

Colten Care (2009) Limited

Kingfishers

Inspection report

The Meadows
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Ratings

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

Summary of findings

Overall summary

About the service

Kingfishers is a residential care home providing personal and nursing care to 59 people aged 18 and over at the time of the inspection. The service can support up to 62 people.

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

People felt safe living at Kingfishers and they were very much at the heart of the service. We received consistent positive feedback from people, their relatives and health professionals. People received outstanding care that was based around their individual needs and that ensured care was personalised and responsive.

People continued to receive outstanding end of life care and people experienced a comfortable and dignified death.

Staff working at Kingfishers understood the needs of people using the service and supported people in an exceptionally personalised way. Staff knew people well and we saw that care was provided respectfully and sensitively, considering people's different needs. The impact this had on people was outstanding and had resulted in people living an active life with choice evident throughout.

There was a proactive support system in place to enable staff to develop their knowledge and skills and motivated them to provide a quality service. The provider continued to seek to improve people's care, treatment and support by working in partnership with health and social care specialists to implement best practice.

The home had developed excellent links with the local community and charities and had a strong ongoing relationship that worked together in supporting the home and charities and involved the people living at Kingfishers.

The culture of the home was based on core values which related to promoting people's independence, recognising their individuality and providing the care and support in a way that embraced people's culture and diversity.

There were sufficient numbers of qualified, skilled and experienced staff deployed to meet people's needs. Staff were not hurried or rushed and when people requested care or support, this was delivered quickly. The provider operated safe and effective recruitment procedures.

People were cared for by a motivated and well-trained staff team, who always put people first. Staff received regular support and received regular one to one sessions of supervision to discuss areas of development. Staff informed us they completed a wide range of training and felt it supported them in their job role. New

staff completed an induction programme before being permitted to work unsupervised.

Medicines were stored and administered safely. Clear and accurate medicines records were maintained. Training records showed that staff had completed training in a range of areas that reflected their job role.

Mealtimes were positive and sociable experiences. People were supported with their nutritional needs when required. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes.

People received a high standard of care because staff were led by an experienced and proactive registered manager. The staff team were highly motivated and enthusiastic, and committed to ensuring each person had a good quality of life.

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.

The culture of the service was open, transparent and progressive. All the staff were committed to continuous improvement of the service and individual care. People using the service, their relatives and the staff felt valued.

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 outstanding (published 22 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Kingfishers

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector, one assistant inspector, a specialist nurse advisor in the care of older people 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

Kingfishers 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 and any professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service and 11 relatives about their experience of the care provided. We spoke with 18 members of staff including the provider, registered manager, facilities manager, clinical manager, registered nurses, student nurse, trainee nursing associate, seniors care leads, health care assistants, companions, waitress, chef and the gardener.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All the people and their relatives we spoke with told us they felt safe living at the service and that staff kept them safe. One person told us, "I have been here about three weeks now and I find it very comfortable. I was not coping at home on my own. I had suffered several falls and was worried about if something should happen when I was alone. I feel so much safer here, although at the moment I don't need much help from the carers, I know they are there should I need them." Another person said, "I feel safe here, the staff do seem to be well trained to do the job." A relative told us, "I think this place is wonderful; clean and well kept, she is safe here."
- People were kept safe as staff had been trained and had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One staff member told us, "Oh gosh straight away [registered manager would investigate concerns], they're not only supportive but very efficient and would react right away."
- The service had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse.
- People benefited from staff that understood and were confident about using whistleblowing procedures. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.
- There were robust processes in place for investigating any safeguarding incidents that had occurred and these had been reported appropriately to CQC and the local safeguarding team.

Assessing risk, safety monitoring and management

- Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risk of harm. These included assessments on the risks of poor nutrition, mobility, personal care and the maintenance of skin integrity. One professional told us, "I cannot recall an incidence when unacceptable risk was present, and they are very diligent at monitoring their residents."
- Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately.
- The home had a business continuity plan in case of emergencies. This covered a range of eventualities and arrangements were in place in case people had to leave the home in an emergency.

