

Salveo Care Ltd

Kingfishers Nursing Home

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Kingfishers Nursing Home is a care home with nursing in south Buckinghamshire. At the time of the inspection 29 older people with a range of physical and mental health needs lived at the home. People had personalised bedrooms and had access to communal dining, lounge and a library area.

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

People and their relatives told us they were supported by staff who were kind and considerate. Comments included, "Quite happy with all carers, nice and kind, no complaints whatsoever, quite happy with everything, happy and content, getting spoiled", "Staff great, helpful, realise what we are going through" and "Very nice bunch of people, nursing staff kind".

The provider and registered manager had systems in place to ensure people and visitors to the home were supported to be safe from the risk of catching COVID-19. We provided some additional guidance to the registered manager and operational manager about changes to personal protective equipment. We found them very responsive to this and they acted swiftly to ensure it was adopted by all staff.

People told us they were supported to maintain positive relationships with family. Comments included, "Kept in touch with son on mobile, grandson lives local he rings and says he's outside and I go to the window and we have a chat on mobile as I'm on first floor" and "I have regular contact, they do window visits when possible".

People were protected from avoidable harm. Staff were aware of potential risks to people and ensured risk assessment were updated when any changes occurred. Accidents and incidents were recorded and acted upon to prevent a re-occurrence.

We found the provider and registered manager open to learning when care fell below expected standards. Additional training and learning were provided to staff following complaints or feedback.

The provider had good systems in place to cascade knowledge to staff. Staff had access to an online portal which had links to the company policies and training. Staff felt valued and respected. During the pandemic the provider had developed weekly catch up calls with all their senior staff. We observed these meetings provided clarity of any changes to government guidance and provided an opportunity to reflect on what had worked well.

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.

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 4 July 2019).

Why we inspected

We undertook this targeted inspection to check on specific concerns we had about risk management, and good governance. The overall rating for the service has not changed following this targeted inspection and remains Good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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 Kingfishers Nursing 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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Kingfishers Nursing Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on specific concerns we had about risk management and good governance.

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 carried out by one inspector and one 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

Kingfishers Nursing 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 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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We spoke with four members of staff including the registered manager, operational manager, registered nurse and care workers. We observed interaction between people and staff.

We reviewed a range of records. This included eight people's care records and a range of medication records. A variety of records relating to the management of the service, including policies and procedures were requested and reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed information requested when onsite which was sent to us after in a timely manner. We requested feedback from staff and external health and social care professionals. We used the responses we received to form our judgements.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check on specific concerns we had about risk management. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- People were supported to remain safe and free from avoidable harm. Systems were in place to ensure potential risks posed to people as a result of their medical conditions were assessed and mitigated.
- We found risk assessments had been completed for people who had diabetes, were at risk of skin damage, and the support required with moving position as examples. These detailed the person's health and how staff should identify any changes to this. For instance, people living with diabetes had care plans which recorded their normal range of blood sugar levels. Staff we spoke with had good knowledge of what to do if a person's sugar levels were outside of that range.
- People who were at risk associated with their weight, were supported to maintain healthy nutritional and hydration levels. Where people were at risk of malnourishment, we found systems were in place to monitor weight and staff were knowledgeable about how to support them. One staff member told us "I am well aware of my resident's dietary requirements and wishes, we assess their need on admission, ask the resident if they are not able to tell us then we ask their family, we get recommendation from speech and language therapist (SALT) for some people."
- We found the service had a high percentage of people admitted to the home with pressure damage or who were at high risk of deteriorating skin integrity. The service managed this well. One person's wound had been healed completely following their admission to the home.
- Staff were aware of potential risk to people and what action they should take to prevent harm to people. Comments from staff included, "To ensure service users remain safe, policies and procedures are regularly checked and updated when required, we also have risk assessments in place to ensure the safety of each individual."
- Feedback from external health and social care professionals was positive, comments included, "In my experience they have managed risks well as far as I have been concerned especially with the pandemic, they have been following strict guidelines/ protocols for all visits" and "I think the home effectively manages weight loss and skin integrity, by completing necessary referrals to the relevant teams, actioning recommendations as well as notifying any concerns to the safeguarding team."

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 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- People and relatives we spoke with acknowledged how difficult the last year has been. People told us "Staff wearing masks, aprons and plastic gloves, dress my leg every three days" and "Not a usual twelve months but no problems... sometimes difficult to hear them through masks." Comments from relatives included, "Best as anyone can, shut down, opened up, been protective," "Very much happy with how dealt with COVID, using gloves, aprons, masks, very particular" and "Dealt with things quite well, slow off the mark with getting screens so we could visit, but following protocols and PPE been excellent".
- We have also signposted the provider to resources to develop their approach in the use of person protective equipment (PPE).

