

Blanchworth Care Limited

# Kington Court Community Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Kington Court Community Care Centre is a residential care home which provides personal and nursing care to people living at the home either permanently or temporarily. People living at Kington Court Community Care Centre are older people, who may live with physical disabilities, sensory impairment or dementia. There were 34 people living at the home at the time of the inspection. The service can support up to 48 people.

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

The provider checks had not identified where people had not received their medicines as prescribed.

The environment presented a potential risk to people as areas of the flooring required improvement to ensure they were suitable for use.

The registered manager and provider's representative told us their checks would be revised, to ensure people received the pain relief they had been prescribed, and improvements to the safety of flooring would be made.

People were supported by staff who understood their individual risks and who supported people to stay as safe as possible. There were enough staff to care for people at the time people wanted assistance.

People told us staff used their knowledge and the equipment provided when caring for them, to reduce the risk infections. Staff understood how to raise any concerns for people's safety and were confident senior staff would take action to support people, should this be required.

People's needs were assessed before they moved to the home, and staff developed an understanding of people's preferences as they supported them. People were supported to see other health and social care professionals when they wanted this.

Staff encouraged people to have enough to eat and drink to remain well. People told us the meals provided were improving and gave us examples which showed how their preferences were met. Staff had received the training they needed to develop the skills required to care for people.

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

People had developed strong bonds with the staff supporting them and told us staff were kind and often went the extra mile to help them and to show people they were valued. Staff encouraged people to make their own decisions about their care and people were supported to maintain their independence, dignity and privacy.

Care plans and risk assessments reflected people's needs. People's care was planned in consultation with them, their relatives, and with input from other specialist health and social care professionals, as people chose. People's care plans were reviewed as their needs changed and considered people communication needs and preferences.

Staff supported people to do things they enjoyed and to remain connected with their faiths and people who were important to them. Systems were in place to manage any complaints. Compliments had been received from relatives regarding the quality of care provided to people at the end of their lives and the warmth of staff. The registered manager planned to identify people's wishes in the event of people's sudden death, so their wishes would be respected. Systems were in place to manage any complaints, and to take learning from these.

The registered manager and senior staff had put systems in place to work effectively with other organisations, and to take learning from any incidents. The manager understood their responsibilities and acted to inform CQC of important events at the home.

Staff understood how they were expected to care for people and gave us examples showing how senior staff and the registered manager had listened to their suggestions and driven through improvements in people's care.

#### Rating at last inspection

The last rating for this service was Good, (published 30/11/2016).

#### Why we inspected

This was a planned inspection based on the rating at the last inspection.

#### Enforcement

We have identified breaches in relation to how people's medicines and the premises are managed.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme, to ensure all improvements made are embedded. If any concerning information is received, we may inspect sooner.

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Kington Court Community Care Centre

## **Detailed findings**

### Background to this inspection

#### The 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 checked 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.

#### Inspection team

This inspection was carried out by one inspector and an assistant inspector.

#### Service and service type

Kington Court Community Care Centre is a care home, which provides nursing and personal care. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Kington Court Community Care Centre accommodates up to 48 people in one adapted building.

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 on the first day of the inspection. We announced our intention to return to complete the inspection on the second day.

#### What we did before the inspection

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other organisations, for example, the local authority.

#### During the inspection

We spoke with 11 people living at the home and one relative to ask for their views about the quality of care provided. We spoke with the registered manager, the manager and provider's representatives. We also spoke with two members of senior care staff, four care staff and a member of the catering staff.

We looked at five people's care records, and multiple medication records. We saw records relating to the management of the home. These included minutes of meetings with staff and checks undertaken by the manager and provider on the management of the home and safety and quality of care. We also saw systems used to manage complaints and any accidents and incidents which may occur. In addition, we saw compliments received about the care provided at Kington Court Community Care Centre.

