

## Four Seasons Homes No.4 Limited

# Kingfisher House Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We carried out an unannounced comprehensive ratings inspection of this service on the 5 August 2015 where we found this service was inadequate in a number of key areas including safe and effective. The overall rating for the service was inadequate. This means that the service has been placed into 'Special measures' by The Care Quality Commission (CQC).

The purpose of special measures is to: Ensure that providers found to be providing inadequate care significantly improve. Provide a framework within which we use our enforcement powers in response to

inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made. Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration. Services placed in special measures will be inspected again within six months. If insufficient improvements have not been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to

# Summary of findings

cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the Provider's registration.

In addition to placing the service in 'special measure' we also served a warning notice on Regulation 18 HSCA (RA) Regulations 2014 :Staffing which stated the service must have sufficient numbers of suitably qualified, competent, skilled and experienced staff. The warning notice was issued on the 18 September with a compliance date of 21 October 2015. We issued a warning notice because we had identified a breach of this regulation at the previous inspection which was carried out on two days the 21 and 29 October 2014. The service had made insufficient progress and the lack of suitably qualified staff in sufficient numbers in our view posed the most significant risk to people using the service.

During our unannounced inspection on the 5 November 2015 we carried out a responsive inspection to look at regulation 18. This report only covers our findings in relation to this regulation regarding staffing. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingfisher House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Kingfisher House is a service which can accommodate up to 91 people and can provide both residential, and, or nursing care. On the day of our inspection there were 72 people using the service. The regional manager told us the organisation had placed an embargo on new admissions. This had been in place and would remain so until they could satisfy themselves and the Local Authority that they were able to provide care safely. The service has specific units for people living with dementia.

There was a registered manager in post. '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 our inspection on the 5 November 2015 we noted some positive changes but noted there was still work to do. There were systems in place to monitor staffs performance and provide them with the training and support they needed for their job role.

People and staff reported that things were more stable regarding regular staffing and staffing levels were usually maintained at an adequate level. People received greater continuity of care and newly appointed staff were gradually replacing agency staff.

Job vacancies were off- set by reduction on the number of people using the service. A daily audit of people's needs was used to calculate how many staff were actually needed to ensure people's needs were met. Staffing rotas reflected usually adequate numbers of staff but there were times when the service did not have the number of staff it said they needed.

Staff vacancies were being managed by the manager through active recruitment processes that had been put into place and close monitoring of staff sickness and staff holidays which could have a negative impact on the business.

The manager was being supported by a regional manager who had been at the service for three weeks and was there every week day.

Expectations for staff had been made clear and the manager with support was monitoring poor staff practice through the performance management systems. The provider was also monitoring reasons for staff leaving in order to improve staff retention.

We felt the service had made sufficient progress in order to meet the requirements of regulation 18 .

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Improvements had been made in terms of staffing levels and the skills and competence of individual staff.

Inadequate



### Is the service effective?

Inadequate



### Is the service caring?

Requires improvement



### Is the service responsive?

Requires improvement



### Is the service well-led?

Requires improvement



# Kingfisher House Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.’

The inspection took place on the 5 November 2015 and it was unannounced.

The inspection was carried out by three inspectors. Before the inspection we looked at the last inspection report, the warning notice and the service action plan. We reviewed notifications which are important events the service is required to tell us about by law.

We observed the care being provided on each of the four units; spoke with five relatives, nine people using the service, six care staff, the manager and regional manager. We looked at three care plans. We looked at information such as staffing rotas and the management and monitoring of staff sickness in respect of the warning notice.

# Is the service safe?

## Our findings

At our comprehensive inspection on the 5th August 2015, we rated the safety of the service as inadequate, with an overall rating of this location as inadequate. At the previous inspection on the 21-29 October 2015 we had rated the service as requires improvement. On both inspections we had identified breaches in the regulations. We identified a breach of regulation 18, staffing at both inspections. We had also received a number of safeguarding concerns about people being supported by care staff who were not familiar with their needs.

During our inspection we observed the care on each of the four units talked to staff, relatives and people using the service on each floor. Although some units reported fewer problems with staffing levels we saw that staff were redeployed from unit to unit during our inspection to provide the support needed. We spoke with people about the care and support they received in the main unit. One person said, “staff come quickly if I press the buzzer.” they told us, “there are enough staff however they say that they will do things but don’t always do them.” We identified one person who we felt looked thin and had ill-fitting teeth. Their records indicated weight loss and actions were in place to address this. They were being visited by a relative and both said they had no concerns about the care. Another person said they had been living at the service for two years and were made to feel very welcome. They said overall they were happy with care but that there were not always enough staff. They told us staff were very busy as they have to tell the agency staff what to do. They said, “we have had no coffee so far this morning as they are short staffed.”

We were told that the impact of there being more staff meant that, “they see to you quicker, when they are short the bell rings for a long time.” We were told that on one afternoon there were only four staff available when there should have been five. A person told us, “some of the agency staff have been useless, they don’t want to do anything, however the regular staff are good.” One person told us things hadn’t improved and rang their call bell to demonstrate this, staff answered in less than two minutes. However prior to the staff member attending a domestic staff came in to collect their cup and did not ask them if they were alright despite the bell ringing. A relative told us

agency staff would ask irrelevant questions and clearly did not know the needs of their family member whereas regular staff did. However, overall they thought things had improved.