Learning lessons when things go wrong

- People were protected from potential harm. The provider and registered manager had systems in place to analyse incidents and accidents to prevent a re-occurrence. We found an open culture to learning from events, complaints, internal and external feedback.
- We found the provider was proactive in driving forward improvements within the nursing home.
- Staff were aware of when and how to report incidents. Comments from staff included, "When someone has a fall, an emergency bell is pressed, and the clinical team come, an accident form is filled out", "If a service user has a fall we have a procedure to follow, we would ensure that the service user isn't in immediate harm and check their body to ensure no injuries have been substantiated" and "...process to report incident or accident that happens needs to be written in the accident form, take a photograph if required, give form to manager, inform the family, contact the GP if needed."

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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check specific concerns we had about good governance. We will assess all of the key question at the next comprehensive inspection of the service.

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

- People were supported to maintain a healthy lifestyle. Systems were in place to ensure changes in people's needs were recorded and acted upon. People told us they were supported to keep in contact with family, friends and maintain positive relationships. Comments included, "Kept in touch with son on mobile, grandson lives local he rings and says he's outside and I go to the window and we have a chat on mobile as I'm on first floor" and "Family not close at hand, my church is about five miles away and have regular contact, they do window visits when possible". Another person told us "Son and daughter in law booked appointment to visit".
- Relatives told us they understood the challenges the home had faced in the last year. Relatives told us they had confidence in the care home to support them and their family member to be safe when visiting the home. We found the home had good systems in place for testing visitors prior to entry into the home. Comments included, "I was shielding but now doing lateral flow tests and going in", "Perspex screen worked well, staff lovely and Mum seemed mentally stimulated", "I'm visiting once a week and daughter visits once a week" and "Screens worked well once in place, could hear us, two family members now visiting, working okay and given PPE to wear".
- We observed positive interactions between people and staff. People were supported by kind, caring staff who were able to adapt their communication to meet their needs. For instance, we observed good face to face eye contact by staff.
- People and their relatives told us staff were kind. Comments included, "Quite happy with all carers, nice and kind, no complaints whatsoever, quite happy with everything, happy and content, getting spoiled", "Very nice bunch of people, nursing staff kind", "Staff great, helpful, realise what we are going through" and "Strict protocols have kept her alive and well, they are caring and nurturing, I know they care, I couldn't do it and grateful from bottom of my heart".

Working in partnership with others

- The service worked well with external healthcare professionals. We found people were referred to specialist healthcare when required.
- People and relatives commented, "Always ring if change in mum's condition or contacted doctor", "Kept up to date, if hospital appointments they let me know and I let his sons know", "If he's not well or concern they contact me, let me know what they are doing, if been given antibiotics etc" and "When they get doctor,

let me know".

- We received feedback from external health and social care professionals. Comments included, "The manager, nurses, care staff are all very welcoming and caring to residents and visitors" and "I feel the service as a whole is doing well. ... I would recommend Kingfishers Nursing Home."

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

- Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity.
- We found the registered provider had a policy in place which followed the guidance within the regulation. The registered manager was able to provide examples of how they had met this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a registered manager in post.
- Relatives and people told us they were contacted by the services on a regular basis and were provided with updates on how the home was adopting changes in guidance during the pandemic. One person told us, "It has been different given the circumstances, own three homes and they are cautious by nature, been very cautious about any change in regime when government change guidance such as one nominated person to two, they explained their reasons and I accepted them, they air on the side of caution".
- People, relatives and staff told us they knew who the registered manager was and felt confident to approach them with any concerns. Comments included, "Made a complaint about a member of staff not acting appropriately several months ago to manager and they dealt with it", "If any concerns happy to discuss with the staff, have a laugh and chat with them", "If any concerns speak to manager [name of registered manager] very helpful, when [name of person] arrived upstairs and moved downstairs", "I paid to have door widened, dealt with owner who was approachable and helpful" and "No formal complaints, I would if necessary, do email, respond quickly, get on well with [name of registered manager] and all staff, good relationship"
- The registered provider and manager were aware events which needed to be reported to the CQC. We had confidence we had been notified when required.
- Staff told us they felt supported by the registered manager and provider. Comments included, "I feel supported by my operations manager and head office all the time and they often tell us how well we are doing", "My manager is very supportive and when I need to talk with her she is always there to listen what I want to say", "I am able to make suggestions and raise issues, I feel supported in my role, as I feel I am guided and valued as a staff member" and "I am able to make suggestions and they do listen to all suggestions and feedback is given."