

Kingfisher Health Care Services Limited

Kingfisher View

Inspection report

Wheldon Road
Castleford
WF10 2PY

Tel: 01709565700
Website: www.exemplarhc.com

Date of inspection visit:
20 May 2021

Date of publication:
04 June 2021

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

About the service

Kingfisher View is a residential care home providing accommodation and personal care for up to 12 people with mental health needs, acquired brain injury, schizophrenia and dementia. At the time of our inspection there were 11 people living at the home.

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

People were safeguarded from the risks of abuse. Staff received training in this area and knew how to recognise and report abuse. Risks associated with people's care were identified and risk assessments were in place to minimise the risk. Accidents and incidents were monitored, and trends and patterns identified. People received their medicines as prescribed. The premises and equipment were safe and clean. The provider made sure infection control processes helped keep people safe during the COVID-19 pandemic. The home was clean and there were PPE stations situated at several point throughout the home. The provider had a robust recruitment procedure which ensured new staff were recruited safely.

Staff understood the requirements of the Mental Capacity Act 2005. 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. Staff received robust induction, training and supervision. There were effective channels of communication for the staff team. People had access to other health care professionals as needed.

People who used the service and visitors provided positive feedback about the service and were complimentary about staff and management. Staff were confident people received high quality care and told us it was a good place to work. People received person centred care and staff knew the people they were supporting well. Care plans identified how people preferred their care to be delivered. People enjoyed a range of activities. Systems were in place to monitor and respond to complaints.

Staff were positive about the home and the leadership of the registered manager. The registered manager understood their role and responsibilities in ensuring people received high quality care. Quality management systems were in place. The registered manager was responsive and where appropriate took swift action to address shortfalls. They were keen to develop and improve their systems and provide people with quality care.

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

Rating at last inspection

This service was registered with us on 23 April 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on inspection timescales.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Kingfisher View

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Kingfisher View is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. We sought feedback from the local authority. 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 four people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, team leader and care staff. We reviewed a range of

records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at complaints and how the provider accessed advocacy services.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from abuse and improper treatment. People and relatives spoken with had no concerns about safety or well-being. Comments included, "I definitely believe [person] is safe at Kingfisher View," and, "I always feel safe here with the staff. It's a great place for me to be."
- Staff were aware of how to report any unsafe practice. The provider had safeguarding policies and procedures. They also had a whistleblowing policy and procedure.
- The registered manager understood their responsibilities and worked with other agencies to make sure any safeguarding concerns were reported and dealt with properly.

Using medicines safely

- People received their medicines on time and as prescribed.
- Staff had received training in the administration of medicines and medicines were stored safely.
- Where people were prescribed 'as required' medicines, protocols were in place and staff were aware of when people needed their medicines.

Assessing risk, safety monitoring and management

- Staff were aware of risks to people and knew how to support them in a safe way, while maintaining and promoting their independence.
- Regular fire drills and tests had taken place to ensure people could be safely evacuated from the service. We saw all people and staff had taken part in these.
- People had personal evacuation plans in place, so staff could support people in the event of a fire.
- Where incidents, such as falls had been recorded there was an overview analysis to reduce the likelihood of a re-occurrence.

Staffing and recruitment

- People felt there were enough staff to keep them safe. One person told us, "There are always staff around."
- There were sufficient staff to meet people's care needs. We observed staff were not rushed and responded promptly and compassionately to people's requests for support.
- The provider had systems in place to help ensure staff were recruited safely. Appropriate checks were carried out to protect people from the employment of unsuitable staff.

Preventing and controlling infection

- There were appropriate protocols and policies in place to support the home around infection control.

- We observed staff wearing appropriate PPE through the home. There was appropriate hand washing facilities throughout the home to minimise the spread of infection.
- The home was conducting appropriate Covid-19- tests for all staff and residents.
- 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.

