Laudcare Limited

Kingsmead Care Home

Inspection report

65 Prospect Place
Old Town
Swindon
Wiltshire
SN1 3LJ

Tel: 01793422333
Website: www.fshc.co.uk

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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

We inspected this service on 13 March 2018. Kingsmead Care Home is a residential setting which means people receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Kingsmead Care Home is registered to provide support for up to 40 older people. The service comprises of three units, ground floor Honeysuckle general nursing, first floor's Cherry Blossom unit for people living with dementia and a small, five bedded Lavender wing. On the day of our inspection there were 35 people using the service.

At the last inspection on 21 and 22 February 2017 the service was rated Requires Improvement in Safe and Well-led domains, and overall. Caring, Effective and Responsive domains were rated as Good.

At this inspection we found the service improved to Good in Safe and Well-led domains and Good overall. Caring, Effective and Responsive remained Good.

On our last inspection we found the provider's quality assurance processes were not always effective. We issued a requirement notice and asked the provider to submit the action plan how they were going to address these concerns. The registered manager promptly wrote to us to say how they were going to meet the requirements in relation to breach of Regulation 17. We found the systems to monitor the service had improved and allowed the team to identify areas for improvement effectively. There was an open and transparent culture demonstrated by the team. People and relatives were positive about the team and how the service was run.

We also found the provider addressed the concerns around medicines management we identified on our last inspection and people received their medicines as prescribed. People remained safe at the service. Staff knew how to protect people's safety and how to raise any safeguarding concerns. Risks related to people's well-being were identified and guidance how to manage these risks was incorporated into people's care planning.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

The team worked well together, staff praised the management and told us they were led by example. The staff were enthusiastic and there was a positive, cheerful atmosphere at the service.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People were supported to have maximum choice and control of their lives and staff supported them in the least

restrictive way possible.

There were enough staff to keep people safe and people were supported with no unnecessary delay. The provider followed safe recruitment procedures when recruiting new staff. Staff had the relevant training and told us they felt well supported.

People were supported in a caring and compassionate way. Staff ensured people's privacy was respected and they were treated with dignity. People's confidentiality was maintained. People's individual needs in relation to accessing information were respected.

The service worked well with external professionals when required. People were supported to access external health professionals when needed and to meet their nutritional needs. People were positive about the food at the service.

People's needs were assessed prior to admission to Kingsmead and care plans in place that ensured people's needs were recorded. People had opportunities to engage in social activities including one to one support if needed.

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 improved and was safe.

People's medicines were administered as prescribed and managed safely.

Risks to people's well-being were assessed and recorded.

There were enough staff to support people. The provider ensured safe recruitment practices were followed.

Staff understood how to keep people safe from abuse.

Is the service effective?

Good

The service was effective.

People were supported by staff that had relevant training and were well supported to carry out their roles effectively.

The requirements relating to Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) were adhered to.

People were supported to meet their healthcare needs.

Is the service caring?

Good

The service was caring.

People were treated by staff with kindness and patience.

People's privacy and dignity was respected and maintained.

People were encouraged to be independent as much as possible.

Is the service responsive?

Good

The service was responsive.

People's care records were current, up to date and reviewed regularly.

People had access to activities.

People told us they knew how to raise any concerns.

Is the service well-led?

Good

The service improved and was well-led.

The provider's quality assurance operated effectively.

The management led by example, staff felt supported and valued.

People and their relatives were involved and listened to.

Kingsmead 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 and to look at the overall quality of the service.

This inspection took place on 13 March 2018 and was unannounced. The inspection team consisted of two 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.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

Throughout our inspection we spent time observing care at the service. We spoke to 10 people and five relatives. We also spoke with the registered manager, deputy manager, two nurses, an assistant practitioner, one senior care assistant, one care assistant, the maintenance man, the activities co-ordinator and the chef.

We looked at records, which included five people's care records and medication administration records (MAR). We checked recruitment, training and supervision records for four staff. We also looked at a range of records about how the service was managed. Following the inspection we contacted a number of external health and social care professionals and commissioners to obtain their views about the service.

Good

Is the service safe?

Our findings

At our inspection on 21 and 22 February 2017 we identified issues around management of medicine stock control and we found the medicines that required cold storage were not always stored as per manufacturer's instructions.

At this inspection we found these concerns were addressed. Medicines, including medicines requiring additional controls because of their potential for abuse were stored securely. Records relating to the administration of medicines were completed accurately. The records also confirmed staff followed the right process when people had their medicines administered covertly, hidden in food or drink. For example, one person had their medicines given covertly and we saw the relevant documentation was in place. The person's doctor and the pharmacist were among those involved in the process of making this best interests decision. This was to maintain the person's health and well-being in the least restrictive way. We observed a medicine round and saw staff sought people's consent before administering the medicine. One person said, "I am very relieved I don't have to worry about medicines any more, the staff help me and they tell me what I am having".

