

Westgate Healthcare Limited

Kingfisher Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 05 April 2017 and was unannounced.

Kingfisher Nursing Home provides residential nursing care for up to 22 older people, some of who may live with dementia. On the day of this inspection 17 people were using the service.

The home did not have a registered manager at the time of this inspection however; there was a recently recruited manager in post who had started the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we last inspected the service on 03 October 2016 we found breaches of regulations 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure that the staff team had the skills and knowledge necessary to meet people's specific health needs. The provider's governance and monitoring systems had failed to identify and address concerns about the lack of training for staff to meet people's specific health conditions, that people's privacy and confidentiality was not respected and the use of institutional terminology by staff members.

Following the comprehensive inspection, the provider wrote to us to tell us how they would make the required improvements to meet the legal requirements. At this inspection we found that the provider had made the necessary improvements and therefore improved the quality of the service provided at Kingfisher Nursing Home.

People felt safe living at Kingfisher Nursing Home. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely.

Staff received regular one to one supervision from a member of the management team which made them feel supported and valued. People received the support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

People and their relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

There was an open and respectful culture in the home and relatives and staff were comfortable to speak with the manager if they had a concern. The provider had arrangements in place to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

People told us that they felt safe living at Kingfisher Nursing Home.

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances.

Staff helped people to move safely using appropriate moving and handling techniques.

Throughout the course of the day we noted that there was a calm atmosphere throughout the home and that people received their care and support when they needed it and wanted it.

Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they performed at the service.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff.

Is the service effective?

Good 

People and their relatives told us that the care and support provided at Kingfisher Nursing Home was appropriate to meet people's needs.

Staff received training to support them to be able to care for people safely.

The management team and staff confirmed that there was a programme of staff supervision in place.

Staff members were knowledgeable about mental capacity, best interest decisions and how to obtain consent from people with

limited or restricted communication skills.

People told us that they were provided with a good choice of food and that they were supported to choose where they wanted to eat their meals.

People told us that their day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary.

Is the service caring?

Good ●

People, and their relatives, told us they were happy with the staff that provided their care.

Staff were calm and gentle in their approach towards people and took appropriate actions to help people feel comfortable.

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible.

The environment throughout the home was warm and welcoming.

People were relaxed and comfortable to approach and talk with care staff, domestic staff and management alike.

People's care records were stored in a lockable office in order to maintain the dignity and confidentiality of people who used the service.

Relatives and friends of people who used the service were encouraged to visit at any time and we noted from the visitor's books that there was a regular flow of visitors into the home.

Is the service responsive?

Good ●

We found that action had been taken to improve the staff training provided. We found that training had been provided in specific areas to help ensure people's individual needs would be met.

People's care plans were reviewed regularly to help ensure they continued to meet people's needs.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs.

Staff responded to people's individual needs in a timely manner.

There were regular meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at Kingfisher Nursing Home.

There was a variety of activities provided including quizzes, arts and craft sessions, board games, karaoke and bingo or 1:1 time with carers during hand massages or nail treatments.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

Is the service well-led?

Good ●

We found that appropriate action had been taken to improve how the provider's governance and monitoring systems identified shortfalls and brought about improvements for the benefit of the people that used the service.

A significant amount of work had been undertaken at the service since the previous inspection in October 2016 to improve the environment including relacing flooring and redecoration.

A new manager had been recruited and had started the process of applying to become registered with CQC.

People who used the service and their relatives felt that the manager was open and approachable.

The manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. Staff told us that the manager was approachable and that they could talk to them at any time.

There were a range of checks undertaken routinely to help ensure that the service was safe.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives and relevant professionals. Actions taken by the provider as a result showed that people and their relatives were able to positively influence the service provided.

Kingfisher Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 05 April 2017 and was unannounced. The inspection team was formed of one 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 service.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us on 09 March 2017. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with six people who used the service, four staff members, a representative of the provider's senior management team and the manager. We spoke with five relatives of people who used the service to obtain their feedback on how people were supported to live their lives.

We received feedback from representatives of the local authority health and community services. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to three people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People told us that they felt safe living at Kingfisher Nursing Home. One person told us, "Yes, I feel very safe here, very safe. The food is always very nice, lots of it. They treat me very well. I have to be hoisted from my chair into bed, and they do that very well. If I ever use my buzzer they are very quick to come and see me." Staff told us that were confident that they provided people with safe care. One staff member told us, "It is an amazing nursing home, everybody is really friendly, people have safe care here."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were clear about what constituted abusive practice and were able to describe how they would report concerns both within the organisation and externally. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors alike. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments had been developed for such areas as the use of bedrails, falls and transfers by means of mechanical hoists. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk.

