

Kingsfield (Cumbria) Limited

Kingsfield Residential Care Home

Inspection report

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Barrow In Furness
Cumbria
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Kingsfield Residential Care Home is a residential care home registered to accommodate up to 27 people in need of personal care. Accommodation is provided over three floors with single rooms. On the days of the inspection there were 22 people living at the home.

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

Recruitment processes needed to be reviewed as some pre-employment checks were missing. We have made a recommendation about this in the 'Safe' section of this report.

In some areas of the home, people could access items that could be dangerous to them and others. This included cleaning products. We have made a recommendation about this in the 'Safe' section of this report.

As a result of the issues seen in the 'Safe' section of this report, we have reduced the rating in that domain from 'Good' to 'Requires improvement'.

The provider's systems for monitoring safety of the service had not been effective in anticipating the issues we saw during the inspection. We have made another recommendation about this in the 'Well-led' section of this report. Management and provider oversight was otherwise good. The service made appropriate notifications to us and other authorities of any safety incidents.

Medicines were safely administered and people received their medicines as prescribed from well trained staff.

Infection, Prevention and Control (IPC) processes required additional input from management around the processes with professional visitors. Generally, we were assured about the service's ability to mitigate the transmission of infections.

Safe visiting processes were in place to ensure people could see their visitors when they wished and could maintain relationships that were important to them. People and relatives said they did not have any complaints about the service but were confident to raise any issues.

People told us they felt safe and were happy with the service they received. They and their relatives said staff were kind and caring and they were treated well. At inspection, we noted good interactions between people, management and staff. People had access to appropriate activities. There was an activities programme and people said they particularly enjoyed visits by external entertainers such as singers and musicians.

Staff understood how to protect people from abuse and there were enough staff to meet people's needs and to ensure their safety. The provider's safeguarding processes were robust. Staff told us they had received training and support relevant to their roles and when they commenced employment.

Care plan records provided a guide to staff to help people to retain their independence and receive support with minimum risk to themselves or others. People's care and support needs were assessed prior to them using the service to ensure their needs could be met. Where people's needs could not be met, the home worked well with others to ensure people were appropriately supported.

People were supported to live healthy lives and had access to health and social care professionals. People also had a good choice of meals. Drinks were available at any time of day and night.

The home worked in partnership with other organisations to provide effective and consistent care. 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 were treated as individuals which helped protect their dignity. Their equality and diversity was respected by a caring staff team. Staff understood the importance of giving people their time and the importance of encouraging people to maintain their independence.

People were happy with the way the service was managed and staff felt valued and enjoyed working at the home. People's views and opinions of the service were sought and acted on.

The provider acted during and immediately after the inspection to address the risks we found. This included improved monitoring, reviews and dealing with some environmental concerns.

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

Rating at last inspection

The last rating for this service was Good (published 24 February 2020).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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 Kingsfield Residential Care Home on our website at www.cqc.org.uk

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Kingsfield Residential 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 Care Act 2014.

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

Inspection team

The inspection team consisted of an inspector and an Expert by Experience made telephone calls to relatives on the second day. 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

Kingsfield Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. There was a prevalence of COVID-19 in the geographical area at the time of the inspection and we needed to ensure it was safe and there were sufficient management staff available to

support the inspection.

Inspection activity started on 9 November 2021 and ended on 10 November 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners and professionals who work with the service. We also looked at information we had received and held on our system about the service, this included notifications sent to us by the provider and information passed to us by members of the public. We used all this information to plan our inspection.

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.

During the inspection

We spoke with five people who used the service. We spoke with six relatives about their experience. We spoke with nine members of staff including the registered manager, deputy manager and care workers and a member of the catering staff. We looked at a variety of records to gather information and assess the level of care and support provided to people. We reviewed in detail four care records. We looked at staff rotas, risk assessments, multiple medicine records and three recruitment files. We also considered a variety of records relating to the management and governance of the service, including policies and procedures.

We looked around the home in both communal and private areas to establish if it met the needs of people who lived there and if it was safe.

After the inspection

We continued to seek clarification from the provider and registered manager to validate evidence found. We also spoke with two health care professionals about their experiences of the service and its staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection, this key question has now deteriorated to 'Requires improvement'.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Safe recruitment procedures were not always followed. On occasions, these had not been thorough enough. Some checks with previous employers in health and social care and other pre-employment checks had not been made in the recruitment files we considered.
- Checks such as those into identity, right to work and criminal records had been made.
- There was no evidence anyone had been harmed because of the omissions. We raised this with the registered manager and provider who implemented further measures to ensure the whole staff team continued to be safe to work with vulnerable people.