We found overall on each floor there were regular staff and they knew people’s needs well. There was an agency nurse working and a number of staff who had been recruited recently. We found on one floor there were four care staff on duty. Usually there were five but one member of staff had been moved upstairs due to staff shortages at short notice. The qualified nurse was working on both floors when it was required that there should be a qualified nurse on each floor. However, we found that this was not impacting on the care people received. We were concerned about the length of time a medication round may take with just one member of staff, however we found that this had been managed to ensure the gap between doses was appropriate and in line with prescribing instructions.. Staff told us the previous week had been school half term and this had impacted negatively on staffing availability. However, the service is currently operating with a number of empty rooms, which meant that staffing numbers, although reduced, remained above the levels required to meet the needs of the people currently using the service.

We spoke with staff about their experiences and most reported improvements in the service. This was in relation to less movement between floors and staff working on designated units, having less pressure and improved communication. The only concern raised by staff was that they wanted to ensure staffing levels increased if new people came to live at the service. The staffing dependency tool showed the home was overstaffed. However because people’s needs and care plans were still being reviewed we were not always confident that everyone’s dependency was correctly scored. One staff member said they loved their job and they tried to give people enough time but felt this could be difficult sometimes. We spoke with a new member of staff they told us they worked on a designated floor. They told us the manager always tried to get agency to cover shortfalls, and when they have six staff this works better. They told us they were not pressurised to work extra hours, but tried to do what they could to help.

On the dementia care unit, staff were visible throughout our observations and were attentive to people’s needs. One person had been accompanied to a health care appointment by staff. There were no planned activities but

## Is the service safe?

staff were spending lots of time with people. Staff on this unit told us there were enough staff at the right time in the right place. They spoke about consistency for people using the service and said how important familiarity was and felt they had achieved this with minimal agency usage. Staff said they were not pressurised to work too many hours and had been communicated with in terms of their preferences. One staff said I prefer this unit. A relative told us they regularly visited and was happy with the care and saw the same staff all the time. They said they were not able to get there at weekends but staff always kept them up to date with any changes to their [relative] needs or changes to this. One relative said there had been changes in the staff team but things were very much improved and they were confident in the care being provided. They said staff kept their family member occupied. Another relative told us their family member was a very private person and they would not welcome staff unfamiliar to them to assist them with intimate care. They told us there had not always been a consistent approach but things had improved.

We found varying degrees of activity for people. The full time activity organiser had left recently and there were two people providing activities in a reduced capacity. This meant that an activity was provided morning and afternoon but there was a full time activity vacancy. Relatives told us that recent meetings had been held and they were aware of some of the issues about the service at the moment. They said they had raised concerns about activities and felt these were being addressed. The issue was more about who would keep them involved and informed about what activities were taking place. This was a concern for people, particularly in the unit for people with dementia as relatives told us activities were being held in the main building and unless staff thought to take their family member they would miss out. They felt this would be detrimental to their mental well-being. We went into the lounge on the ground floor in the main building where people were left unsupervised. We were only in this room for about fifteen minutes but saw no stimulation for people, however in the dining room four people were sitting around a table playing dominos and talking together. There was a Word puzzle on the wall for people to play. Care staff were only visible when moving from one room to another.

We observed lunch in a number of the dining areas and felt this was a positive experience for people. We saw people

being supported appropriately with staff who were familiar with people's dietary needs. Staff sat and chatted with people and familiar with residents. There were enough staff to support people.

The regional manager working at the service to support the manager told us they were there every day and had been for three weeks. They said they had brought in additional staff to support the administrator and improve record keeping with the service. Two additional staff were employed to support care staff with this task. They were ensuring that people's needs were accurately recorded to ensure that this then in turn helped them determine how many staffing hours they needed to support people in accordance with their dependency levels.

Staff have begun to review care plans. The most vulnerable residents have been identified and prioritised. They used a recognised tool to do this and said staff had been sufficiently trained to input the data. In addition the service has been working closely with the Local Authority and with the CQC in identifying concerns and what improvements they are putting in place, and still to achieve. They sent us a timely and detailed action plan which they update regularly and forwarded to us a new copy. In addition they had placed an embargo on themselves which has been in place for about three weeks. This supported the service to focus on what needed to change and to be able to redeploy staff in the current staffing team. It also enables the service to carry on with the staff recruitment and training programme and support all staff appropriately.

The Regional Manager told us they are actively trying to recruit new staff. They have attempted this through a local recruitment drive through an open day and contacting the local job centre. However, it is proving difficult to appoint appropriate staff. They told us they were interviewing each week. A new initiative had been introduced where people using the service where able were being involved on the interview panel for new staff. One person confirmed they had been involved.

Staff confirmed to us that they had received a lot more training of late. Some felt well supported others less so. There was a difference between the different floors in terms of how cohesive the individual teams were. On one floor staff said they had always been a happy team. The

## Is the service safe?

manager and regional manager said they were working hard to promote a more positive culture and had to deal with some staff performance issues which was impacting on the service as a whole.

# Is the service effective?

## Our findings

We did not look at this key area as part of the inspection.  
For our latest judgement in this area see the report dated  
the 5 November 2015.



# Is the service caring?

## Our findings

We did not look at this key area as part of the inspection.  
For our latest judgement in this area see the report dated  
the 5 November 2015.

# Is the service responsive?

## Our findings

We did not look at this key area as part of the inspection.  
For our latest judgement in this area see the report dated  
the 5 November 2015.

# Is the service well-led?

## Our findings

We did not look at this key area as part of the inspection.  
For our latest judgement in this area see the report dated  
the 5 November 2015.