Learning lessons when things go wrong

- There was a system in place to analyse accidents and incidents.
- The registered manager told us they reviewed people's accident and incident reports. Where there was a risk of re-occurrence or there had been an impact on a person, they completed a more in-depth investigation.
- Lessons learned from incidents at Kingfisher View or at another of the provider's locations were shared at staff meetings and shift handovers.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-assessments were carried out, to ensure people's needs could be met before moving into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.
- One person told us, "They [staff] went through a detailed assessment with me when I moved in."

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to deliver care effectively.
- People told us they thought the staff were well trained and knew what they were doing.
- Staff told us they received good support from the registered manager and colleagues. One member of staff said, "[registered manager] is always supportive. Their door is always open which is reassuring and comforting."
- Staff told us they received appropriate training and records confirmed this.
- Staff attended formal supervision sessions which gave them opportunity to discuss their performance and development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they had good dining experiences, with food which was appetising and well presented. One person told us, "Food is down to personal choice. Staff help me to shop and cook my meals."
- People were supported to eat and drink and maintain a balanced diet.
- Support plans had information about people's dietary needs, their preferences or cultural dietary requirements.
- Staff understood the importance of ensuring people had enough to eat and drink and they told us this was something they spoke with people about.

Adapting service, design, decoration to meet people's needs

- The service had a mixture of single and dual occupancy apartments. The premises were adapted to maximise accessibility for people living in the service. For example, we saw one kitchen with an adjustable height sink and hob.
- People lived in a comfortable and well-maintained environment. Décor was to a good standard with a planned programme of redecoration and renewal.
- Bedrooms were decorated and furnished to people's taste.
- Communal areas were spacious, and people made use of these when they wanted to be with other

people. There was an accessible garden for people to use.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's physical and mental healthcare needs were being well-monitored to recognise any signs of deteriorating health so action could be taken. The advice given by healthcare services was included in people's care plans and followed by staff.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people could make decisions about the care they received, staff encouraged and supported people to be independent and offered choice in the care they provided.
- Where people were subject to a DoLS this was clearly documented in their care plans and records showed when DoLS needed to be reviewed.
- Staff we spoke with and the registered manager demonstrated a good understanding of the MCA and how this impacted on people they worked with. Staff had received training on the MCA which was refreshed yearly.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's rights were protected which included those with a protected characteristic such as age, disability, race, religion or belief and sexuality.
- People were happy with the staff who supported them and were treated in a kind and caring way. One person told us, "I think all the staff are wonderful." Another person said, "All the staff are very nice. They are kind and caring, I get on with them all and we joke with each other."
- Staff were vigilant to when people needed support. Staff spent time with people offering support and comfort.
- Staff knew about people and were able to give detailed accounts of them, including their likes and dislikes and interests.
- The atmosphere in the home was friendly and relaxed. We observed caring yet professional interactions between staff and people. Staff spoke with people in a kind, caring and, where appropriate, a discreet manner. Staff checked people were comfortable and happy.
- People looked well cared for; their hair was brushed and their clothes were clean and pressed.

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

- Care plans showed people, where they were able, were involved in planning their care. One person told us, "I know my opinions matter. If I have anything to say, staff always listen."
- Relatives told us they were also involved, and their views and opinions listened to. One relative said, "Yes, staff always talk to me and keep me informed."
- There were resident meetings where people were able to put forward their views.
- Staff involved people on a day-to-day basis on aspects of their care. This included what they wanted to eat, wear and do for the day.

