

# Barchester Healthcare Homes Limited

## Kingfisher Lodge

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection of Kingfisher Lodge was undertaken on 12 April 2017.

During August and September 2016, we received a significant number of concerns about staffing levels and care provision at Kingfisher Lodge. This information of concern was received from people's relatives, staff and from healthcare professionals who had visited the service. As a result of that information, we undertook an unannounced inspection of Kingfisher Lodge on 19 September 2016. During the inspection in September 2016, we found five breaches of the Health and Social Care Act 2008.

Following that inspection in September 2016, and due to the level of concerns we had identified, we requested an urgent action plan from the provider to ensure that people living at Kingfisher Lodge were protected from being exposed to the continued risk of unsafe or inappropriate care and treatment. The provider engaged with us, and acknowledged the concerns we had identified within the service during the inspection. They sent us an action plan in October 2016 detailing how they intended to immediately safeguard people and achieve compliance with the regulations.

As a result of the inspection in September 2016, the service was rated as 'Inadequate' and the service was therefore placed in 'Special measures'. Services in special measures are kept under review. During this comprehensive inspection in April 2017, we reviewed what improvements had been made at the service since they were placed into 'Special measures' following our inspection in September 2016.

Kingfisher Lodge provides accommodation for people who require nursing or personal care to a maximum of 60 people. At the time of our inspection, 34 people were living at the service. The service is split over two floors, 'Chaffinch' unit is on the lower floor with 'Lark' and a newly created unit named 'Robin' on the upper floor. Lark and Robin units primarily supported people living with dementia.

There was no registered manager in post during this inspection. 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.

During this inspection, we saw that the service had made improvements and this was reflected in the feedback we received from people, their relatives and staff. However, we found that consent to care and treatment was still not consistently sought in line with legislation and guidance. We have made a recommendation in relation to achieving compliance with the Mental Capacity Act 2005. In addition to this, although governance systems had improved we found they had not consistently identified the record keeping issues we identified during the inspection.

People spoke positively about feeling safe. We received mixed feedback in relation to staffing levels, however in general the feedback commented on how it had improved since the last inspection. In general,

staff felt there were sufficient staff on duty to meet people's needs. People's medicines were managed safely, however we identified some recording omissions we identified to senior management. Infection control practice had improved and incidents and accidents were reviewed. People's risks were assessed and recruitment was safe. Staff understood their responsibilities to safeguard people.

People said that care was effective, and we saw that staff received training, supervision and appraisal. Appraisal completion was currently poor but being addressed. New staff received an induction when they started employment. The service understood their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to assess the requirement to lawfully deprive a person of their liberty when they lack the mental capacity to consent to treatment or care and need protecting from avoidable harm.

People were supported to eat and drink enough, however we found a small number of recording inconsistencies that had not been identified by the current governance arrangements. It was evident that staff we spoke with understood people's food and drink needs well. People had access to on-going healthcare and we saw examples of how the service had met people's needs.

People felt well cared for and relatives were positive. The service had received compliments since the last inspection. People felt they were treated with dignity and respect and we observed positive interactions between people and staff. People were supported to have a comfortable, pain free and dignified death in accordance with their wishes. People's care plans detailed their preferences and wishes.

People were involved in decision making and relatives we spoke with agreed with this. We did receive some feedback where relatives did not feel consulted about a change in the service, but the senior management we spoke with acknowledged this could have been handled better. We saw good examples of care plans that were detailed and clear in relation to wound care, however a care plan we reviewed in relation to catheter care was inaccurate in places. Another care plan relating to pressure ulcer care was also contradictory. This again had not been identified by current governance arrangements. We received mixed feedback on activities. There was a complaints system in place people and their relatives felt able to use.

People, their relatives and staff commented positively about the current leadership arrangements at the service. People spoke positively about changes at the service and we received similar feedback from nearly all the staff we spoke with who were now positive about their employment. There were systems to communicate with staff to ensure messages about the projected improvements within the service were going to be achieved together with the expectations of the staffing team. There were systems to communicate with people and their relatives. There were some effective governance systems and the service had received support from the provider.

We found one continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

People at the service told us they felt safe.

People received their medicines, however some recording errors were identified.

Feedback on staffing was mixed but generally positive.

Infection control had improved and accidents or incidents were investigated.

Recruitment was safe and the environment was maintained.

### Is the service effective?

**Requires Improvement** ●

The service was not fully effective.

Consent to care treatment was not consistently sought as required.

People felt they received effective care.

Staff received an induction, on-going training, supervision and appraisal.

People received support with food and drink, but recording was not consistent.

People had access to healthcare professionals when required.

### Is the service caring?

**Good** ●

The service was caring.

People spoke positively about the staff at the service.

Compliments had been received since the last inspection.

People felt they were treated with dignity and respect by staff.

Staff were observed interacting positively with people.

People were supported to have a comfortable, pain free and dignified death.

### **Is the service responsive?**

The service was not consistently responsive.

Some care records were inconsistent and conflicting.

People felt involved in decisions about their care and treatment.

Care plans contained information about people's preferences.

We received mixed feedback about the activities provided.

People and their relatives felt able to raise concerns or make a complaint.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well-led.

Not all governance systems were fully robust.

People and their relatives spoke positively of the changes in the service.

Staff were positive about the future of the service.

There were systems to continually communicate with people, relatives and staff.

The service had received support from the provider.