Staffing and recruitment

- People and their relatives felt there were sufficient staff. We observed that staff were not rushed and responded promptly and compassionately to people's requests for support.
- During the inspection we witnessed staff interacting well with people including people who were cared for in bed who were observed to have regular attention from staff checking on them. One person told us, "The girls do come in regularly for a chat or just to make sure I'm ok."
- Staff rotas were planned in advance and reflected the target staffing ratio which we observed during the inspection. One staff member told us, "Yes we are enough [staff], we're always well-staffed and have plenty who have been here right from the beginning. You stay the same place if you feel secure being a good team."
- Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, written references and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

Using medicines safely

- There were appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (MAR) confirmed people had received their medicines as prescribed.
- Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily.
- There were effective processes for ordering stock and checking stock into the home to ensure that medicines provided for people were correct.
- The home administered medicines that required stricter controls called controlled drugs. In line with current legislation, two staff had signed when these medicines had been given.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.
- There were effective arrangements and checks in place for the management of topical creams.
- Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

Preventing and controlling infection

- Staff demonstrated a good understanding of infection control procedures. Staff had completed infection control training.
- People told us they were happy with the cleanliness of the home.
- Staff followed a daily cleaning schedule and areas of the home were visibly clean.
- Staff had ready access to personal protective equipment (PPE), such as disposable gloves and aprons.

Learning lessons when things go wrong

- There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- We received outstanding praise for the service from all the professionals we spoke with. One professional told us, "Kingfisher is possibly the best team that I have worked with in my entire career [and I have been a GP for over 30 years!] They notice key features in residents and are well prepared when I call, and I feel completely secure in the knowledge that management plans will be followed well after seeing the patients. It really is a pleasure to visit there as a result."
- The service worked well with professionals and other agencies. One professional told us, "I have personally worked very closely with Kingfisher, one of my clients was staying there, it was a complex case and it involved good communication and understanding. The staff worked very closely with myself and supported my client who was a very high risk of skin breakdown. Client's health was very poor when she was admitted to Kingfisher from hospital but with the robust care planning and excellent leadership she was able to return home. Kingfisher's care planning and risk assessment were accurate and updated accordingly. In my view Kingfisher is an excellent home, the care that they offer is outstanding."
- People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, district nurses and chiropodists. One professional told us, "The care they deliver in my estimation is possibly the best I have seen in any residential or Nursing home to date."
- The service worked in partnership with other health organisations. One professional told us the staff had the effective skills to care for people and were using RESTORE2 to monitor people's health. They said, "RESTORE2 includes the National Early Warning Score and SBARD which supports staff in recognising soft signs of deterioration recording physical observations which provides a NEWS2 score. This improves communication between all professional by using the same language and ensures the resident receives the right care at the right time in the right place." They also said, "Other professionals are always complimentary about the home, RESTORE2 demonstrates that the home works towards delivering high quality care."
- The service supported student nurses from local the university by the Registered Nurses mentoring the students. We spoke with a student nurse who told us, the experience was "Fantastic, it helped develop good basic nursing care, communication skill and team work. I feel much supported and am encouraged to look up information to inform my practice." The registered nurse suggested that it is a positive experience for them too and said, "Ensured my practice continues to be evidence-based practice to enable student had the best experience." Registered nurses working at the service complete training and liaises with the university to facilitate students working in the home.

Staff support: induction, training, skills and experience

- Everyone we spoke with told us staff were trained to an extremely high standard and acted professionally. A professional told us, "The Care team are very helpful and indeed very informed clinically. In addition, they retain the professionalism of a top medical team."
- Staff felt very supported in their role and praised the training on offer. One staff member told us, "The training is absolutely amazing here. I came from residential as a senior but it's more clinical here, so I had shadowing shifts as a health care assistant then shadowing shifts with senior care leader after. Everyone's really supportive, someone will always help you."
- The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as clinical training of nursing staff, medicines, manual handling, equality and diversity, infection control, health and safety, safeguarding adults, fire safety, end of life, nutrition and hydration, dignity and respect, and first aid. In addition, a high proportion of staff had completed or were undertaking vocational qualifications in Health and Social Care.
- Since our last inspection the provider had introduced new ways to support staff gain extra training and career progression by introducing a two-year training for nursing associates and be registered with the NMC. A nursing associate is a new member of the nursing team who will provide care and support. This is a two-year course with one day a week at a local university and two external work placements one in a hospital environment and one in a dementia environment. We spoke with a staff member who was currently on their placement and they were very keen on telling us about their new role and felt extremely valued at being given the opportunity. After the two years if they graduate they can continue training into graduate level nursing. One staff member told us they found it very interesting and has already brought back ideas from the hospital that they intend to introduce into the end of life care. They said, "I'm doing training nurse associate course end up with a registration. Idea of me doing it is to gain underpinning knowledge, can go on to further training to be registered nurse. But I want to gain knowledge, makes it more meaningful, given me enhanced knowledge when carrying out assessments."
- Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate support to people.
- People were supported by staff who had completed a wide range of training to develop the skills and knowledge they needed to meet people's needs and to understand their roles and responsibilities.
- Staff told us they received effective supervision and annual appraisals. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop.