Staff helped people to move safely and used appropriate moving and handling techniques. For example, we observed two staff members used a mechanical hoist to assist a person to transfer from an armchair to a wheelchair. The staff members reassured and talked with the person all the way through the procedure. People's care plans included information about the type of hoist and sling that they used which meant that care staff had access to the information that they needed to transfer people safely. This showed us that people's safety and well-being was a priority for the staff and management team.

We noted that people who had been assessed as requiring bedrails to prevent them falling had protective covers over the rails to reduce the risk of entrapment. We checked a random sample of pressure mattresses for people who had been assessed as being at risk of developing pressure ulcers and we found that they were at the appropriate setting for their weight. Staff told us that people were assisted to reposition at appropriate intervals which helped maintain their skin integrity and we saw that records were maintained to confirm when people had been assisted to reposition.

Throughout the course of the day we noted that there was a calm atmosphere throughout the home and that people received their care and support when they needed it and wanted it. Call bells were answered in a timely manner and staff went about their duties in a calm and organised way. Staff told us that permanently recruited staff numbers had been increased, reducing the need for agency staff cover which had a positive impact on the standard of care delivered. Staff also told us that staffing levels had increased since the previous inspection in October 2016. For example, there was an additional care assistant on duty in the mornings to support people to get ready for the day, domestic staff now covered seven days a week

and the administrator now worked full time. Additional 1:1 cover had been arranged for one person who was at a great risk of falling. The Chef now supported with serving breakfast which freed up care staff to be able to support people with eating their breakfast in a timely manner. A staff member told us, "Now we have the additional cover we do have enough staff."

Safe and effective recruitment practices were followed which helped make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of three staff members and found that all the required documentation was in place which included two written references and criminal record checks.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People and their relatives told us that they received their medicines regularly and that they were satisfied that their medicines were managed safely. We found that some boxes of tablets had not been dated to indicate when they had been opened however, the amounts held agreed with the amount recorded on the medicine administration record. The provider's clinical lead had already identified where records of variable doses of 'as required' medicines were not always clear which made it difficult to be sure whether one tablet or two had been administered for the person. They told us they had started discussions with the dispensing chemist to agree a way forward that was acceptable to all parties to make the records more robust.

An air conditioning unit had been installed in the clinical room since our previous inspection which helped ensure that people's medicines were stored at an appropriate temperature to maintain their efficiency. The flooring in the clinical room had been replaced and the clinical lead told us of further plans to replace some cupboards that were no longer used with open shelving so that the room could be better organised and to also replace the work tops in the clinical room. This showed that the provider and management team were committed to managing people's medicines in a safe way.

Is the service effective?

Our findings

People and their relatives told us that the care and support provided at Kingfisher Nursing Home was appropriate to meet people's needs. One person said, "It's good here, you can see a doctor whenever you want. They are very quick to come if you need them."

Staff received training to support them to be able to care for people safely. The manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. This included basic core training such as moving and handling and safeguarding as well as specific training modules such as nutritional needs, to support people to receive nutrition by percutaneous endoscopic gastrostomy tube (PEG) and end of life training.

The management team and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time. One staff member said, "I do feel supported by the manager, I am so much happier now, they really does listen."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection applications had been made to the local authority in relation to people who lived at Kingfisher Nursing Home and were pending authorisation at the time of this inspection.

People told us, and our observations confirmed that staff explained what was happening and obtained people's consent before they provided day to day care and support. For example, we heard a staff member address a person at the breakfast table saying, "[person's name], may I put this apron on for you?" Another staff member who supported a person to eat their lunch asked, "May I wipe your face for you?" This showed that staff members encouraged people to make day to day decisions about how their support was provided.

Staff members were knowledgeable about capacity, best interest decisions and how to obtain consent from

people with limited or restricted communication skills. We noted that 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) decisions were in place, and it was clear that people had been involved with making the decisions and, where appropriate, their family members as well.