**Requires Improvement** ●

# Kingfisher Lodge

## 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 inspection was carried out by three adult social care 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. When the service was last inspected during September 2016, we found five breaches of the Health and Social Care Act 2008. As a result of the findings of inspection in September 2016, the service was rated as 'Inadequate' overall and the service was therefore placed in 'Special measures'.

Before the inspection we reviewed the information that we had about the service including the action plans sent to us by the provider since October 2016. We reviewed information from the local authority and safeguarding information. We also reviewed the statutory notifications we had received from the service. Notifications are information about specific important events the service is legally required to send to us.

Some people in the home were living with dementia and were not able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home such as undertaking observations. This included observations of staff and how they interacted with people and we looked at seven people's care and support records. We looked at records relating to the management of the service such as policies, incident and accident records, recruitment and training records, meeting minutes and governance systems.

During the inspection, we spoke with 15 people who used the service, seven people's relatives and 10 members of staff who were providing care to people on the day of our inspection. This included nursing staff and care staff. On the day of the inspection there was a relative's meeting held within the service. With the permission of the management, we attend that meeting and observed communications and interactions between the service management and people's relatives or representatives.

# Is the service safe?

## Our findings

At the inspection of Kingfisher Lodge in September 2016, we found that the provider had not ensured that action had been taken to reduce or mitigate any risks associated with people following a fall or accident. In addition to this, we found that people's medicines were not always managed safely and poor infection control practice was observed in relation to mobility equipment. Staffing levels were unsafe, placing people at risk.

At the request of the Care Quality Commission, the provider sent us an urgent action plan in October 2016 detailing how they would make the necessary improvements and immediately reduce or mitigate the associated risks to people. In addition to this, the provider sent us weekly staffing reports that showed the service's staffing levels. During this inspection, we found that action had been taken to achieve compliance with the regulations.

People we spoke with and their relatives were more positive about the service since our last inspection. One person we spoke with commented, "I do feel safe. Staff check in on me. Also my son and daughter can come whenever." Another person said, "Yes there are carers all around. Anyone coming in has to sign a book." People's relatives gave positive feedback about safety. One said, "From what I've seen on two visits it is very pleasant here. [Person's name] seems very happy and safe here." Another relative said, "It has changed for the better."

In general, most of the people, relatives and staff we spoke with told us there were enough staff on duty within the service to meet people's needs. The provider had a staffing level dependency tool known as the Dependency Indicator Care Equation (DICE) tool. This calculated current staffing levels based on people's needs. Since our last inspection, the service had staffed above the recommended level on the DICE tool. The current management at the service informed us that following a period of successful recruitment there were currently no care staff vacancies. There were nursing vacancies that the service was recruiting for, and agency nursing staff were being used when required.

People's comments about staffing were variable, and some were reflective that care was provided by different people from various agencies at times. One person we spoke with commented, "Quite a few have left. At night time there are quite a few new faces." Another person told us, "You don't see much of them. I like them. They don't fuss you – they get on with their work." Relatives spoke positively in general about staffing. One told us, "It has changed for the better, I've never had a problem finding someone. They've a lovely attitude - all of them." Another said, "They don't race around like mad things. They always come straight away. There are regular staff and agency." Some negative comments we received from relatives were about them feeling there were not enough staff in the case of an emergency. One said, "I'm not happy with staffing levels - if anything happened there would not be enough of them." Another commented, "They seem to staff just about enough, there doesn't seem to be any contingency though." Although we received these comments, no examples were given of when this had impacted negatively on people.

Nearly all of the staff we spoke with told us that staffing levels had improved. One told us, "The staffing levels

are good now. We are busy but people get everything they need." Another commented positively and said, "We all pull together, It's a good staff team." Another comment was, "I wouldn't work anywhere else, the atmosphere is much better now." One member of staff we spoke with felt the staffing levels were too low, however this feedback stood alone from other comments. They said, "My eyes can't be everywhere. I can't do personal care and keep an eye on the others. If I'm showering someone I can't be in the lounge."

Although nearly all staff were currently satisfied with staffing levels, some were concerned about the future. For example, one member of staff told us that although staffing had improved, they were concerned that in the near future the registered nurse staffing vacancies would be increasing. They told us that on the first floor, from the end of April, there would be just one permanent registered nurse that worked 30 hours each week, over two and a half days. The senior management at the service were aware of this potential shortfall ahead and recruitment of nursing staff was currently on-going.

At our last inspection we found that medicines were not being managed safely. This related to the arrangements for storing and recording of medicines. At this inspection, we found improvements had been made and the legal requirements were being met. However, further improvements were needed to embed and sustain the positive changes that had been made.

Medicines received into the service were checked and amounts received recorded on pre-printed Medicine Administration Records (MARs). Medicines were stored safely in locked trollies, cabinets and in designated locked rooms. Suitable arrangements were in place for medicines that required cool storage and medicines that required additional security. Unused or left over medicines were recorded and returned to the pharmacy. The MARs provided details about each person, including their photograph, allergy status and special requirements for taking medicines. For example, for one person the records stated, 'Has swallowing difficulties so has soluble medicines,' and for another person, 'Takes their medicines from a spoon.' No one in the service administered their own medicines, although arrangements were in place if people were assessed as safe to do so.

We observed medicines being given to people and saw these were given safely. Staff recorded when they gave people their medicines and a reason if they were not given. Protocols were in place for people that were prescribed medicines to be taken when needed, such as pain relieving medicines. We saw that people were reminded by staff and asked if they needed these medicines.