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

- People and their relatives were very positive about mealtimes and the choice of meals. One person told us, "The food is wonderful, the choices are good, and they will do me something special if I request it. For example, I didn't fancy the dessert the other day and they came back with a plate of cheese and biscuits, several choices of cheese too. My wife said that I wouldn't get that everywhere". Another person said, "The food is excellent; they can't do enough for you here".
- Care plans detailed the support people required from staff at mealtimes and we observed staff assisting people to eat appropriately.
- Staff made mealtimes a positive and sociable experience for people. There was a relaxed atmosphere in the dining room, the meal was unhurried, and people chatted with staff. The lunchtime menu contained three choices for mains followed by a wide dessert selection. Drinks were served throughout lunch including wine or sherry and staff were always on hand.
- We spoke with the chef who were passionate about their role. They told us they go through food options with people. They said, "If they don't like something, can have something else, some like fish so have some

fish every day some likes omelette's if I can manage I will get it. One man likes Cornish pasties brought a box for him as likes a certain type. People should feel happy afterwards."

- There was a strong emphasis on the importance of eating and drinking well. The chef met with the registered manager or registered nurse to check on peoples MUST (malnutrition universal screen tool) scores to check the action plan for people who were at risk of losing weight, and if they needed to make changes. The chef told us, "We make own milkshakes put in cream and enrich ready for people and deliver about 3 o'clock so nice and cold, one lady didn't like them, and she had cheese and snacks instead. Keep an eye on them losing weigh but if don't want to try the shakes try to encourage extra food. Communication with nurses as well. If sleep just some soup and a normal meal later. Can eat at different times one man likes a sandwich at lunch and main meal in the evening cater to many different tastes. My job is trying to get people to eat got to have a bit of passion for it."

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

- When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- The care plans seen were holistic, detailed in most areas and described people's needs in a range of areas including personal care, and daily living activities.
- Support plans were in place for people's oral care which informed staff how people would like their mouth care to be provided and when they would like to see the dentist.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Most people had capacity to make their own day to day decisions and they told us that their choices and wishes were respected by staff. We asked a professional if they thought the service took into account people's mental capacity and consent. They told us, "Residents dignity and wishes are fully sought for and I am often taken aback by their gentleness and care in this matter."
- We observed staff seeking consent from people before providing care and support. Staff showed an understanding of the MCA. They were aware people were able to change their minds about care and had the right to refuse care at any point. One staff member told us, "You're thinking about it all the time [MCA], helping people to make decisions but if they can't only doing something in their best interests."
- Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The registered manager had a system to ensure that DoLS were reapplied for when required and that any conditions were complied with.

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

- People and their relatives told us they were happy living at the home and all felt it was homely and comfortable.
- The home was purpose built as a care home with three floors with good clear signage throughout the building. People had brought in personal items and some small pieces of furniture including, in one case, a small wine fridge. The person told us, "Although the home does offer a glass of wine at lunchtime I have brought in my small fridge where I can keep the odd bottle of my favourite wines."
- There was a small café on the ground floor which was well appointed and clean with a coffee machine and cake available to both people and their visitors. During our inspection one person entertained two visitors in the café and one of the visitors told us, "It's a nice place to come and it allows us to have a conversation in a quiet place, as there's always something going on in the lounge which can be a distraction."
- The home had a large well-kept garden which provided a secure and tranquil area with seated areas which many people commented on. One person told us, "I do spend a lot of time out there when the weather is good."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has deteriorated to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All the people and relatives we spoke with told us staff were extremely caring and they were treated with compassion and respect. One person told us, "I've been here ten years now and I love it. The staff are brilliant, we chat and have a lot of laughs." Another person said, "The carers are very nice to me, they treat me with respect, which is nice." A relative told us, "I come in every day for a couple of hours to see my wife, the staff make me feel very welcome. My wife has been in here for six years and I am quite content she's getting good care. The staff are great, very good indeed". One professional told us, "Caring professional environment, pleased to work with them."
- We spoke with a professional who told us about how people are always treated with respect and gave us an example. They told us, "When a resident passes away the body of the deceased is not slipped out from a side door into the awaiting hearse but rather is taken with full dignity through the main reception hall with care staff included carers and admin staff standing in quiet respect, in a line as the coffin passes through. I have only been present once when this has occurred, and it was moving to see so many of the Kingfisher team rub a quiet tear away. I talked with [registered managers name] about this later and was so impressed to hear her speak of her residents deserving full respect in death as well as life. Other residents who also chose to pay their respects as well, were present and I can imagine take comfort that this respect continues in death and indeed that the care of the staff is clearly genuine. It would be ideal if this practice could be replicated in other care homes."
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. One staff member told us, "We try to do extra, we want everyone to have whatever they want be met so they feel at home. This is their home, we have to go the extra mile." Another staff member said, "I've not been here long, but I think they all do [go the extra mile] to be honest, they all work their socks off, every one of them. They're all brilliant, positive, uplifting people."
- One person wished to see their son as they were also in care and lived far away. The service had arranged for her birthday a trip to visit him. They left a review about their experience on line which stated, 'I was taken by minibus to see my son as a completely unexpected treat as he cannot get to see me as he is in a wheelchair and has MS. I was very well looked after, and I thought it most generous of Kingfishers to organise such an outing.'
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact. One staff member told us, "I always tell new staff it's important for them to know the residents

