

Mariposa Care Group Limited

Kingston Court Care Home

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

Kingston Court Care Home is a residential care home providing personal and nursing care to up to 76 people. At the time of our inspection there were 74 people using the service.

The home is a modern, purpose-built care home over three floors. The accommodation on two floors is specifically for older people living with dementia-related conditions. Kingston Court is sited in the grounds of the Cumberland Infirmary and the home also provides several interim places for people leaving hospital.

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

The provider had made improvements to the way the home was managed. There were governance and quality assurance systems in place. Audits were up to date and identified any lessons learnt following incidents and accidents so that action could be taken to keep people safe. There were enough staff to meet people's needs.

People told us they felt safe at Kingston Court Care Home. They were supported by staff who were trained and who understood their responsibilities to provide people with safe and effective care. Assessments were carried out to identify any potential risks to people and measures put in place to mitigate these. The home was clean and hygienic, and staff maintained effective systems of infection prevention and control. The provider exercised safe recruitment practices.

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.

People, relatives and staff spoke positively of the culture within the home. There was good and consistent communication between all members of staff, which helped ensure people received safe care with good outcomes. Staff felt well-supported by their managers and there were effective working relationships with other professionals involved in people's care.

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

Rating at last inspection and update.

The last rating for this service was requires improvement (published 11 March 2022) and there was a breach of regulations. 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 14 December 2021. A breach of

legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

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 and Well-led which contain those requirements.

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.

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 improvements to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingston Court Care Home on our website at 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Kingston Court Care Home

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 undertaken by 2 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

Kingston Court is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Kingston Court is a care home with 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service including notifications about events. We sought feedback from the local authority, care professionals 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 9 relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 7 members of staff across a range of roles including managers, nurses, care workers, housekeeping, catering, administration, activities and maintenance staff. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. We also viewed a variety of records relating to the management of the service, including policies and procedures.

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.

Using medicines safely

At the last inspection the provider's failure to ensure medicines records were well-maintained contributed to 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.

- Medicines were managed safely. People received their medicines as prescribed.
- People's medicines were securely stored and administered by staff who had training in medicine management. Relatives said medicines were well-managed. They told us, "They deal well with [person's] medication" and, "I have no worries about medication."
- Some recording anomalies were discussed with the registered manager and addressed immediately. The provider's medicine audit tool was also immediately updated to ensure these records were always checked in future.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. Staff were knowledgeable about the signs of abuse and knew how to report a concern.
- Relatives told us that they felt their family were safe there. They told us, "[Person] is safe there."

Assessing risk, safety monitoring and management

- Risks to people had been assessed and managed. Care plans were in place to help guide staff on how to provide safe care. Some areas of the care plans had some minor errors and conflicting information. The staff knew people well and provided care in line with their needs and preferences.
- People told us they felt safe. One relative told us, "[Person] is complex with quite a few needs; they are safe there."
- The provider made sure maintenance and environmental checks were completed, which helped ensure the service was safe.

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were working within the principles of the MCA.
- Staff sought consent before carrying out any personal care. Staff gave people choices and respected their decisions. Where people lacked capacity for any specific decisions, these were made in the person's best interests and included relevant representatives.
- DoLS were applied for appropriately and applications were regularly reviewed for progress.

Staffing and recruitment

- There were enough staff to meet people's needs. Staffing numbers and deployment was overseen by the managers who used a dependency tool to help decide the staffing levels needed.
- Staff had been recruited safely to the service. Staff had the appropriate training to be able to provide safe care. Competency checks were in place to review practice and regular supervisions were recorded to help support staff.
- Overall, people and relatives commented positively on staff. People told us, "They come whenever I press my buzzer" and, "Some staff are very good, some have the patience of saint, others rush a bit." A relative commented, "I see faces I recognise when I go in. There are new staff, but they are all lovely."

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- The service supported visits for people in line with current guidance. Visitors were not restricted, and safety was promoted while on site, for example, PPE was provided if needed.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Improvements had been made following our previous inspection.
- A system was in place to record and review accidents and incidents.

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

At the last inspection the provider's failure to ensure effective quality monitoring systems were in place 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.

- Managers and staff understood their roles and responsibilities. Since the last inspection the regional manager had covered the role of registered manager for most of the year and this had brought stability and consistent oversight of the service.
- The provider had quality assurance checks in place. The management team carried out audits to ensure the safe running of the service. Areas for improvement were acted upon.
- Staff had confidence in the management team. They told us, "We've had a lot of managers previously, but it's really stable now" and, "[Registered manager] is lovely, we would do anything for her."

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

- Staff promoted a positive culture within the service. They worked hard to provide person-centred care, which achieved good outcomes for people. One staff told us, "There is a great morale and culture now. We all care about the people and each other."
- The management team led by example. They were visible in the service, providing support to staff. Staff felt supported in their roles and found the registered manager to be approachable, they were confident in their ability to act if concerns were raised.
- Care professionals were complimentary about the care. One professional commented, "It's consistent here. Staff seems to work on specific units and that's really helpful for continuity of care."

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 understood the duty of candour requirements and their legal responsibility to be open and honest if something went wrong.

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

- The provider engaged with people and their relatives to collect feedback about the service. People were asked their opinions and staff acted on this. One relative told us, "I get a questionnaire regularly."
- Staff had regular meetings to discuss the day to day running of the service. This gave staff the opportunity to raise concerns and feel included in the management of the service.
- There was an equality and diversity policy in place to promote equality with clear guidance on how to raise a concern if needed.
- The service worked well with external agencies. They took on board advice from other professionals, such as occupational therapists and the GP service to review and improve care.

Continuous learning and improving care

- The management team were committed to continuous improvement to the quality of care.
- There were action plans in place to ensure all actions were undertaken and completed.
- One relative told us, "If I had an issue I would go and talk to them. They are good at taking things on board. I made a lot of suggestions when [person] first went in."

Working in Partnership

- Health care professionals made positive comments about working with the service and about the improvements over the past year.
- There were methods in place for obtaining feedback from people, relatives, staff, stakeholders: