

Amicura Limited

Kingfisher House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

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. The service provides support to older people living with a physical disability or dementia. At the time of our inspection there were 43 people using the service.

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

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.

Baby gates had been placed on people's bedroom doors to restrict access to others. However, alternative measures had not been explored. We feedback our concerns in relation to the use of baby gates. Immediate action was taken by the provider and an alternative measure was sourced.

Since our last inspection improvements had been made to care records and risk assessments. Risks to people were regularly assessed and appropriate measures were in place to minimise risk.

Staff were recruited safely. There were enough staff to meet people's needs. People, relatives and staff gave us mixed feedback around whether there was enough staff. They told us they felt there needed to be more regular staff and less agency workers. One relative said, "If regular staff are on, I am happy, but I don't like [person] being cared for by the agency, they want to see a familiar face."

People told us they felt safe and there was a nice atmosphere at the home. People's medicines were administered and managed safely. Health and safety checks were regularly conducted. Accidents and incidents were recorded, and actions were taken to mitigate the risk of reoccurrence.

Complaints and concerns were responded to in a timely manner. There was an activities co-ordinator in place who provided a wide range of activities.

Feedback about the registered manager was positive. There were effective systems in place to monitor the quality and standard of the service. The provider worked with healthcare professionals to meet people's needs. The registered manager co-operated with the inspection and took swift action to reduce risks and improve the service.

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 October 2023) and there were breaches in regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider was no longer in breach of regulation.

Why we inspected

We carried out an unannounced focused inspection of the service on 3 May 2023. 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, responsive and well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has remained rated 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.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe 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 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.

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Inspection team

The inspection was carried out by 2 inspectors, 1 specialist nurse advisor 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 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 3 May 2023 and ended on 16 May 2023. We visited the service on 3 May 2023.

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 and professionals who worked with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 4 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, clinical lead, 1 nursing assistant, 3 care assistants, 1 domestic cleaner and 1 activities co-ordinator. We gained feedback from external professionals.

We reviewed a range of records. This included 6 people's care and medication records. We looked at 3 staff files in relation to recruitment and a variety of records relating to the management of the service. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure complete records were in place in relation to risk assessments 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.

Appropriate action had been taken to address this and the provider was no longer in breach of regulation 12 and 17.

- Care plans and risk assessments were in place to advise and inform staff. Daily notes were clearly recorded. Some information around the baby gates were missing from peoples care plans. We fed this back to the registered manager, and they acted upon this immediately.
- Health and safety checks were completed, including electrical, safety and lift safety. Regular audits were in place to ensure the environment was safe for people.
- Accidents and incidents were reviewed to identify any trends and patterns and to reduce the risk of recurrence. Analysis of incidents was used to assess whether preventive measures were missed. Lessons were learnt to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. Records demonstrated where abuse was suspected, investigations were completed, and effective actions taken.
- Baby gates had been placed on people's bedroom doors to restrict access to others. There was no evidence that alternative measures had been explored before placing this restriction in place. We fed this back to the registered manager and immediate action was taken to source an alternative option. Care plans, best interest decisions and PEEPs (personal evacuation plans) were updated to reflect this.
- People told us they felt safe at the home. One person said, "Oh yes, I am safe."
- The registered manager understood their responsibility to share information with the local authority safeguarding team and CQC to ensure allegations or suspected abuse were responded to.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff were recruited safely. A range of pre-employment checks were carried out to ensure only suitable staff were employed. These included DBS checks (Disclosure and Barring services), obtaining references and checking employment histories.
- People and relatives said they would like more regular staff as agency were used quite a lot. One relative said, "The weekends are the worst, there's never regular staff, it really effects [person]."
- The provider continued to use agency staff to ensure there was enough staff on duty to support people safely. The registered manager informed us the same agency staff were requested to allow more consistent care to people and a recent recruitment drive for staff had taken place.
- Nurses were registered with the Nursing and Midwifery Council.

