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Kingsbury Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Kingsbury Court is a nursing and residential care home providing personal and nursing care to people aged 65 and over with physical and health related support needs, some of whom live with dementia. At the time of the inspection, 58 people lived in the home. The home can support up to 60 people.

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

People received safe care and support and staff knew their individual needs. Where people's risks changed, this was reviewed and addressed so they were protected from avoidable harm. Staff were trained in safeguarding and knew what to do should they worry someone could be abused or neglected.

People were protected from spread of infections, including COVID-19 and received safe support with their medicines. The registered manager ensured all incidents and accidents were reviewed and lessons learned actioned to improve people's care.

There were enough staff on duty to provide safe care and support, although the home was busy at some points of the day. The registered manager regularly reviewed staffing levels, the mix of staff skills and experience and recruitment needs to ensure people received safe and timely care. People told us they received support when they needed.

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

The registered manager had good oversight of the quality and safety of the service and clear plans on how to continuously improve the care. For example, the mealtime experience and people's individual care needs were reviewed, and a range of positive changes made to promote people's dignity, independence and wellbeing.

People, their relatives and staff told us they felt the service had improved and was well-managed. They felt listened to, valued and involved in the service. The registered manager worked to improve partnership working with other healthcare professionals to ensure people received safe, joined up and timely care.

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

Rating at last inspection

The last rating for this service was good (published 23 January 2021).

Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, concerns in

relation to aspects of care provision and previous ratings. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. This enabled us to review the previous ratings.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingsbury Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Kingsbury Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Kingsbury Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service about their experience of the care provided. We spoke with 10 members of staff including the registered manager, registered nurse, senior care workers, care workers, housekeeping and hospitality staff as well as the chef. We also met with the provider's senior managers, including the regional director and two senior nurses.

We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff training and supervision. A variety of records relating to the management of the service, including quality and safety assurance records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staffing and training data, service improvement action plan, further policies and procedures and five people's care records. We spoke with six relatives of people using the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe in the home. One person said, "I feel very safe. I have confidence in the people looking after me." A relative of a person living in Kingsbury Court told us, "Yes, it is a safe place."
- Staff were aware of how to spot any signs of abuse or neglect and how to report them appropriately. One staff member said, "I would report any concerns to the 'next in line', the nurse or the [registered manager]. If needed I could contact the local authority, CQC or company HR." They explained they would be looking out for signs of abuse such as changes in physical appearance, non-verbal signs such as flinching or turning away when approached or distressed facial expression. Staff also received safeguarding training.
- The provider had clear processes and systems in place for identifying, reporting and investigating any safeguarding concerns. The registered manager ensured any concerns were appropriately reported to the local authority and action was taken to protect people from any ongoing risks.

Assessing risk, safety monitoring and management

- People and their relatives told us staff knew how to protect them from avoidable harm. One person said, "The staff take the time to get to know you and the care you need." Another person explained how staff addressed their mobility needs and specific health symptoms by always assisting them to use appropriate equipment when mobilising.
- People had detailed individual risk assessments in place and staff knew their needs well which had a positive impact on their general health and wellbeing. A relative told us how staff supported 'universal improvement' of their loved one's general health and wellbeing. They commented they could see the person was 'significantly better' when it came to their independence, nutrition and general health which was confirmed by the improvement in their external care needs assessment.
- Staff knew people's risks well and we observed they supported them to stay safe. For example, by offering help to mobilise or reassuring them and offering distraction and reassurance when they became distressed. People's care plans detailed risks around their specific health conditions, continence and personal hygiene, wellbeing and mental health needs or skin integrity and mobility among others.

Staffing and recruitment

- People told us there were enough staff to provide care and support. One person said, "You only have to sneeze, and the staff are there. They are always around. It's the same during the night and at weekends. The staff are faultless." Relatives visiting the service confirmed that. One relative said, "I do think there is plenty of staff when I go there, only went there last week and there were lots of staff on Sunday."
- The registered manager regularly reviewed staffing levels and ensured other factors such as people's wellbeing and appropriate mix of skills and experience within the staff team were included in their planning.

Staff told us there were some days which were busier, but they felt it was manageable. People told us they received support when needed. Staff told us management ensured agency staff were deployed in case of any emergency absences of regular staff.

- The provider followed safe recruitment practices. New staff members underwent comprehensive recruitment checks, including checks of references, right to work and a Disclosure and Barring Service (DBS) check. DBS checks help employers in health and social care make safer recruitment decisions.