# 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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- People had not always received pain relief as prescribed. For example, three people had not received their prescribed pain relief for periods of up to seven days. The registered manager and provider could not be assured people had not experienced an increased risk of avoidable pain.
- Pain relief patches were not always rotated to different areas of the body, as directed by NICE, [The National Institute for Health and Care Excellence], guidance and the manufacturer instructions. This increased the risks of people experiencing poor skin health.
- The flooring at the home required improvement. For example, some areas of the home had frayed carpets and there was a dip in the surface of a corridor area, potentially increasing the risk of falls for people. The provider was aware of the improvements required but had not taken steps to make the repairs and replace the carpet and reduce the likelihood of people experiencing harm. During our inspection the provider put a programme of works in place to make the improvements.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us staff supported them to stay as safe as possible. One person explained they felt supported by staff to manage their safety and staff always gave them plenty of time when moving. The person also highlighted staff ensured they had the equipment they needed, in case of any emergency. The person said, "They [staff] always make sure my bell is here."
- Staff understood the risks to people's safety and gave us examples of how they balanced people's wish for independence with assistance to reduce the risk of avoidable harm.
- People's care plans contained guidance for staff to follow to reduce risks to people and to keep people safe. These included risks in relation to people's underlying health conditions, such as risks in when mobilising.
- Staff took into account the views of other health and social care professionals when people's risks were assessed, and plans created to promote people's safety.
- People were cared for by staff who understood how to recognise and report any concerns they had for people's safety.

Systems and processes to safeguard people from the risk of abuse

- People were knew how to raise any safety concerns they may have and to understand how to keep safe.
- Staff Knew what action to take in the event of any concerns for people's safety, including how to report

abuse to the local authority and CQC, if this was identified.

- Staff were confident the manager would act to promote people's safety, should any concerns be identified.
- The registered manager understood their duty to notify the CQC and other organisations of any concerns about people's safety.

#### Staffing and recruitment

- There was enough staff to care for people. People told us they did not have to wait for long if they wanted assistance, and said staff had time to chat to them.
- Staff told us they had opportunities to discuss staffing levels with the registered manager. One staff member gave us an example showing how positive changes had been made to where people's rooms were located. This meant people would be promptly assisted by staff who were near.
- Where agency staff were used, this was provided by a consistent group of agency staff. This helped to ensure people were cared for by staff understood their safety needs and who knew them well.
- The suitability of potential staff to care for people was checked prior to their employment.

#### Preventing and controlling infection

- The registered manager and provider's representative checked the home to ensure good hygiene was promoted.
- People said staff used the protective clothing required when supporting them with personal care.
- Staff gave us examples of the actions they took to reduce the likelihood of people experiencing infections. These included following good food hygiene practices and using their knowledge and skills when assisting people.

#### Learning lessons when things go wrong

- Systems were in place to take any learning from incidents and accidents, when required.
- Staff had opportunities to reflect on people's changing safety needs and to adjust the care planned and provided.

# 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.

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 outcomes were consistently good, and findings confirmed this.

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

- People's views were considered when their care needs were assessed. This ensured staff had the information they needed to support people as soon as they moved into the home.
- Staff sought and acted on advice provided by other health and social care professionals, to inform people's assessments.

Staff support: induction, training, skills and experience

- People and relatives were complimentary about the way staff used their skills to care for them. One person told us, "Staff help [me] considerably and know how to do this " A relative told us they were confident in the care provided and said, "Staff are very well trained."
- Staff were supported to provide good care through training which developed their skills and knowledge further. One staff member explained how the training they had done had raised their awareness of people's safety needs. This included, and how they should support people, so their rights were also promoted when their safety needs were being met.
- New staff were supported through an induction programme and spent time working with more experienced staff. One staff member told us how much they had valued their induction training. This was because this had given them the chance to gain new skills, such as manual handling, before they started to care for people.

Supporting people to eat and drink enough with choice in a balanced diet

- People enjoyed the meals prepared and told us if they requested items which were not normally on the menu staff ensured these were prepared for them, which they appreciated. People told us there had been improvements in the quality of the food provided, after this had been discussed at residents' meetings.
- Staff knew if people had any specific dietary needs, and supported people so these would be met and their health promoted.
- The registered manager and provider representative planned to ensure people's choice of meals was further promoted. Further checks were planned to ensure people's meal time experiences continued to improve.