We recommend the provider reviews its recruitment processes to ensure they are compliant with legislation and best practice.

- There were enough staff employed. The staffing rotas supported this. People and their relatives also told us staff were available to support them appropriately.

Assessing risk, safety monitoring and management

- Good safety monitoring and control processes were not always followed. People could access some items and cleaning materials that could be harmful to themselves and others. There were windows in a bedroom and a communal area of the home that presented as a hazard to people living there and required restriction. Environmental checks in this area had not always ensured the home was completely safe.
- The registered manager and provider took immediate steps to address these safety concerns. We comment further about this concern in the 'Well-led' section of this report.

We recommend the provider reviews its processes around environment safety to ensure it is completely consistent with guidance and best practice.

- The registered and deputy manager assessed and managed risks to people's health, safety and wellbeing. People's care records included guidance for staff about how to provide their care in a safe way.
- Accidents and incidents were recorded and acted on. There was appropriate registered manager oversight on these issues
- Equipment had been serviced and maintained in accordance with manufacturers recommendations. We noted a programme of improvements was underway related to some areas of the home that required

refurbishment.

Using medicines safely

- Medicines were managed safely. Medicines were recorded within people's medication administration records. This meant the registered manager had oversight of medicines people took and ensured they were administered in line with the prescriber's instructions.
- Medicines were administered by staff who had completed relevant training to administer them safely. Staff member's competency to administer medicines was checked.
- The administration of controlled drugs was consistent with guidelines. These are medicines that can be abused and the service had strict protocols around their use, storage and disposal.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that supported them. One person said, "I feel safe and am sure everything's safe here. I feel I can trust them [staff and management]."
- There were effective safeguarding processes in place and the registered manager and staff members had a good understanding of safeguarding. They understood their responsibilities for keeping people safe and the processes for reporting any concerns. A member of staff said, "We are encouraged to report concerns. Nothing is ever hidden."
- Staff were clear about when to report incidents and safety concerns. Policies and procedures provided guidance to staff and supported the priority of keeping people safe.

Preventing and controlling infection

- We were somewhat assured the provider was preventing visitors from catching and spreading infections. The provider needed to implement more robust processes when professional visitors visited the home. This issue was addressed during the inspection.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff. We were told all people living in the home had been vaccinated against COVID-19.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating safe visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had systems to ensure lessons were learnt from any incidents. This included sharing the outcome of incidents with the staff team to further improve the safety of the service. A staff member said, "I love the work here. it's so open and transparent. We can discuss any situation with the manager and this helps our learning."

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.

At the last inspection this key question was rated as 'Good'. At this inspection, this key question remains the same. 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

- People's needs and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based practice to achieve effective outcomes. Assessments from health and social care professionals were also used to plan effective care and, where appropriate, the views of relatives were taken into account.
- Staff applied their learning in line with professional guidance such as the management of nutrition, mental wellbeing, oral health and skin integrity. This supported a good quality of life for people in the home.
- People's care records reflected their current care and support requirements. Any input which had been provided by external health care professionals, was recorded appropriately.

Staff support: induction, training, skills and experience

- The provider made sure staff had a range of appropriate training, supervision and support to carry out their role effectively. Training compliance was monitored to ensure this was carried out in a timely way. We noted some staff members were behind in some areas of training but there was good compliance with training and refreshers the provider deemed to be essential. The registered manager said that they had experienced issues with delivering some aspects of the training programme during the COVID-19 pandemic.
- Staff were complimentary about the training and support they received. Those new to care said they had shadowed carers in the home after essential checks had taken place. Thereafter, they were encouraged to raise questions and seek support on any area they had concerns with. They said this had helped with their confidence when they started work in the home.
- A formal induction process was in place when staff started work in the home. Staff said it had provided a good grounding in care, familiarisation with processes in the home and the expectations of the registered manager and provider. All staff members were encouraged and supported to take external qualifications in health and social care.

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.

- Consent to care and treatment was sought in line with legislation and guidance. People told us staff asked for their consent before any intervention, "Staff are always respectful. They give me a choice and ask me if it's OK before they do anything."
- People's care records showed that care and treatment had been provided with the consent of the relevant person.
- Where people were unable to provide consent, appropriate applications for DoLS had been made in accordance with people's best interests.