Respecting and promoting people's privacy, dignity and independence

- Staff told us any personal care carried out was done so discreetly and respectfully by staff, so dignity was preserved.
- People were given time to spend away from others, but staff were alert to their whereabouts and checked on their wellbeing. For example, some people liked to go outside to smoke, staff knew this was where they would be and ensured other staff were aware.
- People who were able to mobilise themselves around the service did so without restriction whilst respecting other people's privacy.
- People and staff's confidentiality were respected. Paper records were stored securely, and all electronic

records were password protected. Staff had completed training around information safety and General Data Protection Regulations.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which took account of their needs, choices and aspirations. These plans were reviewed every month or more frequently if people's needs changed. Staff maintained daily records to demonstrate people's care was delivered in line with their care plan.
- People told us they were supported by staff to make choices about their daily lives. For example, one person told us, "Staff never assume anything, they always ask me what I want or how I prefer things. They only help me when I want them to."
- Care plans were very person centred and detailed about each person. They contained very helpful and clear information about people. This meant their individual needs could be met. For example, information about likes, dislikes and what was important to people was included.
- Assessments and care plans took account of people's protected characteristics under the Equality Act.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records included the support people needed to communicate.
- Information displayed in smaller shared areas such as people's kitchens or larger communal lounges was in both word and picture format.
- The registered manager told us information could be provided in alternative formats if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to maintain relationships that were important to them. They told us their friends and relatives could contact them as they wished and said there were no restrictions on contact. One relative told us, "Under normal circumstances I can come at any time of day and am always made welcome. During the pandemic lockdowns I have been able to speak with [person] regularly." Another person said, "Staff have helped me to re-establish contact with my children, which is very important."
- People were provided with a range of activities and entertainments. A pool table, daily newspapers, quiet room, cinema room and gym equipment were available for everyone to access.
- Staff were good at offering people things to do and responding to requests. For example, a 'you said, we did' board showed how the request for more baking and crafts had been acknowledged and immediately put in place.

Improving care quality in response to complaints or concerns

- Everyone told us they had no complaints or concerns about the service. However, they also said they would go straight to the registered manager if they did.
- The registered provider had a complaint policy and procedure available in different formats.
- Complaints were investigated and responded to in line with the service's policy.
- Any complaints were analysed and used as opportunities to further improve the service.

End of life care and support

At the time of our inspection, the service was not supporting anyone who required end of life care. However, staff knew how to establish links with other relevant healthcare professionals such as district nurses and palliative care teams if necessary. The registered manager had identified this as a potential training need and was in the process of investigating accessing appropriate training for staff.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- All services registered must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been managed. We found statutory notifications had been submitted as required.
- There was a clear staff structure and staff told us they had a united team and worked well together. Comments from staff included, "We have a fantastic team with great morale", and "It's a really supportive place to work."
- Audits had been carried out in the home by the registered manager. These were effective and included, health and safety, infection control, medication, staff files and care plans.
- From these audits the registered manager had put effective systems in place to ensure all areas were compliant.

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

- The management team and provider promoted a positive culture within the home.
- Staff felt the culture was person-centred, open, and inclusive. One staff member said, "The manager is always visible around the home and their door is always open."
- People and relatives we spoke with told us they found the management team very approachable. One person told us, "The manager is lovely. They always talk to me and I know if I had a problem, I could speak to them." A relative said, "I always find the manager and staff to be very helpful."

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

- Records showed staff engaged with a range of health and social care professionals.
- Staff meetings were held regularly. Records showed there was regular opportunity for staff to share ideas.
- Staff told us they were listened to by the registered manager. One said, "Staff are always encouraged to speak and the registered manager is always open to listening to staff and any ideas or suggestions we have."
- The registered manager provided regular supervision to support staff to develop.
- People had been supported to keep in touch with their relatives using technology during the pandemic.

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 and staff understood their individual and collective legal responsibilities to act in an open, honest and transparent way when things went wrong. People told us they were kept informed of any changes in the home and around their care and support.

Continuous learning and improving care

- The registered manager and staff team had systems in place to learn from accidents, incidents and safeguarding concerns. This included any lessons learned from any of the provider's other homes.

Working in partnership with others

- Collaborative working with agencies and organisations was prioritised. The service had built up relationships and worked in partnership with health and social care professionals. This was evident from the care files we looked at.