Some people were prescribed creams and ointments that were applied to the skin, known as topical creams. Topical MARs provided details of the creams prescribed and body charts provided guidance about where on the person's body the cream was to be applied. We found gaps in the recording of the application of these creams. For example, one person was prescribed a cream to be applied twice a day. The cream was prescribed for dry and itching skin. During the week leading up to our visit, the cream had been recorded as applied twice on two days, once on four days, and not at all on one day. We found other examples of similar shortfalls and reported our findings to the registered nurses and to the service management. The shortfalls had however been identified in the provider's most recent medicines audit and were being addressed. This showed the audit was effective in identifying poor staff practice.

The provider's policy included guidance about the use of homely remedies. These are 'over the counter' medicines that can be purchased without a prescription. In line with the provider's policy, the GP had agreed the people that could be treated, for an agreed period of time, with these medicines. Records were maintained and regular stock balance checks were completed.

A system to review incidents and accidents had been embedded at the service. Individual care records



contained details of incidents, accidents and any injuries people had sustained. Accident and incident forms were completed and provided details of any actions taken. For example, one person had fallen on three occasions in one month. Their risk assessment and risk management plan had been reviewed and they had been referred to their GP. A further section on the accident forms was for the service management to complete. This section was for recording follow up actions and information, investigations, any changes made to reduce risk of recurrence and other agencies that needed to be informed. We saw details had been completed and signed by the service management when required.

Infection control practice at the service was improved and risks to people were reduced. At our previous inspection, we observed staff undertaking poor infection control practice and mobility equipment slings were being shared. During this inspection, we saw people were protected from the risk of infection as there was personal protective equipment such as gloves and aprons available for staff to use and hoist slings were single person use. Staff we spoke with told us everyone had a personalised numbered sling if they needed it and individual mobility slide sheets were available for people.

People's care plans contained risk assessments for areas such as mobility, falls and skin integrity. When risks had been identified, the plans contained clear guidance for staff on how to reduce the risks. For example, when moving and handling equipment was required, the details of the type of sling and hoist used were documented. One person required specialist moving and handling support and the plan showed that external guidance, support and training that had been provided. In addition, there was detail for staff on how to make people feel safe during moving and handling procedures. For example, in one person's plan it was documented that they felt very nervous when being hoisted, and the plan detailed how staff should help to reduce this. Risk assessments had all been reviewed monthly and when the level of risk had changed, the care plans had been changed accordingly therefore reducing identified risk.

Safe recruitment processes were completed. Staff had completed an application form prior to their employment and provided information about their employment history. Previous employment or character references had been obtained by the service together with proof of the person's identity for an enhanced Disclosure and Barring Service [DBS] check to be completed. This DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified. In addition, the service had ensured that where necessary, a staff member's registration with the relevant body was current. This included nursing staff being correctly registered with the Nursing and Midwifery Council.

The provider had appropriate arrangements to identify and respond to the risk of abuse. There were policies in place for safeguarding and staff had received training. Staff understood their duties in relation to reporting suspected or actual abuse. They explained how they reported concerns internally to senior management or to external agencies such as the Care Quality Commission or the local safeguarding team. Staff were confident that concerns would be acted upon by the management team. One staff member commented, "We get training, including safeguarding training. We feel supported now."

The environment and equipment used was maintained to ensure it was safe. The provider had dedicated staff at the service that monitored all aspects of the environment and the equipment. We reviewed information that detailed the regular checks, maintenance and servicing of mobility equipment undertaken. Environmental aspects such as legionella risks and lighting were frequently audited. Regular servicing and the testing of the fire alarm and associated fire fighting equipment was undertaken.

All staff had received fire safety training and people had a Personal Emergency Evacuation Plan (PEEP). These contained information to ensure staff and emergency services were aware of people's individual needs and the assistance they required in an emergency. One person's PEEP said, '[The person] uses a

wheelchair and has limited mobility and would require full assistance.' An emergency bag was stored in the foyer of the home and contained each person's PEEP and other items which would be useful in an emergency.

# Is the service effective?

## Our findings

At the inspection of Kingfisher Lodge in September 2016, we found that the provider had not ensured that Mental Capacity Act 2005 guidance had been followed and the service had not met the requirements of the Deprivation of Liberty Safeguards (DoLS). Some people's care records were not always clear about the specific decisions some people could make, or where best interest decisions had been made. Conditions attached to people's DoLS had not always been met.

At the request of the Care Quality Commission, the provider sent us an urgent action plan in October 2016 detailing how they would make the necessary improvements and reduce or mitigate the associated risks to people. During this inspection, we found that some action had been taken to achieve compliance with the regulations but further improvements were still required.

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 that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Consent to care and treatment was not consistently sought in line with legislation and guidance. Some documentation that we saw was poor, incomplete and the paperwork being used was inconsistent. Some documentation was 'Barchester' branded and some not, demonstrating inconsistency. Where people had been assessed as lacking capacity, best interest decisions were not consistently made in line with legislation. The documentation within one person's care plan referred to best interest decisions being made for living at the service, the use of bed rails, the use of photographs and a 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) order. All of the forms had been completed on the same day. There was nothing documented to indicate what had been discussed with the person's representatives or advocates, and the only person who had signed the form was the nurse who had completed it. Alongside this, the completed DNACPR order, previously completed by a doctor, stated that the person did have capacity which contradicted the assessment form. This was identified to the service management who told us these records would be immediately reviewed.

