

Amicura Limited

Kingfisher House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kingfisher House is a residential care home providing personal and nursing care to up to 50 people in a purpose-built building. The service provides support to older people and younger adults and people who may be living with a dementia and/or a physical disability. At the time of our inspection there were 41 people using the service.

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

There were ongoing concerns that care records and risk assessments had not been updated in response to people's changing needs. Risks had not always been assessed or mitigated. Care records contained contradictory and incomplete information. The providers quality assurance systems remained ineffective and not identified the concerns with records noted during this inspection. We were not fully assured that all staff knew how to use PPE appropriately.

Since the last inspection improvements had been made to the management of medicines and records were appropriately completed. People said they felt safe, and staff knew how to identify and report any safeguarding concerns. Safe recruitment practices were followed.

People's needs were assessed before they moved to Kingfisher House to make sure staff could meet their needs. 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 said the food was good, and staff worked to make sure people's nutritional needs were met. A range of training the provider had assessed as mandatory was completed by staff.

A wide range of activities were provided by an enthusiastic and motivated activities co-ordinator who was supported by the staff team. Complaints and concerns were responded to in a timely manner.

Staff, people and relatives were complimentary of the current management team. Staff said they felt well supported and listened to. People and relatives were given the opportunity to provide feedback on the care and support they received.

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 20 January 2021) and there were breaches of regulation relating to safe care and governance. We recommended that full employment history of new staff was checked, and mental capacity records were fully completed. 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 the recommendations had been acted upon and some improvements had been

made. However, the provider remained in breach of regulations. The service remains rated requires improvement.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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.

We carried out an unannounced comprehensive inspection of this service starting on 25 November 2020. 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 safe care and treatment and 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, Effective, Responsive and Well-led which contain those requirements.

For the key question of Caring, which was not inspected, we used the rating awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingfisher House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified continued breaches in relation to care records, risk management and quality assurance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

Following the inspection site visit we wrote to the provider requesting an improvement plan and details on action that would be taken to improve the service. This was received. We will request an update on the action plan from the provider to understand how they will continue to improve the standards of quality and safety.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Kingfisher House

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 completed by an inspector 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 House 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 House 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 since the last inspection. We sought feedback from the local authority safeguarding, commissioning and infection prevention and control teams, 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 (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 used all this information to plan our inspection.

During the inspection

We spoke with five people and two relatives about their experiences of the care and support provided. We spoke with 16 members of staff including the deputy manager, nurse, clinical support staff, care workers, catering, housekeeping and maintenance staff. We reviewed a range of records. This included four people's care records and multiple medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection we spoke with the registered manager as they were on leave when we visited the service. We continued to seek clarification to validate evidence found. We looked at training data and quality assurance records.

Following a review our findings we identified concerns in respect of the providers compliance with the Health and Social Care Act (Regulated Activities) Regulations 2014. We wrote to the nominated individual under Regulation 17(3) of the Health and Social Care Act (Regulated Activities) Regulations 2014, requesting they submit a detailed improvement plan stating how they proposed to fully address the areas of concern. This was received within the required timeframe. The nominated individual is responsible for supervising the management of the service on behalf of the provider.



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. The rating for this key question has remained 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.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to ensure complete records were in place in relation to risk assessments, some medicines and some premises checks. This was a breach of regulations 12 (Safe care and treatment) and 17 (Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvements had been made at this inspection to medicines management however the provider was still in breach of regulation 12 and regulation 17.

- There were ongoing concerns with the assessment, monitoring and management of risks.
- Risk assessments had not always been updated in relation to people's changing needs, for example one person had a significant change in relation to their health needs and risk assessments did not reflect this change.
- Risks had been identified but staff had not always completed an assessment of the risk to determine how it should be managed. This included risks relating to distressed behaviour, nutrition and choking risks.
- Gaps and omissions in risk assessments meant risks had not been fully assessed, monitored and mitigated. Records were not accurate or complete.
- Several doors, which should have been locked, were open on day one of the inspection. This included the treatment room and a storeroom containing staff belongings and toiletries. On day two of the inspection the storeroom door was again unlocked.

