

Tawnylodge Limited

# Kingfisher Court Care Centre

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Kingfisher Court Care Centre is a residential care home providing accommodation and personal care for up to 40 people aged 65 and over, including people living with dementia, in one adapted building. At the time of the inspection 25 people were living at the service.

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

People were protected from the risks of abuse by staff who understood their responsibilities in relation to protecting vulnerable people.

Best practice guidance in the management of medicines was followed to ensure people received their medicines in a safe way.

People were supported by a knowledgeable team of caring staff who were recruited safely. Staff knew people well and understood how best to communicate with them in a way they could understand.

The service was clean and there were robust infection prevention and control measures in place. Staff wore appropriate personal protective equipment, adhering to the current Government guidance.

The nominated individual and manager had implemented effective checks and audits on the quality and safety of the service. When shortfalls were identified, action was taken to address these.

The service worked well in partnership with advocacy organisations and other health and social care organisations. This helped to improve the outcomes for people using the service.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 5 February 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 January 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show

what they would do and by when to improve the breaches found in relation to staff deployment, assessing and managing risks and governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingfisher Court Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 caring?**

**Good** ●

The service was caring.

Details are in our caring findings below.

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

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Kingfisher Court Care Centre

## **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 Health and Social Care Act 2008.

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 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.

#### Service and service type

Kingfisher Court Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kingfisher Court Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for two weeks and was in the process of submitting an application to register.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We contacted Healthwatch for information they held about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with 8 people using the service and 2 relatives. We observed staff engagement with people where possible. We spoke with the manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 2 senior staff, 2 care staff, 2 members of domestic staff, the cook and the administrator. We spoke with a visiting healthcare professional.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including the staff rota and dependency tool were reviewed

#### Following the inspection

We continued to seek clarification from the provider to validate evidence found. This included but was not limited to the provider's current action plan, training data, policies and procedures and meeting records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At the previous inspection the provider had failed to ensure there were enough staff deployed to meet people's needs and safety which placed people at increased risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staffing levels were set according to people's assessed needs. These were detailed in the dependency tool for each floor of the service. Staff were effectively deployed across the service as described in the allocation tool. People who received funding for individual support were observed being supported as described in their care plans.
- The majority of people and relatives gave positive feedback regarding people receiving prompt care when needed. We reviewed this in the call bell analysis records which the nominated individual regularly audited for quality.
- One person said, "Generally [staff] come straight away, I don't have to wait any longer." Another person told us, "Yes, [Staff] get busy sometimes, I've got no problems, there are enough staff to support me."
- Staff received all of the training necessary for their roles and their competency was checked. The nominated individual and manager ensured staff received supervision for their roles.
- Staff were safely recruited. Safe recruitment processes were carried out for new staff members to ensure they were suitable to work at the service. This included Disclosure and Barring Service (DBS) checks prior to commencing work at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Assessing risk, safety monitoring and management

At the previous inspection the provider had failed to ensure people's individual care needs and the administration of medicines were effectively managed, which increased the risk of harm. This was a breach of Regulation 12 (Safe care and treatment) Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12

- People had individual risk assessments in their care plan, relevant to specific areas of care they required

support with. For example, falls, weight management, dementia or skin care. We saw these were regularly reviewed by the staff team and included input from relevant health and social care professionals, family members or advocates.

- Records showed people's oral health, weights and skin condition were recorded regularly and any areas of concern shared promptly. These observations gave a good indication of the overall health of people using the service and was an area of good practice. We discussed with the manager that some people required dental appointments to be arranged, as these were noted to be overdue. The manager responded immediately during and after the inspection to ensure these were booked.
- One person told us, "The senior staff will book appointments for the Dentist, Opticians, or the Doctors." They spoke highly of the support offered by senior staff in regard to them making appointments for people.
- We observed people who required the assistance of staff for moving and handling being supported in a sensitive and discreet manner. We observed one person being moved by staff very gently, reassured throughout, and then asked if they would like a blanket to cover their knees when they sat in their chair.
- People had personal emergency evacuation plans (PEEPs) in place for staff to follow in the event of an emergency.

