Barchester Healthcare Homes Limited

Kingsland House

Inspection report

Kingsland Close
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:

Kingsland is a care home registered to provide nursing and residential care and accommodation for 71 people with various health conditions, including dementia and sensory impairment. There were 63 people living at the service on the day of our inspection. Kingsland House is a large purpose built care home located in Shoreham By Sea, West Sussex.

People's experience of using this service:

People were happy with the care they received, felt relaxed with staff and told us they were treated with kindness. They said they felt safe, were well supported and there were sufficient staff to care for them. Our own observations supported this, and we saw friendly relationships had developed between people and staff. A relative told us, "[My relative] made the decision that she wanted to come here and says she is very happy and enjoys the company of others".

People enjoyed an independent lifestyle and told us their choices and needs were met. They enjoyed the food, drink and activities that took place daily. One person told us, "The food is lovely, and I like everything we have". A relative added, "[Registered manager] is interested in developing more community activities and residents recently had a lecture from a person talking about the history of Shoreham".

People felt the service was homely and welcoming to them and their visitors. A relative told us, "Reception is always well supplied with drinks and snacks for us when we visit and for the residents who choose to sit there".

People told us they thought the service was well managed and they enjoyed living there. A relative told us, "[My relative] has been here for three years and [registered manager] is approachable if I have any worries. She and [deputy manager] are always around the home checking on things".

Staff had received training considered essential by the provider. It was clear from observing the care delivered and the feedback people and staff gave us, that they knew the best way to care for people in line with their needs and preferences. A member of staff told us, "The training I've had is of a good standard".

The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. These systems also supported people to stay safe by assessing and mitigating risks, ensuring that people were cared for in a person centred way and that the provider learned from any mistakes. Our own observations and the feedback we received supported this. People received high quality care that met their needs and improved their wellbeing from dedicated and enthusiastic staff. A member of staff said, "I think the home is very well managed. I give people the same respect that I would give my own family".

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

Rating at last inspection: Requires Improvement (report published 30 July 2018).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe and had improved to good.

Details are in our Safe findings below.

Is the service effective?

Good

The service remained effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service remained caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service remained responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led and had improved to good.

Details are in our Well-Led findings below.

Kingsland House

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:

The inspection team consisted of one inspector, 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. The expert at this inspection had experience of caring for older people.

Service and service type:

Kingsland House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the Care Quality Commission. Registered managers 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 was an unannounced inspection, which meant the provider and staff were not aware that we were coming.

What we did:

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection:

We observed the support that people received, spoke with people and staff and gathered information relating to the management of the service. We used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included four staff recruitment files, training records, records relating to the management of the service and a variety of policies and procedures and quality assurance processes developed and implemented by the provider. We reviewed four people's care records.

We also spoke with 10 people living at the service and four visitors. We also spoke with nine members of staff, including the registered manager, a regional manager, two registered nurses, two activities co-ordinators, the chef and care staff.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

At the previous inspection we identified an area of practice that needed improvement in relation to staffing levels being sustained with a greater number of people living at the service, to determine their preferred needs could be met. The provider had made improvements.
• The deployment of staff met people's needs and kept them safe. The registered manager had implemented new systems, such as turning up the volume of the call bells and getting feedback from people and staff in relation to staffing levels. Monitoring of the time it took for call bells to be answered also took place.
• Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and agency staff were used when required.
• Feedback from people and staff was they felt the service had enough staff and our own observations supported this. A member of staff told us, "When I've been on duty, there have always been enough staff".
• Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.
• Records showed staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the nursing midwifery council (NMC).

Assessing risk, safety monitoring and management

• Risks associated with the safety of the environment and equipment were identified and managed appropriately.
• Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.
• Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.
• Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. For example, some people were at risk of choking. Their care plans contained comprehensive and specific details for staff on how to manage the risks involved with their intake of food and drink.
•The assessments outlined the associated hazards and what measures could be taken to reduce or

eliminate the risk.

Systems and processes to safeguard people from the risk of abuse

• People said they felt safe and staff made them feel comfortable, and that they had no concerns around safety. A relative told us, "I have no concerns about [my relative's] safety here".
• Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
• Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was displayed around the service for staff and people.

Using medicines safely

• Registered nurses were trained in the administration of medicines. A member of staff described how they completed the medicine administration records (MAR). We saw these were accurate.
• Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.
• We observed a member of staff giving medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.
• Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.
• Nobody we spoke with expressed any concerns around their medicines.

Preventing and controlling infection

• The service and its equipment were clean and well maintained.
• There was an infection control policy and other related policies in place. Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control.
• The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly.

Learning lessons when things go wrong

• Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. For example, contacting relevant health professionals after any specific incidents.

• We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Good

Is the service effective?

Our findings

Effective – this means 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 people's feedback confirmed this.

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

• The provider met peoples' nutrition and hydration needs. There was a varied menu, specialist diets were catered for and people were complimentary about the meals served. One person told us, "The food is excellent and the best thing is I don't have to cook it".
• The chef told us that any specialist or culturally appropriate diets would be available should they be needed or requested. One person said, "Food is very nice, all very good. They come round and ask you what you want before the meal and we have a menu".
• Snacks were placed around the service for people to help themselves to and drinks were always available.
• People told us they were supported to eat where they wished in the service. One person told us, "I find it difficult to eat in the dining room as the smell of food makes me feel ill, so the chef arranges for me to have the food of my choice in the reception area where I read the paper and have a coffee. This is wonderful".

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

• Staff undertook assessments of people's care and support needs before they began using the service.
• Pre-admission assessments were used to develop a detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.
• Documentation confirmed people and relatives were involved in the formation of an initial care plan. This enabled staff to have the correct information, to ensure they could meet people's needs.

Staff support: induction, training, skills and experience

• Staff had received training in looking after people, including safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. They were knowledgeable of relevant best practice and regulations, and we saw staff supporting people with confidence and professionalism. One member of staff told us, "The induction was very handy, it helped me a lot. The training is always good too".
• Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
• Systems of staff development including one to one supervision meetings and annual appraisals were in place.

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

• People's individual needs around their mobility were met by the adaptation of the premises.
• Hand rails were fitted throughout. Slopes allowed people in wheelchairs to access all parts of the service, and there were adapted bathrooms and toilets.
• Dementia friendly and clear signage enabled people to orientate themselves around the service and locate any specific rooms they needed, such as toilets and bathrooms.

Supporting people to live healthier lives, access healthcare services and support

• People told us they received effective care and their individual needs were met. A relative told us, "A relative told us, "I can't fault the place. [my relative] is supported with personal care and encouraged with her independence which is perfect".
• Access was also provided to more specialist services, such as opticians and podiatrists if required. A relative told us, "[My relative] pulled a muscle recently and the staff sorted it immediately and made me aware".
• Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care

• Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, such as GP's, chiropodists and social workers. Feedback from staff and documentation we saw supported this.
• We saw examples of how staff had recognised that people were poorly and had contacted the relevant professionals. A relative told us, "I am always kept up to date and am informed of any change in my [my relative's] health".

Ensuring consent to care and treatment in line with law and guidance

The 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
• Staff understood when a DoLS application should be made and the process of submitting one.

Good

Is the service caring?

Our findings

Caring – this means 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.

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

• Staff provided people with choice and control in the way their care was delivered.
• Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. One person told us, "When I wake in the morning, I like to get up and this is fine with staff".
• People were empowered to make their own decisions. People told us they were free to do what they wanted throughout the day. They said they could choose what time they got up and went to bed and how and where they spent their day. One person told us, "I am never asked to get up earlier than I want to do and nor am I asked to go to bed early. It's all very free and easy".
• Staff were committed to ensuring people remained in control and received support that centred on them as an individual.

Ensuring people are well treated and supported; equality and diversity

• Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences.
• People were attended to in a timely manner and were supported with kindness and compassion.
• We observed positive interactions, appropriate communication and staff appeared to enjoy delivering care to people. One person told us, "I don't think I could get better care anywhere, the whole situation is marvellous. I have a bath twice a week, a bath, not a shower and they arranged for me to have a bigger television. [Registered manager and deputy manager] come to talk to me about my care and they sorted out my computer. They have made everything so easy for me".
• People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors could come to the service at any time and could stay as long as they wanted. A relative told us, "I visit three times a week and am always made welcome".
• Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Respecting and promoting people's privacy, dignity and independence

• Staff supported people and encouraged them, where they were able, to be as independent as possible.
• Care staff informed us that they always prompted people to remain active and carry out any personal care tasks for themselves, such as brushing their teeth and hair and mobilising around the service. One person told us, "I have been in the home for three months and I came here having to use a hoist for my care and now I no longer need the hoist. They are amazing here".
• Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted.
• People's privacy and dignity was protected, and we saw staff knocking on doors before entering and talking with people in a respectful manner.