Whilst there was no evidence of direct impact on people these concerns were a continued breach of regulations 12 (Safe care and treatment) and 17 (Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. □

- Improvements had been made to medicine records. Protocols relating to the administration of 'as required' medicines included information on how people may communicate the need for these medicines.
- Medicine administration records were completed for prescribed medicines including creams, ointments and medicine patches.
- Checks of the premises and equipment were completed in a timely manner and any concerns addressed.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse.
- Concerns were reported, investigated and lessons learned.
- Staff had attended training in safeguarding and said they were confident in reporting concerns.
- One person said, "I do feel safe here; there are so many people here to look after me."

Staffing and recruitment

At our last inspection we recommended the provider consider best practice in the exploration and documentation of essential employment history. The provider had made improvements.

- Safe recruitment practices were followed, which included a full employment history, references and DBS checks. Disclosure and Barring 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.
- Staff said they felt there were enough staff to meet people's needs with the support of agency staff on some days.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely.
- 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 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.

We signposted the provider to resources to develop their approach. The deputy manager responded to our feedback and took steps to improve the use of PPE during the inspection.

Visiting in care homes

There were no restrictions on visiting. Visitors were welcomed to Kingfisher House and people were able to go out and meet with family and friends as they wished.

Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- Safeguarding concerns included specific detail in relation to learning.
- Accident and incidents for logged, analysed for trends and action taken to minimise ongoing risks.

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 our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant people's outcomes were good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure accurate training records were maintained. This was a breach of Regulation 17 (good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvements had been made at this inspection and the provider was no longer in breach of regulation 17 in relation to training records.

- Staff had completed a range of training deemed mandatory by the provider. This included manual handling and dementia care.
- Training specific to meeting people's needs had not always been completed, including diabetes and Parkinson's disease. Following the inspection, the deputy manager confirmed all staff were to complete diabetes training.
- Training records did not show the clinical skills of some nurses as they were newly in post. The deputy manager said this training was being planned.
- Staff said they attended regular supervision meetings and felt well supported by the registered manager and deputy manager.

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

- People's needs were assessed before they moved into Kingfisher House. This information was used to make sure people's needs could be met.
- Information on people's level of dependency was reviewed on a monthly basis.

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

- People were supported to maintain a balanced diet that met their preferences.
- Observations showed staff to be supportive and attentive to people's needs. Records of people's food and fluid intake was recorded for people at risk of malnutrition or dehydration. People were weighed however records were contradictory in relation to the frequency that people should be weighed.
- People were complimentary of the meals. One person said, "Oh, the food's hotel standard; it's lovely."

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

- Staff worked with the local GP practice to ensure people received healthcare services in a timely way.

- Records included information on healthcare needs. Some records indicated referrals to speech and language therapy were needed however it wasn't always clear if the referrals had been made.
- People said they were confident that if they became unwell, a GP would be called for advice. People also commented on the weekly visit by someone from the GP surgery, to deal with any general issues of health

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

- The service was spacious and had enough facilities to meet people's needs.
- The deputy manager said areas of the home were being developed to include pictures of people's choosing.

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.

At our last inspection we recommended the provider reviewed mental capacity records to make sure they were correct and fully completed. The provider had made improvements.

- Records, and observations, confirmed that staff sought people's consent prior to providing care and support.
- Peoples capacity to make decisions was assessed and where appropriate best interest decisions were made and documented.
- Records were not always clear that the person themselves was included in the assessment and decision-making process. The deputy manager acknowledged this and confirmed that they were included but it was not always recorded.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection the provider had failed to ensure complete and accurate care records. This was a breach of regulation 17 (Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Care plans viewed during the inspection were not always accurate or up to date. Significant changes to people's needs had not always resulted in changes in care plans meaning they were inaccurate.
- Some care records were contradictory in relation in positional changes and frequencies which people needed to be weighed. Other care plans contained no information on the sling to be used for hoisting or how people wanted or needed to be supported with personal care and continence needs.
- End of life care plans included information on DNACPRs but contained little information on people's preferences and wishes.