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

- People told us they were regularly supported to see other health professionals, such as GPs and opticians. One person said, "Staff are arranging a dentist appointment for me. They sort it all out."
- Where staff had any concerns for people's health they worked with other health and social care

professionals, so people's health needs would be met. These included referrals to mental health teams and speech and language specialists.

- Staff gave us examples of the ways they were supported to monitor people's health and to communicate people's changing health needs. This helped to ensure people's health needs were promptly met.

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

- People told us they liked their rooms, which people were encouraged to personalise, to reflect their interests. One person said they had asked for additional lighting in their room, and this had been promptly supplied. The person went on to say, "As far as I'm concerned, I can say nothing but good [about their room] and it is so nice to have your own shower."
- People could choose to spend time privately or in more social areas, where people could enjoy each other's company and take part in activities.

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 Act requires 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- Staff had understood people's rights. Systems were in place to manage people's capacity assessments and for these to be informed by consultation with them, their relatives and other health and social care professionals and to manage any DoLS authorised.

# 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.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them with consideration and compassion. Interactions between staff and people were kind and empathetic, and staff knew people well.
- People had developed good relationships with the staff who cared for them. One person said, "We get very good care. The carers are fun, and we have a laugh with them."
- Relatives told us their family members were treated well, and staff respected relatives as partners in their family member's care. One relative explained staff's approach and said, "Staff are very, very good, I have a good relationship with them all."
- Staff spoke warmly for the people they cared for and got to know people by reading their care plans and spending time working with them and talking with people's families. This enabled interactions which were meaningful and had value for the people living at Kington Court Community Care Centre.
- Staff gave us examples of additional things they took their own time to do for people, so people would know they were valued. This included personal shopping for people. One staff member explained they had supported one person by arranging the repair of an item of great sentimental value to them.
- People told us they appreciated staff took time to chat to them when they wanted this. One person said, "The staff sit and talk to me and ask about family and knitting. They are good at listening, they jolly me out of my moods."

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

- People made decisions about their day to day care, for example, where they wished to spend their time, and what interesting things they would like to do. One person told us they liked to decide which staff members assisted them with their personal care, and their decisions were respected.
- Where people need additional support to make some day to day decisions they were supported by their relatives and staff. Staff gave us examples showing how they supported people to decide what they would like to wear, by showing the person items to choose from.
- Relatives told us they felt involved in decisions about their family member's care. One relative said, "The care is well carried out."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and understood their dignity preferences. For example, if people wanted a specific gender of staff to support them when providing personal care.
- People told us staff suggested care they may wish to receive but recognised people's rights to make their own choices.

- Staff recognised people's right to independence and encouraged people to move around the home freely, and to continue to manage elements of their own care.
- We saw people's doors were knocked by staff before entering their rooms and were kept closed when staff assisted people with personal care.
- People's confidential information was securely stored, to ensure people's privacy.

## 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 told us they were involved in planning and reviewing their care, and this helped to ensure their needs and preferences were known.
- People's care plans and risk assessments reflected their needs. One staff member told us, "Care plans and risk assessments give us enough information, you can look at these before you care for people, but you also ask people and families, too." This helped to ensure people's individual preferences were met.
- Staff considered what mattered to people when reviewing their care and involved people's relatives and other health and social care professionals in plans to support people.
- People gave us examples of the flexible approach staff took when supporting them and told us this made Kington Court Community Care Centre a good place to live. Another person said, "Staff do anything we ask them. I've never known anyone so obliging, they're very good." One person gave us an example of how staff supported them, so their changing preferences were met. The person said, "I fancied a beef burger for my supper one night, so they [staff] went to the shop and bought them for me."
- The provider's representative and registered manager planned to continue to develop people's assessments and care plans, so people's unique histories and preferences would be further recognised, prior to them moving into the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them. Staff understood how to use a variety of communication methods to meet people's needs. People's communication needs were identified, recorded and highlighted in care plans.
- We saw evidence that the identified information and communication needs were met for individuals, such as information showing people's preferred communication methods, and people's communication preferences were met over time. For example, communication cards had been used to assist one person to express themselves.
- The manager told us they planned to further develop the range of information and tools and methods available to enhance people's opportunities to communicate their choices, as people's needs changed.