We recommend the service ensures the training of senior staff with responsibility for conducting and completing capacity assessments and best interest decision records is effective and competency assessed to ensure full compliance is achieved with the MCA.

When people had been assessed as having capacity to consent to their care, care plans did not always contain signed consent forms to indicate this consent had been sought. For example, one person who had been assessed as having full capacity had bed rails, and yet there was no signed consent form in place to show that the person was aware of the risks associated with their use. In addition to this, in some people's care records we saw that where people with capacity had been asked for consent to care practices, full details were not always recorded. We saw that some mental capacity checklists and consent forms were

completed. They showed people had capacity to consent to 'care and treatment,' however there was no information on what 'care and treatment' meant or consisted of. No concerns were raised by people about receiving care against their wishes, however accurate and concise records detailing care interventions the person had consented to is best practice.

For some people we did see evidence of best interest decisions being made after appropriate consultation and discussion. For example, where covert medicine was agreed. This meant the medicines could be given without the person knowing. For another person, their care records stated, '[Name of person] wife and son agree he lacks capacity to give consent to personal care.' Their records provided detail of the personal care and support the person needed following consultation with the family.

Another positive example was one person that was prescribed medicines that were given covertly. We saw a best interest decision had been agreed after discussion with the person's family, a senior member of staff, a registered nurse, the GP and a pharmacist. We spoke with the senior member of staff who told us, "We had tried going back at different times, but often [person's name] wouldn't take them [prescribed medicines]. We all agreed they were needed and it was more beneficial to give medicines in this way to control their blood pressure and gastric symptoms than for [person's name] not to have them."

Staff we spoke with were able to tell us how the MCA impacted on their work. We heard people being asked for consent before care was provided. People were given choices, for example we heard a person being asked, "If you're still a bit sleepy would you like me to come back in a while." The member of staff then agreed with the person they would return to assist the person with their personal care in five minutes. Throughout the inspection we heard staff offering people choices such as, "Would you like a drink? What would you like, squash or a cup of tea?" and, "Would you like to read the paper?" Care plans provided guidance for staff on how to ensure people had choices and that they gave their consent prior to being assisted with their care. For example, one plan guided staff to, 'Ask if she wants to wear the red or blue top and show her the tops' and in another person's plan it said, 'To be encouraged to make decisions as much as possible, including what she would like to eat and wear.'

All of the people and relatives we spoke with told us they felt that staff provided effective care and were competent. Everyone we spoke with told us they felt staff were well trained and knowledgeable about them and their individual needs. They felt staff knew their likes and dislikes and always asked permission before support being given. One person said, "They are very good." Another told us, "Nursing care is good. Can't say a bad word about them." One relative told us, "Can't fault it." Another said, "They will let us know straight away if there is a problem."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is 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.

An effective system was in place that showed who had a DoLS application and the status of their application. This also showed when the DoLS expired and when re-applications had been made. Some people had conditions attached to their DoLS authorisations. Conditions specify particular points that the service must arrange or facilitate for the person. Conditions are attached to ensure that a DoLS is in the best interests of the person. We found that these conditions were met. For example, one person had a condition attached to their DoLS that related to the use of a specific medicine prescribed to reduce anxiety. The records described the strategies in place to try and calm the person, and the circumstances in which the

medicine may be needed in accordance with the conditions.

The provider had an induction process which encompassed the new Care Certificate. This was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. At the time of our inspection there were newly employed staff completing the certificate. Staff were further supported with progressive supervisions and observations through the initial stages of their employment. These were done to ensure the new staff member understood their role and were competent in providing care.

The provider had systems in place to ensure staff received supervision and appraisal. Staff we spoke with gave mixed responses on the frequency of their supervision. In general the staff we spoke with told us they had received supervision with a senior member of staff or had one pending soon. The service management acknowledged that appraisals had not been completed against the provider's required frequency standards and this was being addressed.

There was a training schedule that ensured staff received appropriate training to carry out their roles. Staff felt they were given sufficient training to effectively support people and meet their needs. This included moving and handling, health and safety, fire and safeguarding. A registered nurse told us, "Supervision is good. I've had plenty of training. I've done end of life and syringe driver training." Another member of staff told us, "I've been well supported since I started. I think this is a nice place to work."

People were supported to have enough to eat and drink, however we found some staff recording errors relating to the provision of eating and drinking. People had been assessed for the risk of malnutrition and dehydration and their weight was regularly monitored. When weight loss or excess gain occurred, advice and support was sought promptly from the GP, the dietician and/or a Speech and Language Therapist (SALT). Care plans reflected the recommendations made, and were person centred. For example, one person was restless and had difficulty sitting still for long periods. The person had lost weight, and as a result meal times were sometimes challenging for staff as they tried to get the person to sit down and eat a meal. The guidance was clear and included, 'If relaxed sit at a table. If restless, can be supported in a quiet area.' Staff were also informed to offer high calorie fortified foods and that the person ate more if food was offered in small bowls rather than a full plate.

Some people assessed as at risk of choking had been referred to the SALT team and thickened fluids were prescribed. The prescriptions stated these were to be given, 'As directed' and did not specify the actual thickening consistency required. However, we spoke with staff that were able to describe people's individual and specific requirements. In addition, they told us they referred to their daily handover notes. We checked these notes and found details were recorded. For example, for one person the handover notes stated, 'Weekly weight, fortify foods, fluid thicken to Stage 1 and texture E food.' This demonstrated staff understood the nutrition and hydration needs of the people they supported.