Using medicines safely

- Medicines were managed safely and people received their medicines as prescribed
- Medicines administration records were up to date and accurate. Stocks were monitored to ensure people had their medicines available when needed and were stored securely.
- Medicines were stored safely and in line with the appropriate guidance. Checks of room temperatures and fridges were completed. Controlled Drugs were stored correctly and securely, records in relation to Controlled Drugs were completed in line with requirements.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting was in line with government guidance and health professionals' advice. Visitors were not restricted in any way and safety was promoted while on site.

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. At this inspection the rating has changed to 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

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.

Appropriate action had been taken to address this and the provider was no longer in breach of regulation 17.

- People had personalised care plans in place. They included information for staff about people's life history, care and support needs, interests, likes, dislikes and preferences and people that were important to them. They also included information to guide staff about how people wanted to receive their care and support.
- People's preferences were respected, and people received their care in line with these. One person told us, "They try and encourage me to come out my room, but I like to stay in my room, they understand."
- The service encouraged people and their relatives to be involved in their care and support. For example, people's records detailed how relatives had been involved in reviews of people's care.

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.

- The registered manager and staff understood the accessible information standard. People's communication needs were identified and recorded in their care plans.
- Documents could be provided in alternative formats if required, such as large font or easy read. For example, pictorial surveys were available to gain people's feedback.

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 supported and encouraged to undertake activities and maintain social relationships to promote their wellbeing. There were a wide range of activities to part take in.

- People and relatives told us they often brought in singers to entertain the residents. One person said, "They put signs up to tell what singer is coming and when, it's great."
- People were supported to maintain relationships with those important to them. For example, families were encouraged to visit the home when they wished to.

Improving care quality in response to complaints or concerns

- Complaints were handled effectively. Systems in place to deal with and respond to complaints. Lessons were learnt from complaints and concerns and these were discussed at team meetings.

End of life care and support

- Policies and procedures were in place in relation to end of life care should it be needed. At the time of our inspection nobody at the service was receiving end of life care.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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).

Appropriate action had been taken to address this and the provider was no longer in breach of regulation 12 and 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance processes were effective. The registered manager and clinical lead carried out a range of checks and audits to monitor and improve the quality of the care and support people received. Action was taken to improve procedures and practice when audits identified issues.
- Staff understood their responsibilities and what was expected of them. Staff received supervisions. This gave staff the opportunity for learning and development.
- During the inspection we shared our concerns around the use of baby gates on people doors. The registered manager was receptive to our feedback and acted on this immediately. Alternative measures were sourced and care plans and best interest decisions updated.

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

- The culture was person-centred. Systems were in place to obtain and respond to the feedback from people, relatives and staff. One person told us, "I have never had to complain, but I would to the manager or the admin team. We have residents meetings all the time and they ask for our feedback."
- Staff told the registered manager was a good manager, with one staff member describing the home as, "Well run by management." The leadership of the service had a positive influence on the performance and caring approaches taken by the staff team.
- The registered manager was passionate about the service, the people and their relatives. Feedback from relatives and people included, "I like [registered manager]. They have been very attentive to [person]." One person said, "I think the home is very managed, I don't think I change anything."

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 understood their responsibility in relation to the duty of candour and the need to

report certain incidents to CQC, and had systems in place to do so.

- Staff gave honest information and suitable support and applied duty of candour where appropriate.
- People and relatives said they had regular and open communication with the service. One relative told us, "I am told everything that is happening. The admin team are also very good and I get information from them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- A system was in place to involve staff in the service. Staff meetings were held monthly. Staff were able to share any concerns or suggestions. Staff were given updates about people who used the service as well as reminders about training.
- Surveys were completed to gain feedback from people and relatives which were positive.
- Staff worked well in partnership with other health and social care organisations. This helped to give people using the service a voice and improve their wellbeing. This included the local authority who commissioned the service and healthcare professionals.