidence who had completed them and when. When possible people who lived at the home and relatives completed a document known as 'Basic Background Questionnaire' (BBQ). This was a document that contained information all about the person's history. For example previous employment, family histories and personal hobbies. This helped staff build up relationships and get to know the person well. Our observations demonstrated staff had a good knowledge of those who lived at the home and supported them in ways that reflected their care plans.

The service had a complaints procedure which was made available to people on admission to the home. We saw information about how to raise a complaint on the notice board in the reception area. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

The manager followed good practice guidelines when managing people's health needs. For example, people had documents containing information about their health needs should they need to visit a hospital. This information was contained in a document provided from the continuing health team that visit the home to review people's care plans. This ensured people who had difficulty communicating their needs had information as to how to support them and included information about a person's mobility, dietary needs and medication.

## Is the service well-led?

### Our findings

Kingfisher did not have a registered manager in place. 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 current manager of the service was going through the process to be registered as the manager with the Care Quality Commission (CQC). The process was ongoing and the manager explained to us that they had submitted all the forms and were awaiting further instruction and interview from CQC.

We found the service had clear lines of responsibility and staff were aware of the position of the manager. We found the provider and manager were experienced, knowledgeable and familiar with the needs of people they supported. A staff member said, "We know [manager] is going through to be the official person in charge. She is so supportive and very good at the job and cares so much for the residents." A relative we spoke with said, "[Manager] is very good and always available. She certainly knows how this place runs and does an exceptional job."

The provider and manager had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing care plan records and housekeeping. Regular checks were also made to ensure water temperatures were safe in line with health and safety guidelines. This helped to ensure people were living in a safe environment.

Staff and 'resident' meetings had been held to discuss the service provided and any suggestions to improve the running of Kingfisher. We saw a notice advertised a future relative/resident meeting for September 2017. A relative told us they were useful although not well attended.

The management team had sent out 'resident' and relative surveys to gain opinions on how the service operated. In June 2017, 12 returned surveys were positive in their responses. For example comments included, 'Without exception we have found all of the staff and facilities to be superb.' Also, 'Under very difficult circumstances the carers always manage to put a cheery smile.'

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, healthcare professionals including General Practitioners and district nurses.

We found on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.