as people, who they were. We should know who likes to have dogs, or who doesn't like cats, little bits and pieces that I would want someone to know about me. It's so important when looking after people to know who they were and who they are."

Another staff member said, "They've [people] all got their own story to tell, I love to hear about their past and learn about them."

- Staff demonstrated a good understanding of equality and diversity and respected people's differences. Staff valued people's beliefs, life choices and cultural needs. Staff had completed training in equality and diversity and had dignity champions. The clinical manager told us, "Done some work on LGBT learning modules and cherishing you. Nursing times on sexuality. Lots of work with clinical leads and nurses letting people know we can discuss this having the conversation that conversations are natural and not making people feel uncomfortable."

- All the interactions we observed between people and staff were positive and friendly. Staff communication with people was warm and friendly, showing a caring attitude. For example, we observed one staff member bringing in a person to the dining room. The person was suffering with back pain and the staff member was rubbing their back, which the person loved and said it was helping. When they were seated the staff member got them a cushion to ensure they were comfortable and kept checking up on them.

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

- People and their relatives, where appropriate, were involved in developing all parts of their care plan. The registered manager told us, "To know the residents very well and to involve them well, relatives involve them as well. Need a lot of information want to keep same routine so if liked to wake up at five with a cup of tea we want to do the same here what did they like to watch when do they like to get dressed and full history from their GP. Highlight what they can do. Very friendly atmosphere here know they can talk here and share even small things."

- The service had a strong, person centred culture and staff regularly went that extra mile for the people and their relatives. For example, the registered manager, gave an example of a person wanting to go home all the time and gave it a try for a couple of days that unfortunately didn't work but they were pleased that they listened to them and tried.

- All the people we spoke with and their relatives stated that there were no restrictions to visiting and that they were made to feel very welcome. One relative told us, "I agree, we do get a warm welcome when we visit, there's coffee and cake in the café and it's a nice place."

- People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff members were able to describe the care and support required by individual people. Through talking with staff and through observation, it was evident that staff were aware of people's care needs and they acted accordingly. All care staff contributed to keeping people's care and support plans up to date and accurate.

- People and their relatives were happy with staff knowing what care they needed, and everyone confirmed that they had been involved in their care plans and that reviews had focused on their individual needs.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. One person told us, "I can't get off to sleep this afternoon, but the carers keep coming in to check on me, they do look after me, I can't complain." We saw a recent thankyou card which stated, 'Kingfishers is an outstanding care home and Colton Care should be very proud of all of the staff.'

- Staff were observed to knock on people's doors and identify themselves before entering. Staff ensured

doors were closed and people were covered when they were delivering personal care.