People and their relatives told us people were safe at Kingsmead. One person said, "There are people all around me to talk to". Another person said, "Yes [safe]. They're lovely people. They're very kind, [they] help you".

The provider followed safe recruitment processes when recruiting new staff. There were enough staff to keep people safe. People told us there were enough staff to care for them. One person said, "They answer buzzers quickly most of the time". People were cared for by staff that received training in safeguarding. Staff were confident any concerns raised with the senior team would be addressed and they also knew how to report concerns externally. One staff member said, "I'd report to manager, I can go to head office as well". The registered manager ensured safeguarding alerts were investigated and raised with the local authority when required.

People were protected from risks associated with their health and well-being. People's care records contained risk assessments surrounding areas such weight loss, mobility, falls, skin integrity and other individual conditions such as diabetes. When needed, appropriate action had been taken to address the risk. For example, one person was at risk of dehydration. We saw staff recorded this person's fluid intake and ensured the daily intake was monitored against the target. When the intake was identified to be below the target we saw communication was passed on to the next shift to ensure fluids were encouraged.

People were protected from risk associated with infection control. Staff received training in infection control and we observed staff adhered to good practice. For example, by using appropriately, gloves and aprons. People complimented the cleanliness at the service. Comments included: "Clean, bathrooms are clean" and "Bedding and pillow cases are always fresh and clean".

People were protected from risks associated with environment and relevant checks were completed. These

included fire drills, water temperatures and other checks. People had personal emergency evacuation plans (PEEP) in case of emergency. The provider had systems to record accidents and the records showed appropriate action had been taken where necessary. Accidents were reported via an electronic system therefore the records were additionally monitored by the head office. Provider had business contingency plan for emergency such as evacuation.

The manager ensured they reflected on various occurrences and used these to improve practice. For example, the registered manager identified three people contracted eye infection within a short period of time. After a reflection a thematic supervision surrounding personal care was implemented so all staff were reminded about an importance of delivering personal hygiene of a high standard.

Good

Is the service effective?

Our findings

People's needs had been assessed before they came to live at service. Where applicable a copy of the assessment was obtained from the commissioners. This information was used to draw people's care plans to ensure their care needs could be met in line with current guidance and best practice. This included people's preferences relating to their care and cultural needs. We observed the team used the technology such as alert mats where needed to ensure people's needs were met.

People's rights to make their own decisions were respected. One person said, "I would chose each day where to eat and the staff would support me to be either in my room or the dining room". Another person said, "I choose my own clothes and they [staff] help me put them on".

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found the practices at the service met these requirements. Where required people's capacity was assessed to ensure a best decision could be made in their best interest if needed.

Staff had a good knowledge of MCA. One member of staff told us, "We have to give choices and show options, for example, with food when people can't easily make decisions". Another member of staff said, "We respect people's decision and give options [to people] to make own choices".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The relevant applications had been made to the local authority when people were being deprived of their liberty.

Staff told us and records confirmed that staff received training relevant to their roles. Training included areas such as moving and handling, dementia, infection control, health and safety, safeguarding, nutrition and first aid. The team at Kingsmead were in a process of undertaking the Dementia Framework Accreditation through the provider's training department and staff were undergoing additional training in this area. The senior team monitored the training compliance to ensure it was up to date.

Staff praised the training and told us they felt the training allowed them to carry out their roles effectively. Staff were well supported and told us they did not need to wait to their scheduled supervision and were able to get support any time. One staff told us, "We can ask for one at any time, as a part of the job, I feel free to ask them [management]".

People were supported to maintain good health and access external health services. The team ensured people were supported to access services such as opticians and dental care. People told us that the

chiropodist came in to see them regularly. On the day of our inspection one person was visited by a podiatrist. We received positive feedback from visiting professionals. One external professional told us, "Manager and her team have embraced collaborative working by attending a care home MDT (Multi Disciplinary Team) held by their GP surgery every three months. The idea being that as residence needs change they can identify, any changes, action medication changes in a timely manner. Identify new issues, being proactive in meeting individual residence needs. The next MDT will see mental health liaison input".

People were supported to meet their nutritional needs and their care plans gave details of people's dietary preferences and any allergies. Where required, people were referred to a dietician or doctor for further advice. One person was recently referred and we saw they were prescribed a nutritional supplement.

People were positive about the food provided. Comments from people and relatives included, "Lots of choice, you can have cereal, porridge, cooked breakfasts, toast and tea or coffee" and "Meals are all good". Kitchen staff were knowledgeable of people's nutritional needs including their preferences, type of diets such as soft, fork mashable and any allergies. We observed the lunch service and we saw people received correct food and thickened fluids where needed. The lunch service was a social event. Several people had visitors who chose to come in at lunchtime to support their relative to eat. We spoke with two of these relatives and they told us they came in then because they enjoyed being able to support their relative in that way. Both were confident that if they did not come in people would get support from staff. One relative said, "I like to help [person] with lunch, it is nice to still be able to do something for [person]".