When people were having their food and fluid intake monitored, this was not always completed in full and the quality of record keeping seen was inconsistent. In addition, some of the care plans contained target fluid intakes which contradicted other advice within the plan. For example, in one person's plan within the continence section the target fluid intake per day was '1500 millilitres', but in the nutrition section of the plan the target was documented as '1590 millilitres.' The fluid charts for this person had been incorrectly totalled. For example, on one day the recorded intake was 1350 millilitres when it was actually 1250 millilitres. The chart had been signed to indicate it had been checked, but this checking process was inadequate because the error had not been noted.

The same person required thickened fluids as recommended by the SALT team, but despite the fluid chart in use having a box for staff to complete that stated the required number of scoops of thickener to be added to the person's drinks, this was left blank. It had also been documented that on 6 March 2017 the person no longer required their fluid intake to be monitored, yet staff continued to do so. Another person was having their food intake monitored, but the record keeping was inconsistent. The charts had been completed in full on 6 and 7 April 2017, but there was nothing documented on the 8, 9 and 10 April 2017. This meant it was difficult to assess how people's food and fluid intake could be accurately assessed or monitored because the record keeping was inconsistent and of a poor standard.

People had access to on-going health care, however the absence of effective monitoring systems had not ensured people had consistently received timely intervention and support. For example, records showed that people were reviewed by their GP, the mental health team, tissue viability nurses and physiotherapist. Another person had a reported choking episode and they were referred to and visited by the SALT team. Another person, who had a history of falling before they moved into the service, had been visited by a physiotherapist. An exercise programme had been recommended. Staff provided the support needed and recorded when the person completed the walking exercises prescribed.

Although it was clear that the majority of people were referred to relevant health services when their needs changed it was not consistently seen. One person had developed swallowing difficulties and staff had referred the person to the SALT team during August 2016. As an interim measure, the person had commenced a textured diet and thickened fluids to reduce any choking risk. However, the person was not assessed by the SALT team until February 2017 when the lack of the formal assessment requested in August 2016 had been identified by a DoLS assessor. It had been documented that the SALT team had not received the referral in August 2016, but it was not clear how or if the referral had been tracked by staff because there was six month gap between the initial referral being made and the person being formally reviewed.

## Is the service caring?

### Our findings

People and their relatives were mostly positive about the care provided and the staff that provided care at Kingfisher Lodge. One person we spoke with commented, "They always encourage me. I was very down when my sister and nephew died. They helped me." Another person said, "They look after us well here, it suits me here. I am younger and they are always nice to me." People's relatives were positive about the staff and comments reflected changes over the recent period. One relative said, "Her privacy and dignity is respected. She is comfortable and at peace. The carers are brilliant here." Another said, "I've not a bad word to say about the care staff, despite the problem's here."

When we spoke with people and their relatives, we spent time discussing the relationships that people had with staff. All of the feedback was positive. One person commented, "Completely happy with the care and their knowledge. They have cared for my welfare too." Another person said, "They look after us well here." A further comment was, "I get on well with the staff here." People's relatives were positive with one saying, "Every time I phone they are very helpful." Another said, "Staff are brilliant – genuinely caring people."

We reviewed some compliments that had been sent to the service since our last inspection that showed very positive feedback. This was consistent with people's views about the staff employed at the service that we obtained during the inspection. For example, one compliment said, 'Thank you all for being part of Mum's past 4.5 years. You all work tremendously hard but remain cheerful and professional.' Another relative wrote, 'Just to say a big 'thank you' to everyone for helping to look after my Mum. She was always treated with respect and dignity.'

Another relative contacted the Care Quality Commission directly in January 2017. They commented that poor staffing levels were being addressed. An extract of their information sent to us read, 'I would like you to know that, despite the well-documented difficulties which the care home has faced, she [person's relative] was looked after with compassion and kindness. Nearly every day she told me how happy she was staying at Kingfisher Lodge and how lovely the staff were. Everyone I encountered, the new managers, the housekeepers, care staff and nurses, all treated her with dignity and respect.'

People said they were treated with dignity and respect and we made observations to support this. We observed staff knocking on doors and waiting for people to confirm they could enter. Staff closed bedroom doors when supporting people with personal care and also placed a sign on the person's door indicating personal care was in progress to reduce the risk of another person entering during this time. During one observation we made, a person required personal care in their room. It was noted that although there was a delay between the person pressing their bell and staff member attending, the staff member was heard to say, "I'll be round in a second to give you a shower." We checked five minutes later and the door was shut with the personal care sign on the door.

We observed positive interactions between staff and people using the service. Staff knew people well, and were able to discuss people's needs in detail. The atmosphere was calm, and we saw people sitting in the lounges chatting together and with staff. There was plenty of laughter and we saw people enjoying a visit

from the music therapist. We heard people being supported by staff with kind, encouraging and warm interactions and comments. One member of staff asked a person, "Would you like your usual porridge?" and then with a smile added, "And I bet you'd just love your cup of tea now so I'll get it straight away." The person smiled and replied to the member of staff, "You're lovely."