People told us that they were provided with a good choice of food and that they were supported to choose where they wanted to eat their meals. We noted that most people opted to eat in the communal dining room and some chose to eat in their rooms. We observed the lunchtime meal served in the dining room and we noted that people were provided with appropriate levels of support to help them eat and drink. This was done in a calm, relaxed and patient way that promoted people's independence as much as possible. We heard staff interacted with people in a kind and considerate manner which indicated that nothing was too much trouble. Tables were nicely laid with cloths and condiments in order to support people to be independent.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We noted that these assessments were kept under review and amended in response to any changes in people's needs. A member of the provider's senior management team told us that the introduction of an additional staff member on duty in the morning together with the manager who assisted each morning for the first couple of hours and the chef taking over the serving of breakfast meant that all people who used the service had their breakfast completed by 10am at the latest. They went on to explain that this had resulted in a positive impact on people's weights and nutritional status because people were able to enjoy a mid-morning drink with a biscuit and were also ready to partake of the main meal of the day at lunchtime. We noted there was a tea round during the afternoon with home cooked cakes and also a suppertime meal. People were also offered a hot milky drink at bedtime which further helped to promote their nutritional intake.

People told us that their day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. We noted that appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dieticians, opticians and chiropodists.

Is the service caring?

Our findings

People, and their relatives, told us they were happy with the staff that provided their care. A relative told us, "Staff are lovely."

Staff were calm and gentle in their approach towards people and took appropriate actions to help people feel comfortable. For example, a person in the dining room at breakfast time said that they were feeling the cold. Staff said that would fetch the person a cardigan. A few minutes later we saw the person was wearing their cardigan and told us they felt better now.

Staff respected people's dignity and made sure that they supported people in the way they wished whilst they encouraged them to remain as independent as possible. During our inspection we noted that staff were always courteous and kind towards people they supported. Staff promoted people's dignity and privacy by knocking on people's doors and waiting before entering people's rooms. Throughout the day we noted there was good communication between staff and the people who used the service and they offered people choices including about where they would like to sit, what they would like to eat and drink and what they would like to do.

The environment throughout the home was warm and welcoming. A significant amount of refurbishment had taken place since the previous inspection of Kingfisher Nursing Home in October 2016. Flooring had been replaced throughout the communal areas and in some people's rooms; redecoration had taken place in many areas of the home making the environment feel homely and fresh. People's individual bedrooms were personalised with many items that had been brought in from their home such as cushions and pictures.

Staff had developed positive and caring relationships with people they clearly knew well. People were relaxed and comfortable to approach and talk with care staff, domestic staff and management alike.

People's care records were stored in a lockable office in order to maintain the dignity and confidentiality of people who used the service. At our previous inspection in October 2016 people's records and private information had not always been stored in a manner that promoted dignity and confidentiality. The provider had taken action to create a lockable office area which meant that people's information was now secure and that staff members could converse with health professionals about people's individual care needs without compromising their dignity. We noted that the office was closed when not in use.

Relatives and friends of people who used the service were encouraged to visit at any time and we noted from the visitor's books that there was a regular flow of visitors into the home.

Information about advocacy services was included within the provider's 'resident guide'. The management team reported that all people who currently resided at Kingfisher Nursing Home had relatives to advocate for them if they did not have the capacity to make their own decisions.

Is the service responsive?

Our findings

At the previous inspection of Kingfisher Nursing Home in October 2016 we had found that the provider had failed to ensure that the staff team had the skills and knowledge necessary to meet people's specific health needs. At this inspection we checked records of staff training and spoke with staff members and learned that training had been provided in areas such as enabling people to receive their nutrition via a percutaneous endoscopic gastrostomy tube (PEG) and end of life training specifically to help ensure people's individual needs would be met.

People and their relatives told us they had been involved in developing people's care plans. A relative of a person recently admitted to Kingfisher Nursing Home told us, "Really good admission process, so straight forward and organised, very informative. They wanted to know lots of information about [person] and were really encouraging about us personalising their bedroom even though they may not be staying here for very long."

People's care plans were reviewed regularly which ensured they continued to meet people's needs. We saw that people's relatives were invited to attend monthly review meetings where appropriate. A relative told us that the staff were good at keeping them up to date with important events in people's lives.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example, they included information about people's health needs and any specialist support they needed, their personal wishes in relation to times of going to bed and rising and information about previous hobbies and past times.

Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes or if they had declined to talk about this matter when they moved in to the home.

There were several examples where we observed staff responding to people's individual needs in a timely manner. For example, a staff member asked a person if they needed a cushion, to which the person nodded their agreement. The nurse got a cushion from a lounge chair and tucked it carefully behind the person's back which ensured that the person was comfortable. Throughout the inspection we observed several examples of staff being proactive in assisting people and responding to their needs in a way that confirmed they knew people very well.

There were regular meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at Kingfisher Nursing Home. Feedback from these meetings was posted on the communal noticeboard for all to see along with dates of planned meetings for the remainder of the year. For example, in March 2017 relatives of people who used the service had requested that tea and coffee making facilities were made available to them and that they would like a system put in place for them to communicate grumbles to the manager in her absence. At this inspection we noted that a hot drinks trolley had been installed for the use of relatives and that a postal box had been positioned on the wall by

the manager's office for feedback to be passed directly to the manager. This showed that people were able to positively influence the service they received.