Good

Is the service responsive?

Our findings

Responsive – this means that services 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

• Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included, people's choices around what they enjoyed doing during the day and their preferences around clothes and personal grooming.
• Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff.
• Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.
• Technology was used to support people to receive timely care and support. The service had a call bell system which enabled people to alert staff that they were needed. Furthermore, the provider had invested in an 'Tovertafel Projector'. This piece of equipment is designed to entertain and stimulate people living with dementia. Throughout the inspection, we saw people interacting with and playing games projected onto a table. It was clear that this equipment stimulated people and also created enjoyment and interactions with staff.

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 told us that the service responded well to their care and recreational needs. One person told us, "It's very good here, lots of activities, the food is lovely, and I eat it all. I thoroughly enjoy myself, it's like being on holiday".
• We saw a varied range of activities on offer which included, music, arts and crafts, quizzes, exercise, trips out to the local community and visits from external entertainers. A relative added, "I recently assisted in somebody bringing a donkey to visit which residents loved and [my relative] loves the pet therapy dogs".
• We saw that people were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans. If requested, representatives of churches visited, so that people could observe their faith. A relative told us, "My [relative] receives a visitor from the Catholic Church and attends the services held in 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.

• People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
• We saw evidence that the identified information and communication needs were met for individuals. Staff ensured that where required people's communication needs were assessed and met.

End of life care and support

• Peoples' end of life care was discussed and planned, and their wishes were respected. People could remain at the service and were supported until the end of their lives. Observations and documentation showed that peoples' wishes, about their end of life care, had been respected.
• Specific training and support was given to staff in order to care for people at the end of their life.

Improving care quality in response to complaints or concerns

• People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed.
• The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required. One person told us, "I would tell my son, but I don't have anything to complain about".

Good

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

At the last inspection, management arrangements required improvement, as the service had been without a registered manager for some time. At this inspection, improvements had been made, and a registered manager was in post. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
• The registered manager was supported by a regional manager and was well regarded by people, their relatives and staff.
• We received positive feedback in relation to how the service was run, and our own observations supported this. A relative told us, "[Registered manager] is very approachable and knows the residents well".
• The provider had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check that appropriate action had been taken.

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

• The provider undertook a range of quality assurance audits to ensure a good level of quality was maintained.
• We saw audit activity which included health and safety, infection control, complaints, care plans and medication. The results of which were analysed to determine trends and introduce preventative measures. For example, an infection control audit resulted in new waste bins being purchased. Furthermore, the regional manager carried out routine checks of quality and action plans were developed to drive improvement.
• Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.
• People, relatives and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. The registered manager and staff told us that the care of people living at the service was the most important aspect of their work and they strived to ensure that people received high quality care. Our own observations supported this, and a relative told us, "We knew that it would be a safe place for [our relative] and that's why we chose it. She is very happy here". A member of staff added, "The quality of care we give is very good. Both the residents and

staff get a lot of freedom".

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

• People and staff were actively involved in developing the service. For example, one person had taught a member of staff to knit. This had resulted in a 'knit and natter' group being set up.
• There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. A relative told us, ""I am very happy with the care and don't have any concerns".
• Meetings and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided.

Continuous learning and improving care

• The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
• Staff commented that they all worked together and approached concerns as a team. A member of staff told us, "The home is very stable and all departments work well together. We have good continuity of staff. We support each other, and [registered manager] is very approachable".
• There was also a clear written set of values that staff were aware of, displayed in the service, so that people would know what to expect from the care delivered.
• Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination. This was reinforced through training. A member of staff told us, "I've never seen any type of discrimination here".

• Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.

Working in partnership with others

• The service liaised with organisations within the local community. For example, the Local Authority and Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery.
• Local churches, schools and charitable organisations visited the service and the staff also held events to raise money for local charities.

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

• Up to date sector specific information was made available for staff including details of specific conditions, such as dementia, to ensure they understood and had knowledge of how to assist people.
• Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
• The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.