We observed the lunch periods in the Robin and Lark area on the day of our inspection. The tables were well presented with cloths, tablemats, cutlery, glasses and cloth napkins. This helped enhance people's dining experience. People were asked to make their choices by being shown two different plates of the food that were on offer. A fresh hot meal was then brought as ordered. This worked well and efficiently. We observed the staffing levels were appropriate with nursing staff also joining in. The atmosphere was quiet and subdued, but staff who were supporting on a one to one basis did this well, maintaining eye contact with people and sitting eye level. Staff were observed chatting generally to people in a caring, friendly way whilst supporting them. Staff were kind and courteous throughout – offering other meal choices if people didn't like what they had chosen.

People could be visited by their friends and relatives at any time of day. There were no restrictions on people's relatives or friends visiting the service and relatives were welcomed. This meant that people living in the service were not isolated from those closest to them. During our inspection several visitors came to the service to see people and there was a busy social atmosphere in the communal areas and people's bedrooms. Relatives we spoke with said they felt welcomed at the service.

On the day of the inspection there was a relative's meeting held within the service. With the permission of the management, we attend that meeting and observed communications and interactions between the service management and people's relatives or representatives. During this meeting, there was some positive feedback about the care provision at Kingfisher Lodge and an acknowledgement of the positive change. One relative commented, "My mother is very happy here, I have never seen your staff treat anybody without respect." Another said, "There's an efficient use of staff. [I am] happy with the improvements – it appears the management is working."

People were supported at the end of their life to have a comfortable, dignified and pain free death. The provider had recently implemented a, 'Personalised plan of care for supporting the last days and hours of life.' This documentation prompted staff to ensure clear and effective communication with people's families and to ensure that people's choices and preferences were taken into consideration. The plan was reviewed daily when in use by staff and every seven days by the GP in order to ensure the best possible outcomes for people. The deputy manager said the new documentation had resulted in a positive impact when providing end of life care and that positive feedback from relatives had already been received.



# Is the service responsive?

## Our findings

At the inspection of Kingfisher Lodge in September 2016, we found that the provider had not consistently ensured that the care and treatment people received met their needs. There was not always enough detail for staff on how to meet people's needs and people had not always received responsive care in relation pressure relieving equipment to prevent pressure ulcers. We also found that although people's care needs were assessed before they moved into the home, assessments were not always accurate.

At the request of the Care Quality Commission, the provider sent us an urgent action plan in October 2016 detailing how they would achieve compliance with the relevant regulation and reduce or mitigate the associated risks to people. During this inspection, we found that some action had been taken to make the necessary improvements, however further improvements were still required.

People's care needs were assessed before they moved into the service. On admission, risk assessments and care plans were completed. We reviewed some previous assessments completed. We were unable to fully test if the service had ensured accurate pre-admission assessment procedures were followed, as due to the level of concern we found at our last inspection we reached an agreement with the provider that the service would not admit new people.

Care plans contained guidance for staff on how to provide care that was responsive to people's needs. However, the level of guidance was variable. In some cases there was contradiction or gaps in the guidance. For example, in one plan we looked at it was documented in one part of the plan that the person had a urethral catheter in situ. In another section it had been documented the person had a suprapubic catheter in situ. The nurse on duty said this was an error, and the person had a urethral catheter. The records were amended to reflect the person's current needs.

Although there was a plan in place in relation to catheter care, this did not provide enough detail for staff on how care should be provided in accordance with best practice guidance. It had been documented that staff should, 'Follow infection control guidelines and use strict universal precautions when attending to catheter' and, 'To change catheter in accordance with RMH (Royal Marsden Hospital) procedure.' The plan did not provide detail on the signs and symptoms of infection or blockage, and neither did it provide guidance on how staff could prevent these occurring. Although the RMH procedure was referenced, the detail of the procedure was not available within the plan. In addition, the person had been reviewed by a nurse specialist from the catheter company during February 2017, but their advice had not been added to the catheter care plan.

Other care plans we looked at were detailed and person centred. Wound care plans were clear, detailed and contained photographs to document any wound progress. Plans for people with diabetes were comprehensive and contained details of the signs and symptoms of hypoglycaemia and hyperglycaemia for staff to be aware of. Where possible, people and their families had been involved in care plan reviews approximately every six months. Where people were able to express their views on their levels of independence and their goals, these had been documented. For example, one person was keen to increase

their independence in order to return home and the plan detailed input from other health and social care professionals in order to try and achieve this.

Several people in the service were assessed as at risk of developing pressure ulcers, and to reduce this risk they used pressure relieving mattresses. Some of the mattresses in use within people's bedroom's had pumps with settings that were adjusted according to the person's weight. We checked the settings of four mattresses in use. We found that whilst three were correct, for one person their care records, the actual physical setting of the pump and the guidance on the pump within their bedroom stated different setting requirements on all three pieces of equipment and records. The provider had a checking system for recording the pressure relieving mattress settings, however these had not been completed. This meant the person may not have received the optimum pressure relief as needed. We brought this to the attention of a registered nurse. They recognised the shortfall and corrected the setting before the end of our visit.

Everyone we spoke with agreed that they or their relative were fully involved in decision making about their care. Nearly everyone said they had never had cause to make a complaint but should they need to felt they would be listened too. We were told by the relative's visitors that visiting hours were not restricted and that regular relatives meetings were held. People and their relatives gave positive feedback about responsiveness of care. One relative we spoke with commented, "This is the first time in three years that I've felt positive. [Name of senior manager] does what she says and follows things through. The last month has been so much better, such as personal care, activities and staffing."