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

- People were supported to eat and drink enough to maintain a balanced diet, in line with their needs. One person's relative said, "My relative often forgets to drink after a couple of sips but I have seen the staff encouraging her."
- The cook saw people regularly to help ensure people had maximum choice in what they wanted to eat and their preferences were adhered to. People told us they valued this interaction and were often provided with alternative dishes when they did not fancy what was on the menu.
- Information regarding people's nutrition and hydration needs, such as a diabetic diet, was recorded in their care records. Catering staff had a system to ensure any new requirement were immediately brought to their attention.
- People provided positive feedback about the food. We observed a lunch sitting and noted people enjoyed their meals and the food was freshly cooked and wholesome. One person said, "I love the food especially the puddings and I always get plenty."

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

- People were supported to live healthier lives. Staff worked alongside external health care professionals (such as GPs and district nurses) where required to ensure people's needs were met in a timely way.
- People's care records reflected their current care and support requirements. Any input from external professionals was recorded, in order to provide staff with the necessary guidance.
- Healthcare professionals commented favourably about working arrangements with the service. One said, "We have an excellent relationship with the staff and management at the home. They do what they should, when it needs to be done and call on us appropriately if there are ever any issues."

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

- Although the service was located in a former residential property and accommodation was over multiple floors, people were able to navigate around the home via corridors which were kept uncluttered and had the use of a stair lift. People had access to an enclosed rear garden, where they could enjoy outdoor space. People said they had enjoyed the use of this space in the summer.
- Maintenance was provided by a dedicated member of staff. Although most of their checks were effective, the environmental issues seen earlier in this section of the report had not been dealt with appropriately and had left some safety concerns. The registered manager and provider took action to deal with these issues.
- People said they could decorate their rooms as they wished. We saw good examples of this where people had put up pictures, posters and photographs that were special and individual to them.

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 the last inspection this key question was rated as 'Good'. At this inspection, this key question remains the same. 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 treated people with care, patience and kindness. We observed warmth from staff towards people and conversations were friendly and appropriate. We observed staff taking time to stop and offer kind words, encouragement or reassurance to people. It was clear management staff knew people well and had good relationships with them and their families.
- People told us they liked the staff team and registered and deputy manager. One person said, "All the girls (staff) are a good bunch and I regard us all as one big family." A relative said, "My relative is treated with kindness and respect. In fact, a lot like family!"
- Staff knew about people's preferences and diverse needs and respected what was important to them. For example, they made sure a person wore the clothes they preferred when visiting their family. Staff were aware of people's religious, cultural and social needs and celebrated them appropriately.

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

- The registered and deputy manager and staffing team involved people in decisions about their care. We observed staff encouraging people to express their views and make everyday decisions about their care. People and relatives were asked for their views in reviews of care, satisfaction surveys and meetings.
- People were supported to make decisions about their care and support. One relative said, "After my relative was admitted from hospital, there was a lot of discussion about their needs and we were all involved in that."
- People had choice and control in their day to day lives. There were informal residents' meetings where people were encouraged to provide their views on the running of the home.
- If people could not make day-to-day decisions, staff could provide information to people about advocacy services. This meant people had someone who could speak up on their behalf if other supporters, such as relatives, were unavailable.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. The staff team was knowledgeable about accessing services and ensuring people could have equipment and adaptations to keep them safe and to promote independence. People were dressed appropriately in suitable clothing and footwear. One relative said, "[Relative] is prone to getting their clothes muddled up. In a very nice way, they support him without humiliating him." A healthcare professional said, "Residents always look well here and are well presented."
- The service ensured people's care records were kept securely. The language used in daily notes and care plans was respectful and recorded in a positive manner.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Outstanding'. At this inspection, this key question has reduced to 'Good'. The unavailability of evidence to support the previous rating is likely to be as a result of enforced COVID-19 restrictions since the last inspection. People's needs were still being met through good organisation and delivery.

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

- People's care and support was centred around their choices and preferences. One person said, "I am always asked my view if there are alternatives. For example, the cook always asks what I fancy."
- The registered and deputy manager and staff understood people's needs and encouraged them to make decisions about their daily lives. Staff supported people on an individual basis whilst promoting equality and diversity and respecting individual differences and choices. One person said, "Staff let me make decisions but are also there if I need help." A relative said, "I think the key to good care here is that it is individual and personal to my relative."
- The registered and deputy manager reviewed people's care plans regularly and updated them when people's needs changed. We noted this provided essential information such as changes to a person's condition and administration of new medicines following a GP's review.

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.