- People were encouraged to be independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could complete themselves.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 received outstanding person-centred care and were supported to follow their interests and make choices about how they spent their time. One person told us, "I have been here eight years now and I find it very pleasant here. I like to sit in the lounge during the day and enjoy the activities." Another person said, "There are a lot of things to do here, but I do love reading and there's a good selection of books in the lounge." A relative told us, "The care was fantastic."
- The service recognised and responded to people's needs for social interaction and mental stimulation and many person-centred activities took place daily. There is a well-equipped and spacious activities room on the ground floor. A comprehensive activities plan was displayed around the home showing up to five activities planned for each day including weekends.
- People were supported to access activities in the community. During the morning of our inspection the company's minibus took several residents out to see Bournemouth gardens Xmas light show followed by a pub lunch. Later in the day the local Brownie pack came in to sing Christmas carols followed by mince pies and a "soiree" with the registered manager who had returned from leave to give people a chance to catch up with them.
- Other activities included a carol singing session that was held in the morning with a few people attending and a small Christmas drink was also served to those who wanted it. The atmosphere was positive and with much laughter. In the afternoon a large screen was erected in lounge in the afternoon and an old-time film was projected for people to enjoy.
- Before lunch a Christmas poem was constructed by two staff with fourteen people, most of whom participated enthusiastically. The resulting poem was to be typed up and distributed to the participating people and also read aloud on Xmas day. A staff member explained that the poem / story compilation idea was gained through a 'training' session with Bournemouth University, and was used extensively throughout the provider. They told us, "We think this method does encourage stronger involvement from more residents and results in something that the residents have helped produced and can have a copy."
- We spoke with the providers Music and Arts Partner, they told us, "Four residents are off to Wimborne Minster tomorrow night to sing at a concert. Colton Care are supplying the refreshments for the night." They explained "I am currently working on music for dementia sufferers and am doing tests to ascertain what might work on an individual basis." They showed us a recent assessment they had completed on a person with late stage dementia. They said, "Certain instruments appeal to certain people and if you can find the

one that works it is going to be far more effective for them."

- The provider held a 'Colton Village Produce Show' in 2019 where all the providers homes took part. Each home entered different categories showing their produce they had made from the garden. The Gardner worked with people deciding what flowers to grow and made jams and chutneys in activities from the produce they had grown. For example, root ginger was grown to make marmalade. The home won many categories and won overall first place with a trophy cup displayed on reception. As the winners the home will be hosting the completion this year and were planning ahead. They also won some prize money which people are deciding what to buy for the garden. People and staff were very proud of this achievement and looking forward to the next one.
- We spoke with the gardener who was very passionate about their role. They held regular gardening clubs and provide a newsletter for the people who can't get out in the garden to keep them updated. They were currently working with one person to showcase plants in the twelve days of Christmas. One person was working with them helping them choose the plants and doing the research. They informed us when a new plant comes in for the garden they always bring in to explain to people about the plant.
- All staff we spoke with, said they felt that the companionship team leader goes 'above and beyond' and was 'really good'. The companionship team leader spoke about their job with passion. The provider changed the activity staff name to Companions as they felt it was more friendly and more accessible. One staff member told us, "If they've [people] got a wish that they want to do, then they [activities] will do everything they can to get it." Another staff member said, "I just feel that we give really individual care and always thinking about how we can best help them enjoy their time here."
- People experienced care that was personalised, and care plans contained daily routines specific to each person. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. The care plans also included detailed daily routines specific to each person which helped to ensure that people received care and support personalised to them.
- It was evident during our inspection that the culture in the home centres on the people living there. The service worked with a local hospital radio charity where every month people can select and request songs for the show. Staff then download the show and took it to people's room, so they can listen to their requested songs and names being read out on the radio.
- The service also linked up with the radio where people recorded their own mystery play during the summer months. A volunteer came from the station and explained about the project and people were able to choose the play to perform. This has now been transferred onto a DVD which they play to share with other people and staff told us they love hearing their voices and hearing themselves on the radio.
- When a new person moves into the service they have a 'My Time' form which includes likes and dislikes, current hobbies and past hobbies and activities staff discuss these with people when planning activities. 'Room visits' are always included on activities planner for people who can't, or don't wish to, leave their room for activities. One staff member told us, "I love doing this job.... we have 'one to ones' with people and try and find an activity or something for each individual and then we include it in our monthly plan where possible."
- The companionship leader told us about a recent project to tackle loneliness and create pen pal relationships across the country called 'postcards for kindnesses'. They said, "We have a small group of residents who really like reading poems and short stories. We found out about 'postcards for kindness' for care homes and hospitals to tackle loneliness so asked the group and people thought was good so registered the care home. Then had a few postcodes and people wanted to reply one person was a firefighter in London so quite interesting residents tell me what to write on the card."
- The service teamed up with other homes for children in need and held a strictly come dancing competition in 2018 and won the glitter ball trophy which was proudly displayed in reception. In 2019 they held a danceathon to raise money for the charity pictures showed this was a memorable day.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the registered manager about how they ensured information was accessible for all people using the service. They told us, about different communication styles in place to support people. For example, for one person they are living with a sight impairment, so they have audio books and publications are available in larger print. Activities are now displayed on larger posters to ensure people can read them more easily.