Generally, care plans were person centred and detailed people's preferences and choices in relation to their preferred time to get up and go to bed and how they liked to dress. The majority of plans contained details of people's life histories. The care plans were written in a personalised way. For example, they provided detail about people's likes, dislikes and preferences. For example one person's records stated, 'Likes to wake up naturally, typically around 7am.' Another person's records noted, 'Varies around time she likes to go to bed. Sometimes can be late afternoon around 16.30 or at around 22.00. [Name of person] will say when she is sleepy.' Another person's records stated, 'Important staff promote a peaceful atmosphere when assisting him...doesn't like loud noises and this can trigger him to become agitated.' This showed a personalised approach to care delivery.

Some people using the service sometimes displayed behaviour that others might find upsetting. In these instances, the care plans detailed how staff should support people who were agitated or distressed and included person centred guidance such as, "If distressed, should be left to calm down, offer support at different times of the day, different carers should try.' Further guidance within the person's care records was, 'Will often say no, so staff should sensitively encourage. More responsive to a jolly approach.' This demonstrated that key information was communicated to staff and that there was an understanding of the people staff were supporting.

There were daily meetings to ensure key messages were communicated and support staff in being responsive to people's needs. We attended the daily meeting held by the service management with the heads of department. The service management provided a general update for the day and each head of department gave an update with regard to their department. For example, the chef provided details of the menus for the day. The maintenance manager spoke about the contractors in the service on the day, and provided an update on the routine room redecoration programme.

At the meeting we attended, the manager agreed the activities to be provided on the day with the senior staff on duty. On call arrangements for the weekend and bank holiday were communicated and confirmed. The initial meeting was followed by a clinical update meeting with the senior nursing staff. Staff in this

meeting discussed changes in people's conditions, accidents or incidents and any concerns about people's safety or well-being. During the meeting, the service management passed a comment on to the chef from a relative who had commented positively on the presentation of a softened meal.

We received mixed feedback from people about the activities at the service. There were two designated activities co-ordinators employed at the service. We saw that activities boards were featured prominently in the hallways of the different units and in the reception areas to let people know what was going on. One person said, "I read newspapers and do puzzles. I like singing and the Music Day (Music therapist)." However another person said, "There is nothing inspiring to do activity wise. I was invited to help with interviewing (new staff) and I enjoyed that. I don't do anything now - I can't settle to do anything."

We saw that activities available for people included coffee mornings, newspaper reading and light exercises. Additionally, sing a longs, coffee afternoons, mini bus trips to the local area, scrabble and arts and crafts were available. On the day of our inspection we spoke with the music therapist who was there all day. They told us they planned to hold a music group in Robin lounge in the morning. This comprised of her playing the guitar and encouraging people to sing familiar songs and play simple instruments. Six people attended this group. For the rest of the day she worked one to one with people in their rooms. The music therapist was at the relative's meeting we attended, and during the meeting they received positive feedback from people's relatives about their work.

The service had a complaints procedure and this information was available to people and their relatives. The complaints procedure gave guidance on how to make a complaint and the timelines in which the service would respond. We spoke with people and their relatives about complaints. People commented their complaints had been addressed. A relative told us, "We have no complaints. When her skin was damaged they always told us what was happening. They have done everything in their power to solve the problem." Another said, "There has been a turnaround. All previous complaints have been dealt with. All the trouble has been got rid of." We saw that where complaints had been received they had been addressed. It was evident that senior management changes had resulted in a complaint being overlooked, however we saw that this had been addressed and responded to.

## Is the service well-led?

### Our findings

At the inspection of Kingfisher Lodge in September 2016, we found that the provider had not consistently ensured that governance systems were used effectively to monitor the health, safety and welfare of people at the service. Systems that monitored the quality of service provided were not always used effectively and systems to monitor record accuracy had not identified staff recording omissions.

At the request of the Care Quality Commission, the provider sent us an urgent action plan in October 2016 detailing how they would make the necessary improvements and reduce or mitigate the associated risks to people. During this inspection, we found that improvements were noted in governance arrangements. Some action had been taken to achieve compliance with the regulation, however further improvements were still needed to mitigate the risks associated with poor record keeping.

We found improvements in the use of the governance systems. At the last inspection, although the provider had systems in place we found they had not been used effectively by the management. During this inspection, we also found that there was consistency amongst the units in relation to governance arrangements. During the last inspection we found that ineffective management had led to the inconsistent frequency of auditing between units. However, despite this it was evident that there were still no effective governance systems that monitored the completion and accuracy of people's care records.

The current auditing systems were not fully robust and these audits did not have the detail or depth to identify the shortfalls in relation to record keeping or care planning we identified during the inspection. For example, an effective audit of people's care records would have identified that the care record for one person made reference to two different types of catheter, with one being incorrect. An effective audit would also have identified the lack of guidance around catheter care, and additionally that care records relating to air mattress settings were incorrect and conflicting.

As reported within the 'Effective' domain of this report, we found that recording of decision making around care and treatment interventions for people could be improved. This had not been identified by current governance systems. In addition, robust systems would have identified the inconsistent mental capacity assessment documentation used by staff and that some capacity assessments had not been fully completed. There was no system in place to ensure staff were effective in completing food and fluid records consistently. An effective governance system would ensure that people's assessed needs were met by staff and records supported this.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most of the people we spoke, and their relatives were positive about the changes since we last inspected. We were told that current management arrangements appeared to be working and were effective, and that there was more structure and stability at the service. This was echoed at the relatives meeting we attended. Although the senior management acknowledged there was still further work to be done, comments in the

meeting reflected improvements made. Some relatives did mention they didn't feel they were consulted appropriately during the creation of the new unit, and this was acknowledged by the service management that it could have been communicated better. However, despite this, during the meeting one relative said, "I didn't want my Mum to move upstairs, but she now seems well cared for."