#### Using medicines safely

- People received their medicines at the times they needed them and in a safe way. We identified that the medication dispensing trolley required a hand sanitiser at our inspection, this was promptly responded to by the manager during our inspection. Medicines were stored securely in a temperature-controlled environment. Stock balance checks were taken daily to ensure medicine quantities were accurate.
- We identified that some covert medication decisions required review. This is medication which is hidden in food, drink or given through a feeding tube without the knowledge or consent of the person receiving them. The manager responded to this immediately during and after our inspection to ensure these were processed with the relevant authority.
- Medicines administration records (MAR) included a photograph of the person, along with their clinical details. All the MAR we viewed were up to date and accurately completed.
- Where people received as required (PRN) medicines, detailed protocols were in place to ensure staff were clear when these medicines should be administered. One person told us, "If I need a painkiller, very rarely, I only have to ask. If I need anything stronger there is a GP surgery down the road. The nurse arranges everything regarding the medication."
- Safe and effective processes were seen for the appropriate storage and management of controlled drugs.
- Staff were trained in the safe handling and administration of medications, and that competency checks were completed regularly by the manager to ensure this was maintained.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse and were aware of how to follow local safeguarding protocols when required.
- Incidents and accidents were recorded to ensure that remedial actions were taken. Staff completed training in safeguarding adults and understood their responsibility to report concerns.
- Accidents were followed up appropriately. Body maps were completed to document any injuries, with appropriate referrals made to healthcare professionals following this.
- Incident records detailed the statutory organisations and relatives who were notified of the incident and any action that was taken to prevent reoccurrence. We saw evidence of lessons learned being shared among the staff team when required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- We discussed with the new manager that the terminology used within some of the decisions we reviewed could be considered as inappropriate. The manager agreed these would be reviewed and provided evidence following our inspection that these had been requested with the appropriate professional body.

#### Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. We identified that some manual handling equipment needed replacement or deep cleaning. The manager responded immediately to this during and after our inspection.
- We were assured that the provider was preventing visitors from catching and spreading infections. People visiting the service were asked for their Covid-19 status and Government guidance was followed.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection. The service was visibly clean and well maintained. The domestic team carried out increased high-touch point cleaning.
- 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. Staff were following current Government guidance in the wearing and disposal of PPE.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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. The policies were reflective of current Government guidance.

#### Visiting in care homes

The provider was facilitating visits for people living in the home in accordance with the current guidance. Mealtimes within the service were protected to ensure people were able to be supported effectively by staff. The service asked relatives to call them to ensure people were ready to receive visitors.

#### Learning lessons when things go wrong

- Lessons were learned following incidents. There were records showing how the service had learnt lessons from what had not worked well and how they had changed their processes as a result. For example, the implementation of improved analysis of falls to look for themes and trends for people.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people well and understood their individual support needs and routines.
- Staff showed a positive and caring approach towards people. We observed during the lunch experience how people were supported by staff in a discreet manner, at their own pace. People we spoke with told us they enjoyed their food.
- People were assisted by staff in a patient and friendly way. One person said, "I like the staff. They look after me well, sometimes when it's warmer we go out and sit and look at the trees. They [Staff] look after me."
- We observed interactions between staff and people which showed positive relationships had been developed. One person told us, "Staff are friendly, they make you feel comfortable."

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

- People were encouraged to make decisions about their care, daily routines and preferences. Staff worked within the principles of the Mental Capacity Act. There was documentation to support this in people's care plans.
- People were invited to take part in resident's meetings. Although these had been infrequent prior to our inspection, we saw people and their relatives had been invited to attend, with future dates planned. The new manager told us this was an area they wanted to improve, as the meetings gave people and their relatives the opportunity to ensure their voice was heard.
- Information on local advocacy services was made available to people who used the service.

Respecting and promoting people's privacy, dignity and independence

- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Our observations of staff engagement with people confirmed this.
- People were supported sensitively when needing more supervision to keep them safe. Staff respected people's personal space. One person told us, "Staff show me respect and privacy."
- Records were stored safely maintaining the confidentiality of the information recorded.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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 being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the previous inspection the provider had failed to effectively and consistently assess, monitor and mitigate risks, which placed people at increased risk. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17

- The nominated individual and manager undertook a range of quality assurance audits to assess, monitor and review key areas of the service, and drive continual improvements. These were shared with the staff team to ensure lessons could be learned. These included robust falls analysis, weight management records, medicines and care plan audits.
- One staff member told us, "I like how the culture here is about learning and sharing ideas."
- The previous registered manager had recently left, The nominated individual was providing support until the newly recruited manager was registered with the Care Quality Commission. 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.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had displayed their rating in the home and on their website.

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

- The service was led by a committed nominated individual who was working to improve the service and support the new manager to embed ongoing improvements. The new manager showed enthusiasm and an understanding of the previously identified shortfalls. They told us of their plans and we saw they were engaging with staff and people to ensure they were involved in developing the service.

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 provider and manager understood their responsibilities under the duty of candour. This included notifying relevant agencies, including the Care Quality Commission, when issues had arisen. There were clear governance processes in place. This gave the nominated individual and manager oversight of the service to ensure appropriate actions were taken to prevent reoccurrence.

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

- Staff told us they had confidence in the new manager and provider, and we saw they were engaged with people using the service. A visiting health professional told us they, "Felt the new manager had already improved the information available to them when they were at the service; the visits they carried out now flowed better."

- People and their relatives were largely positive in their feedback in relation to the nominated individual and new manager. One person told us the management team were, "open and approachable," and another said they were, "very polite, they have been to see me in my room a couple of times."

Working in partnership with others

- People were supported to access health and social care services as required. Records showed people were referred appropriately to specialist health and social care teams when required. The GP visited regularly and had a good relationship with the staff team.