Using medicines safely

- Staff managed people's medicines safely and were trained to do so. Records were kept where people were supported with their medicines and we observed staff to follow safe, person-centred practices. There was an electronic system in place to flag up any potentially missed medicines, so staff could rectify any issues within the appropriate and safe time.
- People's risks and needs related to medicines were assessed within their care plans and any changes were consulted with appropriate medical professionals. People's medicines and their potential impact on their falls risk, skin, diet restrictions or mood were clearly addressed, and staff were aware of how to factor those into the management of individual people's risks.
- The provider had clear systems of managing medicines safely. Staff completed regular audits of medicines and checks of medicines stock. The clinical room and equipment were kept well-organised, tidy and clean.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager ensured all incidents and accidents were reviewed for lessons learned. Improvement actions were clearly identified and addressed. For example, falls risk assessments and care plans were reviewed following accidents, referrals to other professionals for their input were made and additional safety equipment was provided where needed.
- Staff confirmed lessons learned were discussed within the staff team regularly during handovers and meetings, so they were made aware of how to support people to minimise any risks to them. The changing care needs were also reflected in the handover record, so staff knew what action had to be taken.
- The registered manager took action to improve working relationship with the community nursing team as a lesson learned. This was to ensure people received timely and joined up care when their needs changed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence 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 as there was no registered manager and further action had to be taken to ensure person-centred care was provided to people. At this inspection this key question has now improved to good. There was a registered manager in place who ensured the service was continuously improved. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, their relatives and staff told us the registered manager was very approachable and promoted a positive culture in the service. One person told us, "I see the manager around. I go downstairs into the garden and spend time with other people. You cannot fault this place." A relative told us, "[The registered manager] is good, always makes a point of coming to see you, lots of managers don't do that."
- The management created a culture of empowerment and continued improvement. People's rights and their choices were treated with respect, so people and their relatives felt valued. The registered manager told us, "I have learnt a lot about dementia over the years. The more you try to restrict (people), the worse it is." He explained how this led to a range of improvements made to the service. For example, china plates, cups and saucers were bought and used instead of plastic crockery. This formed a part of positive risk management and promoted people's dignity and independence. Instead of locking the dining room, so people would not accidentally hurt themselves with cutlery, the tables were laid later, and people could access the dining room throughout the day.
- People's relatives told us there was a positive culture in the home and it was well-led. One relative said, "[The registered manager] is always available and has all under control." Another relative told us how their loved one's general condition, appearance and mood had improved when the staff team and the registered manager reviewed this person's support and implemented a range of behavioural support methods to minimise their distress. We saw this person engaging in day to day housework in the home. Staff also used distraction methods to reassure them when providing personal care and got to know them well, offering meaningful activities which linked with this person's previous lifestyle choices.
- The registered manager regularly reviewed their service improvement plan in light of the audit findings. For example, we saw actions around people's changing risks and care plan reviews, food hygiene, fire safety or mealtime experience were completed and signed off by the registered manager.
- Staff told us the registered manager led a lot of positive changes to how the service operated. One staff member said, "[The registered manager] has made mostly positive changes. He introduced new menus which the residents seem to like. He reviewed people's diets. We use less agency now and that's a good thing." Another member of staff said, "[The registered manager] definitely made changes for the better. He changed the decorations in the rooms – it's much fresher."

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

regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had good oversight of the quality and safety of the service. Senior staff completed a range of audits in key areas of quality and safety and any shortfalls identified during those audits were addressed with appropriate actions. They were also discussed by management with senior staff and the care team during regular meetings and handovers.
- The provider had a robust system of auditing in place. For example, regular checks of health and safety, equipment and premises, fire safety, care documentation and clinical risks or staffing were carried out by senior staff. The registered manager was also supported by the provider's management team and senior nursing staff to ensure good oversight and continuous improvement.
- People's relatives complimented the support and communication they received from the home. One relative said, "[The registered manager] at Kingsbury Court made himself available, facilitated the visit before [relative's] move, made sure we were comfortable. He went above and beyond, we had regular and frequent contact with him, and although it felt like a big risk, his attitude and demeanour made it effortless for us. He had been fantastic, has a lot of professional credentials. We were very impressed with what was done."
- People's relatives confirmed the management team were open and transparent. Relatives told us they would be informed promptly of any accidents or changes in people's needs. One relative told us they were made aware of their loved one's fall and what was done to minimise any further risk. Another relative was in contact with the home around changes in the person's medicines to enable them to take it safely. Duty of candour was reviewed during regular management audits.
- The registered manager was aware of his regulatory responsibilities and notified CQC of any significant events when required. The regular incident and accident reviews included checks if required notifications to external agencies had been completed.

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

- People and their relatives told us they felt listened to and valued. One relative said, "[My relative] says everybody is fantastic and very respectful." Another relative said, "They are all nice people there, right through reception people to manager and the carers, no problems and I feel welcome." People's relatives told us they could visit in line with COVID-19 guidance and felt respected, involved and well-informed throughout the pandemic.
- Staff told us they felt supported by the management. One member of staff said, "[The registered manager] is very helpful. If we ask for some help, he'll help us. All the time we feel supported." Another member of staff said, "The door is open, [the registered manager] would listen and is open to new ideas. He will respond and by the end of the day you will have what you need."
- The registered manager worked on improving the working relationship with other healthcare professionals involved in the home, for example the GP, community nurses and the local pharmacy. This improved the overall systems of working, so people received timely and appropriate care when they needed it.