There was no evidence of any impact on people however incomplete, inaccurate and out of date care records were a continuing breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were familiar with people's needs and preferences. One staff member said, "I've read bits of the care records. We get a good handover about people though and any changes."
- People and their relatives said they had been involved in care planning. One person said, "Staff here know me well and know what I like."
- Staff were supporting people with end of life care and had attended training. The deputy manager said some additional training was being provided by the palliative care team.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and care plans put in place.
- Pictorial and easy read information was available, including surveys seeking people's feedback on the care and support provided.

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 activities co-ordinator was motivated and enthusiastic in ensuring people were offered a range of activities that met their preferences and needs. Care staff were supportive of activities and were involved in activities and events. This included the use of Reminiscence Interaction Therapy Activities (RITA). This is mobile technology which provides activities that evoke memories and emotions with the aim of enhancing people's quality of life.
- One person commented, "If you want to do something, it's all here for you. If someone doesn't want to do something, they don't have to do it." A relative said, "[Person] gets quite involved in the activities. Yesterday it was skittles, there's something going on to commemorate the death of the Queen, we also played dominoes yesterday. There was a Summer Fayre recently and that was brilliant, with singers and stalls and a raffle and tombola. It was all outside. There's sometimes collage activities or a karaoke."

Improving care quality in response to complaints or concerns

- Complaints and concerns were used to learn from and improve the quality of the service.
- Investigations were completed in a timely manner. It was not always clear from the records whether the complainant had been satisfied with the outcome and actions taken in relation to their concerns.
- People and their relatives said they were happy with the care and support they received. One person said, "If I had a problem, I would speak to the manager, but I have had no problems so far."

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. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 our last inspection the provider had failed to ensure an effective quality assurance system was in place. This was a breach of regulation 17 (Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach regulation 17.

- During the last inspection we identified the providers quality assurance systems were not robust. An action plan was submitted to the Commission however during this inspection we identified similar concerns.
- A range of audits and quality checks were completed however they had not always identified the shortfalls we found during this inspection. Care records including risk assessments were incomplete, contradictory, had not always been updated when changes occurred and were not sufficiently detailed.
- Where audits had identified areas for improvement, they were not always allocated to a specific person to complete within a set timeframe and were not always signed off as being completed.
- Since the last inspection there had been several managers in post until the most recent registered manager who was registered in August 2022 meaning there had been inconsistent managerial support. A deputy manager had been in post for three months.

The failure to ensure an effective system was in place to monitor the quality and safety of the service was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following our visits to the service we asked the provider to send us an improvement plan which detailed the actions they had taken/were going to take in relation to the issues identified during our inspection. The provider detailed a range of actions were to be completed including training, reassessments of people's needs, reviews of care records and the implementation of more robust quality assurance mechanisms.

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

outcomes for people

- The culture of the home was open and honest. All staff spoken with commented on the improvements in staff morale, support and teamwork with the current management team.
- People told us they were happy living at Kingfisher House and comments included, "The atmosphere is good," and "The staff get on well together and would do anything you ask." A relative said, "I think the home is very well managed; it's well organised. Staff are happy and cheerful, and I haven't seen any problems with the staff. They all seem to get on well together."

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 deputy manager had an understanding duty of candour. They said, "It's a duty to be transparent, if you know something has gone wrong there's a duty to be open and tell relevant people."

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

- People, and their relatives were involved by way of resident and relative meetings were the registered manager updated everyone on developments at the home. Any queries were responded to appropriately.
- Surveys were completed to gain feedback from people and relatives which was very positive.
- Regular staff meetings had been completed and the registered manager updated staff and raised areas for improvement. Staff were able to share any concerns or suggestions and commented that it was an open forum for discussion.

Working in partnership with others

- The staff team worked in partnership with health care professionals.
- The registered manager attended a managers' forum with the local authority.
- The registered manager said there were no managers' meetings within the organisation. They said they did speak regularly with the registered manager from a sister home and they were acting as a buddy for support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	There were continued failures to ensure risks to people were appropriately and accurately assessed and mitigated to ensure care was provided in a safe way. Regulation 12(1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There were continued failures to establish and operate effective systems and processes to ensure compliance. There were failures to assess, monitor and improve the quality and safety of the service and failures to assess, monitor and mitigate risks relating to people's health, safety and welfare of. There were continued failures to maintain accurate, complete and contemporaneous records in respect of each person. 17(1)(2)(a)(b)(c)