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 supported by staff to keep in touch with others who were important to them. People also said they valued the friendships they had developed with staff and other people living at the home, which helped to reduce their isolation.
- People told us they enjoyed the activities which were arranged for them to choose from. These included gentle exercise, such as yoga, skittles games and visits from singers, and opportunities for people to celebrate their faiths.
- One person told us how much they were looking forward to the planned Christmas Fete, however, another person told us there were less activities available for them to enjoy doing on the weekends. The registered manager advised they would further promote the activities area of the home, so people would know they were able to use the games and resources available at all times.

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

- Systems were in place to manage any complaints or any concerns raised and to take any learning from these.
- Staff were confident if they supported people to raise any concerns the registered manager would address these.

#### End of life care and support

- People's needs and preferences for care at the end of their lives had been identified, at the time which was right for people and their relatives, so people would be supported as they wished.
- Staff gave us examples showing how people and their families were supported at the end of their lives, so their preferences were met. This included if people wanted family or staff to sit with them in their final hours.
- Staff had received compliments for the quality and sensitivity of care provided to people at the end of their lives.
- The registered manager planned to further identify people's wishes in the event of their sudden death, so people's wishes would be respected.

# Is the service well-led?

## Our findings

Well-Led – this means 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 now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were quality assurance systems in place to monitor and improve the service and to ensure legal requirements were met. These audits however, had not identified medicine errors or driven continuous improvement in the premises.
- The registered manager and provider's representative told us they had further worked planned to address these areas and to demonstrate people were in receipt of consistent high-quality care and treatment.
- Staff described the senior team as being approachable and focused on the needs of people living at Kington Court Care Centre but told us there were limits on improvements made to the premises, because of the availability of investment in the home. One staff member told us about improvements needed to the premises and said, "[People get a good] level of care and attention. [Staff] are all willing to go the extra mile but there are constraints." Another staff member told us, "I know improvements are needed and [senior staff member's name] is going to propose some."
- The provider's representative informed us as a result of our feedback about the premises during the inspection, the provider had agreed to undertake immediate and longer-term action to address these.
- People and relatives told us the senior team were interested in people's lives and encouraged staff to ensure their needs were met.
- The registered manager told us they were proud of the way staff worked together and supported people with kindness. The registered manager said, "[Staff] are always doing extra things for people here, they don't see this as special. They put people who live here first."

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

- People gave us examples showing how they had been supported through good organisation of their care. For example, one person told us staff were always available to support them to attend health appointments and they could rely on staff arranging trips to the hairdresser which were important to them.
- Staff were supported to meet people's changing needs through regular meetings with senior staff and one to one meetings with their managers. One staff member said senior staff always provided clear guidance on how to care for people when their health needs changed.
- The registered manager kept up to date with best practice through regular discussion with other registered managers, and through attending local provider forums.

- Senior staff checked how staff were supporting people and provided feedback to staff immediately, so they could be assured people were receiving the care they wanted, safely.
- The registered manager understood and acted on their responsibilities to notify CQC of important events which happened in the service.
- The provider's representative and registered manager understood their responsibility to be open in the event of anything going wrong and reviewed any feedback and incidents, so any learning would be taken from them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were encouraged to make suggestions for improving the care offered. People gave us examples of changes which had been introduced to improve the care provided, based on the feedback they provided at residents' meetings and through individual discussion with staff.
- The registered manager had developed links with the local community, including a local nursery, so people would benefit from spending time with children.
- Senior staff had established effective ways of working with other organisations. This helped to ensure people had access to a range of advice to meet people's physical and mental health needs. This included systems for obtaining advice, so people would enjoy the best skin health possible and to respond to people's changing health needs, such as progression in people's dementia.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider needs to ensure people consistently receive their medicines as prescribed. The provider also needs to make improvements to the premises, so the risk of people experiencing injuries is further reduced.