People were able to personalise their bedrooms with items of importance to them. There was a choice of communal areas such as a dining rooms, lounges and garden. The maintenance person told us they aimed to refresh the décor in people's bedrooms when required. People also had access to secure, enclosed garden.

Good

Is the service caring?

Our findings

The service was caring and staff demonstrated they all understood and promoted a compassionate and empathetic approach. This was apparent across all staff groups, not just nurses and carers. For example, we saw a housekeeping assistant knocked at the person's bedroom door. They waited and when asked to come in they said, "Do you mind if I clean your room", the person agreed and the member of staff said "Thank you". We then heard the member of staff engaging in a meaningful conversation with the person and as the person remained in bed the staff explained what they were going to do, for example, 'I'll wipe your table now'. One relative also commented on how helpful and responsive the maintenance person had been when her family member moved in. They said, "He helped put up the pictures straight away". This meant the staff knew what was important to people and they made sure that people, and those close to them, felt they mattered.

People and their relatives complimented the team. One person said, "The staff are very nice, they talk to me in a nice way". One relative commented that, "I never hear anything but laughter, everyone greets you and smiles". Staff told us they enjoyed their roles and working with people. A number of staff worked at the service for a significant number of years which contributed to forming caring relationships. A staff member told us, "Manager is a role model, because of that we are caring".

People were able to build meaningful, caring relationships with staff. We observed staff knew people's needs well and were able to respond appropriately. For example, one person became distressed for no apparent reason. We saw one member of staff came and spent time with the person and calmed her by distracting her and holding her hand. The person appeared content with this interaction. This meant staff ensured people's emotional needs were considered and met as much as possible.

People's dignity was maintained. People told us staff always knocked on their door and waited before coming in. One relative told us, "If [person's] room is shut they'd explain they were delivering personal care. When [person] first moved in I found it hard to let go, then I found out [person] was getting good care".

People were supported to remain as independent as possible. One person, who told us they were very independent, said, "I wake about 5.00 am and the staff bring me a cup of tea". The person appreciated this. Another person told us, "I am completely independent with getting dressed and the staff let me get on with it".

People's individual needs, including needs around diversity and equality were recognized and respected. The provider had policies in place surrounding equality, diversity and inclusion. When people had specific dietary needs, for example, because of their religion, that was respected and well communicated between all departments. One staff member told us, "One person's first language is not English, so we'd allocate staff that speak that language to work together to help with communication. It's good to have diverse team, we all got different cultures".

Staff ensured people had access to information in a way that was accessible to them and people's

communication needs were considered. We observed one member of staff gave a person their glasses and hearing aid which they had taken to clean. The member of staff took time to explain what they were doing, they checked the person was happy with the support offered. They then very gently put the hearing aid in place and checked the person was comfortable and could see and hear as well as possible. One staff member told us, "If people struggle to understand we'd use pictures, or gestured or we'd show an object for example a cup [when asking] if they want a drink".

People's confidentiality was respected. People's care records were kept secure in the lockable nurse's stations. Staff had training around data protection and knew how to ensure people's confidential information was respected.

Good

Is the service responsive?

Our findings

The service was responsive. People's care records contained details of people's needs in relation to their communication, hearing and sight, mobility, nutrition, personal hygiene, skin integrity and any specialist needs relating to people's conditions. Record confirmed people's care plans were reviewed regularly. Staff ensured people's progress notes had been completed to reflect the support and assistance given. Where people needed extra assistance such as repositioning, the records reflected this was carried out. People had 'My choices' booklets. These included people's life history, choices, wishes and beliefs. One relative of a person who recently moved in to Kingsmead told us, "We are now in process of doing a fuller one (care plan) including lots of history, all the family are involved". One external professional told us, "The impression I get from staff at Kingsmead is that they know each of the residents as individual people. I do not get the impression that a one size fits all approach is applied to the person's care and support and care plans, 'this is me' documents reflect this individuality".

People's relatives told us people received support that met their needs. One relative told us, "They have started proactively checking [person's] urine to try and catch infections early which is good". Another relative told us how the person's condition had worsened and they would walk around the home during the night often 'getting lost'. The relative told us how the staff involved them and a number of professionals to find the best way to manage this and an alarm was put at the person's bedroom door so the staff could be alerted should the person left their bedroom. The records showed staff took time to spend quality time with people. One person's daily notes read 'the person was in good spirits this morning telling us that she wanted to become a nurse when she was younger'. This meant staff ensured they spent time to get to know people and have meaningful conversations with them.