We spent time speaking with staff about their experiences since the last inspection and if they had noticed improvements that had impacted positively on people at the service. Nearly all of the staff we spoke with were positive. One member of staff we spoke with said, "Lots of things have improved since the last inspection. Communication across the board is much better." Another member of staff commented, "There have been really positive changes, including more direction for staff, nursing staff being upskilled and more disease specific training being offered. All of the staff are now very thorough." Another comment we received was, "It's been challenging here, but I have confidence in the new CEO and I do feel as though my thoughts and comments are listened to."

Most staff felt that the current management arrangements and the guidance they had received impacted positively on people. One member of staff commented, "Six months ago the paperwork was shocking. It has improved, although still a way to go. We have had a lot of support from the clinical development team." Another member of staff said, "People get what they need, they don't wait long. It was hard to start with, with different manager's coming in, but it's a lot better now."

We saw the service management had been proactive in addressing concerns to ensure people received care in accordance with their assessed needs. For example, during observations made by senior management, and as a result of feedback received, it was identified that some of the agency staff employed periodically at the service were not delivering care or treatment to the required standard. We saw supporting meeting minutes between senior management and representatives of the relevant agencies detailing these shortfalls were discussed. Meeting minutes showed that poor moving and handling techniques and repositioning were discussed, together with poor record keeping by agency staff.

In addition to the meeting we attended on the day of our inspection, people and their relatives had the opportunity to attend meetings that had been held since the last inspection. We saw these meetings discussed the previous inspection report by the Care Quality Commission, and discussed how areas for improvement were going to be addressed and what strategies were in place to improve the service. This showed openness and transparency to people and their relatives. Other matters discussed included current staffing levels and recruitment, improving communication, meeting people's nutritional needs and the management of the service.

Some relatives we spoke with were evidently disappointed and angry about the poor or misleading communication they felt they received from the provider. At the relatives meeting in January 2017 they were spoken with, in person, by a senior member of the Barchester Healthcare group. The relatives told us they felt angry and deceived as during the previous meeting they were assured by the senior member that they [the senior member] and people's relatives would, "Tackle the problem together (meaning the shortfalls at Kingfisher Lodge)." However, shortly after this the senior member left their post without informing any relatives. A relative who was disappointed felt this key appointment change from someone who gave them so many assurances should have been communicated to them earlier. They told us this had now led to a current lack of trust with the provider's senior management.

There were systems to communicate with staff. The service management held daily meetings with heads of departments to ensure key messages were communicated. A member of our inspection team attended one of these meetings as reported under the 'Responsive' domain of this report. Additional meetings were held at

different levels. For example, full staff meetings were held that discussed matters such as current improvements, the new positive atmosphere in the service, care plan updates, complaints, training and teamwork. Meetings were held with activity staff to discuss activity provision in the service and future seasonal events. Senior business meetings were also held with divisional managers discussing matters such as policies, clinical governance improvements and future training requirements.

There were clinical governance auditing systems in place that reviewed matters such as infection control, hospital admissions, tissue viability and nutrition, together with an overview of the legal notifications sent to the Care Quality Commission. Clinical governance meetings were also held between senior managers and nurses. These discussed matters in relation to people's current clinical needs following the monthly auditing to ensure their assessed needs were being met. There were additional audits completed in relation to health and safety aspects of the service that monitored risk assessments, fire testing, training and first aid equipment checks.

The service had a 'Resident of the Day' scheme in operation to ensure people were happy with various different aspects of their care and support. The nominated 'Resident of the Day' would be visited by various different departments throughout the service. For example, somebody from maintenance would visit to ensure people were happy with their room and a chef would visit to ensure people were happy with the meals provided. A member of the activities staff would ensure people were satisfied with activities and housekeeping staff would ensure the person's room was at a cleanliness standard that was satisfactory. The person would also be visited by care staff and a nurse to ensure their care and support needs were met. We saw from records that this had resulted in care records and preferences being updated.

The service received support from the provider. We saw that the service received regular support from the clinical support team. The provider's regulation team had also completed an audit in March 2017 and had identified recording matters relating to topical medicines and poor completion of appraisal which the service management were aware of. Further areas for improvement were highlighted in relation to people receiving support with eye drops in communal areas. Record keeping issues had been identified in relation to mattress settings and that a record had been made on an insecure piece of paper.

A health and safety audit had been completed by the provider in January 2017. An unannounced site visit was completed in February 2017 by a senior regional manager who reviewed unit safety, undertook observations of care, reviewed records and reviewed standards were maintained in relation to staff appearance. During this audit, nothing of significant concern was identified. In addition to this, the service had been visited by the director of dementia care who looked at the environment of the service and training provided to staff. It was noted that following the visit, the service were advised to explore ways to adapt mealtimes and use of the garden room.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider had not ensured records relating to service users or the management of the regulated activity were accurate.</p> <p>The provider had not ensured governance systems were consistently used effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>Regulation 17(1), 17(2)(b) and 17(2)(c).</p>