We also noted that where relatives had requested something that was not considered appropriate by the management team that an answer was provided. For example, relatives had requested that the key pad lock was removed at the entrance to the home because they often had to wait for staff to be available to let them in. The management team had responded that the key pad lock would remain in place to promote the safety of the people who lived at Kingfisher Nursing Home but that more staff were now available to answer the door and the doorbell had been boosted for sound in the corridors to help staff hear it.

On the day of this inspection the home's activity co-ordinator was absent and we found that a member of activity staff from one of the provider's other services was present at the home to provide people with opportunities for engagement. The person undertaking activities at Kingfisher on this day clearly did not know people however, we saw them spending time chatting with people about where they grew up or who their favourite authors were and why. We saw people colouring and drawing during the course of the morning, some people were supported to access the garden for some fresh air and people were engaged in watching a film during the afternoon. Records showed that people were routinely offered opportunities to join in with such activities as quizzes, arts and craft sessions, board games, karaoke and bingo or have 1:1 time with carers during hand massages or nail treatments.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. Complaints were recorded, actioned and responded to in accordance with the provider's policy and procedures for managing complaints. We noted that people were contacted after any investigations that took place and advised what actions were going to be taken as a result. People who used the service and their relatives told us that they would be confident to raise any concerns with the manager, one relative told us, "We have no complaints at all, we think it's lovely."

The manager also maintained a log of compliments that were received, for example, one relative had stated as part of a quality assurance survey, "A great improvement, the team is great."

Is the service well-led?

Our findings

At the previous inspection in October 2016 we found that the provider's governance and monitoring systems had failed to identify and address issues that we had found at the inspection. This was a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) 2014 Regulations. At this inspection we found that appropriate action had been taken to address these shortfalls and therefore improve the quality of the service provided. For example, staff knowledge of how to report safeguarding concerns had improved, we noted that staff spoke to and about people with respect and dignity, a secure facility had been created to store confidential information and the visitor's book had been re-located to a spot outside the manager's office so that signing in could be monitored more effectively.

A significant amount of work had been undertaken at the service since the previous inspection in October 2016. Flooring had been replaced throughout communal areas, redecoration of the communal areas and some of people's rooms; other rooms were scheduled for decoration. Some furnishings had been replaced, staffing levels had been increased, cleanliness had improved and the overall ethos of the service was more open and transparent.

There had not been a registered manager in post at Kingfisher Nursing Home since the July 2011. A new manager had been in post since January 2017 and had started the process of applying to become registered with CQC. People who used the service and their relatives knew the manager by name and felt that they were approachable with any problems. One relative told us, "The manager is warm and welcoming, anything we have asked for they have done."

The manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and professional manner. The manager told us, "We are all here for the residents. It doesn't matter what your role is in the home, nurses, care staff, domestics or admin."

Staff told us that the manager was approachable and that they could talk to them at any time. They said that the manager was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home. We reviewed minutes from the last two staff meetings and noted that topics discussed included fire safety procedures, handover practice, team working, laundry, key working system, staff rotas, dignity issues and safeguarding matters.

The manager undertook a regular 'walk around' the home as part of their system for auditing the quality of the service provided. As part of this they reviewed documents which included repositioning charts which confirmed that people were being repositioned according to their needs and that appropriate records were maintained to evidence this. The manager also observed mealtimes to help ensure that people had a good experience and received the support they needed. As part of this walk around review the manager talked with people who used the service and visitors to check that they were happy with the care and

support that people received.

There were frequent management meetings held between the manager and the operations manager to discuss such issues as recruitment, the performance of the service and any matters arising. There were a range of checks undertaken routinely to help ensure that the service was safe. These included such areas as water temperature checks, safety checks on bedrails, inspection of the call bell system, and fire checks. We noted that where issues had been identified through this system of audits they were passed on to the relevant person to address. This showed us that the manager and provider were committed to providing a safe service.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives and relevant professionals. The provider collated the responses and produced a report of the findings which was shared with the manager along with suggested actions. For example, the report of the findings from the most recent survey undertaken noted that relatives of people who used the service felt that the physical environment was tired and needed attention. In response to this a full audit of all bedrooms was completed, taking into consideration the soft furnishings, furniture and decoration of each room. A refurbishment plan was developed and shared at the next relatives meeting. This showed that people and their relatives were able to positively influence the service provided.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.