People had access to activities, they were positive about activities and the fact they had choice of them. There were group activities, such as singing and bingo and some 'one to one' activities which were taken to people's room. Other activities involved film evenings, baking and sensory sessions. People were also encouraged to help with daily household tasks such as setting tables. There was a new activity coordinator in post who was very enthusiastic about their role and ensured people were involved. They showed us the sunflowers competition, all people had planted sunflowers, this included people who were bed bound. We observed the staff encouraged people to join in a bingo session and staff engaging with a smaller group of people in a small sitting area.

People and their relatives knew how to raise concerns. No people we spoke with could recall making a complaint. Comments included, "If I was not happy about something I would tell one of the helpers who would tell the management", "They do listen to me" and "I would talk to any of the staff if I have a problem, any of them would help". The provider had a complaints policy in place that was available to people. We viewed the log and saw complaints received since our last inspection were investigated and closed.

At the time of our inspection, no one was receiving end of life care. People's care plans included 'Treatment Escalation Plans' in place. These included the 'resuscitation decision record' for 'do not attempt cardiopulmonary resuscitation' (DNAR). The records showed these had been discussed with the person or a

relevant representative. People had an end of life care plan that identified several outcomes. These included end of life wishes to be adhered to, privacy and dignity to be maintained at all times and the family to be involved. A clinical nurse specialist in palliative care had been involved where required. The team worked closely with local professionals, such as the community hospice team if required to ensure people had pain free and dignified death. This included ensuring where needed anticipatory medicines to manage pain, agitation or nausea, used in end of life care were prescribed and available. One external professional told us, "Palliative care home team have been involved with the care home involving family and other health care professionals in reaching best interest decision around place of care and DNAR and treatment escalation plans. A complex situation arose with one of their residents, increasing family anxiety in accepting and coming to terms with end of life. Through collaborative working and support a good outcome was achieved".

Good

Is the service well-led?

Our findings

At our last inspection on 21 and 22 February 2017 we found provider's quality assurance processes were not always effective. There was a lack of provider's oversight in respect of ensuring that their audit and governance were fit for purpose. We also found where the issues had been identified there was no evidence that appropriate and prompt action was taken to address the concerns. We issued a requirement notice in relation to Regulation 17 and asked the provider to submit the action plan how they were going to address these concerns. The registered manager promptly wrote to us to say how they were going to meet the requirements in relation to breach.

At this inspection we found the above issues had been addressed and the quality assurance systems were used effectively. The registered manager ensured a number of audits were carried out. These included records audits, equipment audits and medicines audits. Where areas for improvement had been identified this was promptly addressed. For example, we saw examples of care plans audits, with clear actions identified. The audit was passed on to the key nurses for action and records confirmed the missing information was added as per auditor's recommendation.

People and their relatives were involved in running of the service. All relatives we spoke with praised the good communication they experienced from the service. One relative said, "The home keeps me informed of what is happening and how [person] is". Staff were also encouraged to attend staff meetings. We saw that various meetings took place, this included head of departments meeting, health and safety or staff meetings. Additionally, daily, at 11 o'clock meetings between head of departments took place to ensure the good communication and smooth running of the service on a day to day basis.

We had positive feedback from people and relatives about how the service was run. Relatives knew who the manager was and referred to them by name. One relative said, "If I had concerns I would talk to staff and if needed more would talk to manager". There was a 'You said, we did' board displayed in the reception. The board gave details of the action taken following feedback gathered from people and relatives. The recent change related to introducing new activities.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

The registered manager had been working at Kingsmead for six years and was very passionate about their role and motivated their team effectively. One staff member told us, referring to last year's inspection result, "Manager made sure we all were clear what improvements needed to be done, team was on board and involved". This meant the management ensured staff had a sense of responsibility and accountability.

Staff told us they worked well as a team, they knew their roles and responsibilities. A new role of a care home assistant practitioner (CHAP) had been introduced. One CHAP told us they had taken an intensive

programme that involved several different subjects in order to become an assistant practitioner and they had been mentored by a nurse. The nurses knew of importance of leading by example. One nurse told us, "I'm helping all the time on the floor. If we [nurses] weren't working with the staff, they'd think 'who's this? We show them first, then ask them to do it".

Staff told us they were valued. One staff member told us, "If there are any suggestions from staff the management will listen to us". Another staff member told us, "We make environment friendly, it has to come from heart. We all work well together, if needed the management works hands on and lead by example". Kingsmead had the regional winner for the organisation's 'nurse of the year' award.

The team worked well in partnership with other organisations including local social and health professionals. One external professional told us, "I have visited Kingsmead in two different roles and for each role, they have been proactively supportive in dealing with any queries particularly during a recent project which involved reviewing residents. Each time I visit, they are approachable and welcome me into the home".

The registered manager ensured they met their legal statutory requirements to inform the relevant authorities including Care Quality Commission of notifiable incidents.