- The registered and deputy manager assessed people's communication needs and reviewed them regularly. People's care plans included the support they needed with communication and how staff should provide it. We observed staff taking time to communicate effectively with people and repeating information when necessary. This meant, on a day to day basis, management and staff ensured people's communication were met. One relative said, "My relatives hearing isn't good and they put the TV on with sub titles for him when he wants to watch TV in his room."
- The registered manager could provide people with information in alternative formats in a way they could understand. We were provided with examples of where the service had complied with this legislation including activities programme notices and newsletters.

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

- The service employed a dedicated activities coordinator. People were supported to follow their interests and take part in a range of activities. These were tailored to people's needs, choices and preferences. People

we spoke with were happy with the activities available. In particular, people commented with enthusiasm about external entertainers who visited the home. One relative said, "The activities coordinator is brilliant. My relative is often out with us during activity time but when he is there, she encourages him to join in."

- During the inspection we observed people participating in a quiz, one to one and group discussions and watching TV. The activities programme for November and December 2021 included many varied activities and entertainment events. This included singalongs, preparations for Remembrance Day, a spa day and karaoke. One relative said, "Staff are great. They ensure my relative can still 'talk rugby' and keep his interests up."

- Staff encouraged people to maintain relationships that were important to them. We also observed visits by friends of relatives in accordance with safety guidance. Visitors also told us they felt welcome and appreciated by management and staff. One said, "We enjoy our visits to the home but during the height of the COVID-19, there were restrictions. The home supported us and our relative to use technology to have 'virtual visits'. This was really appreciated and helped to keep in touch."

- The registered manager said, "During COVID-19, we have struggled in these areas because of enforced restrictions. Going forwards, we have agreed a comprehensive programme of community engagement and activities that I am sure our residents and relatives will appreciate."

End of life care and support

- Where appropriate, management and senior staff discussed and recorded people's end of life care wishes, and understood what was important to them. There were arrangements in place to ensure necessary medicines and additional healthcare support was available when required.

- Some senior staff members had been specially trained in this area and others were to be trained through a scheme operated by a local hospice.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as 'Good'. At this inspection, this key question remains the same. 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

- The effectiveness of the provider's systems to monitor and oversee the quality of the service was variable. They had not been effective in addressing the environmental concerns we found during the inspection. For example, one area of concern highlighted in the 'Safe' section of this report, had been established by a member of staff six weeks before inspection but this had not been elevated for action and was still a risk at the time of the inspection. A provider led check of that area had been completed two weeks before inspection and had failed to realise an issue.

We recommend the provider thoroughly reviews its system for auditing and checking so that it reflects good practice and best guidance.

- Fire safety checks and systems were robust. There was a development plan to support improvements in the home particularly in some communal areas that were need of some refurbishment.
- The registered and deputy manager were clear about their roles and responsibilities. Their practice, and day to day management of the home served to advance the best interests of people and supported staff in achieving this goal. People, their relatives and staff told us the registered and deputy managers were visible, approachable and supportive. One relative said, "I know the manager. I needed to discuss a complex issue with her that was related to my relative and she was very good."
- Staff understood their individual responsibilities and contributions to service delivery. They had access to guides, policies and procedures. They also knew who to contact if they required support and assistance.

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

- People received person centre care and support. Plans of care we saw were well written, person-centred documents, which provided the staff team with guidance about people's needs and how these were to be best met.
- Feedback from the staff members we spoke with was positive. All staff members we spoke with said they enjoyed working at the home. One said, "It's a family atmosphere. We are really well supported by management and the provider."

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 told us they were always honest with people if things went wrong and, where appropriate, would make referrals to the local authority safeguarding team. Staff also understood the importance of reporting accidents and keeping families informed.
- There was a policy to inform staff of the action to take if something went wrong or changes were required to support a person. There was an on-call system so that staff had access to management support in the event of an unforeseen incident. Staff said they were reassured about this facility.
- The registered manager said they would offer an apology, where appropriate, in the event of any safety concern. All of this indicated the principles behind duty of candour were recognised within the culture of the service.

Working in partnership with others □

- Records showed, where appropriate, advice and guidance was sought from health and social care professionals. A health care professional said, "I have no concerns about this home. They seek guidance and don't let a condition or concern develop. This reduces the need for hospitalisation and specialist intervention."
- We noted the provider was involved in developing a system that would allow people and their relatives access to information and records related to people's care and support needs. The development of this was in the early stages and the provider was to consult with affected and interested parties around its use and any privacy concerns. This showed the provider was committed to working positively and with inclusivity with people and their relatives.