End of life care and support

- The provider continued to provide outstanding end of life care. One relative told us, "We are tidying up Mums room as she sadly passed away this week. The staff have been lovely and couldn't do enough to help us through the last moments of her life. In fact, we have been very happy that Mum has been in here for the past five years, it's a good home."
- The provider had the Gold Standards Framework (GSF) quality hallmark award in End of Life care. The Gold Standards Framework is a form of proactive palliative care and is nationally accredited. This helped to ensure that staff were equipped with up to date skills and knowledge in end of life care. Since the last inspection the service had now been accredited platinum status and moved up from gold. Platinum status recognises the sustained practice to maintain GSF.
- Staff worked closely with a range of professionals to ensure that people received a pain free and dignified death. Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate. The end of life lead nurse and the registered manager spoke frequently with doctors, specialists and people's power of attorney (POA) to discuss decisions about their end of life care. A POA acts as a representative in the event a person is unable to communicate decisions about all aspects of their healthcare.
- Care plans were in place to provide staff with guidance on people's preferences and wishes including religious, cultural and spiritual needs in the event they required end of life care.
- Management and staff were very passionate about end of life care. Since our last inspection, the registered manager had completed training and were now a 'Soul Midwife'. Soul Midwives are non-medical, holistic companions who guide and support the dying in order to facilitate a gentle and tranquil death. The 'Soul Midwife's' most important role is always to provide comfort and compassionate care. The registered manager was the only 'Soul Midwife' within the providers homes and they were extremely passionate and proud to take on this role.
- The service had a designated End of Life lead who was supported to develop their knowledge, skills and confidence and empowered staff within the organisations to deliver quality end of life care. We spoke with them and they gave us an example of how one person was receiving end of life care and wanted to go sea fishing as it was their passion and had peace with the water. The registered manager spoke with the family and professionals to ensure that this happened even though there was a risk. They fought hard and enabled the person to achieve this which meant a lot to them before they passed away.
- For another person while they were on end of life they wanted to see their family who lived abroad and couldn't get over, so the service arranged for them to skype their family frequently before they passed away.
- The service undertook an after-death analysis to reflect on what could have been done better for the person and things that were done well. Outcomes from the analysis were shared with staff to reflect on how they could continue to improve the end of life care experience for people and their relatives.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which was on display in the reception area. One person told us, "I have never had a complaint but yes, I do know what to do if I did." A relative said, "Mum has been in here for nine years and I have never had to complain about anything serious." One staff member told us, "One lady, she's a very quiet lady who likes to read so I always bring her in books. She doesn't like to complain, but I can tell by her face if she's not happy about something and ask if there's anything wrong."
- People told us they had no concerns and we saw lots of written compliments about the service. One stated, 'Kingfishers is an outstanding care home and Colton Care should be very proud of Kingfishers and all of the staff'.
- People told us they would speak with the registered manager or staff if they had any complaints. The home had not received any formal complaints. Any minor issues raised were discussed and addressed at the time which meant they had not escalated to a formal complaint.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- All the people and their relatives felt the service was extremely well led. One relative told us, "It's a good place and most residents seem content here, it's a big thing when people leave their homes behind to come into a care home but here there is a very positive atmosphere." Another relative said, "I used to visit care homes with my job and I would say this place is excellent".
- Professionals thought the service provided outstanding care. One professional told us, "The home has a strong governance process." Another professional said, "Residents are maintained in health and resident's quality of life improved."
- One professional told us how the service achieved good outcomes for people. They gave us an example and said, "I have found all staff that I have worked with to be very caring and responsive to my requests. The client that I was working with wanted to return home against professional advice therefore a mental capacity assessment had to be carried out this was discussed with Kingfisher staff. I did work very closely with [registered managers name] who I found to have very good leadership skills and a pleasure to work with."
- We saw numerous reviews and written compliments about the standard of care and people achieving positive outcomes. For example, one stated, 'She was in a very poor state and was admitted to Kingfishers, within four days she had picked up and was looking like her old self. The care that was given was outstanding and all members of staff could not do enough for her. My wife was with Kingfishers for four weeks and they were all happy ones. She is now back at home with me but in the future, if things get too much we would not hesitate to go back to Kingfishers.'
- There was an open and transparent culture in the service. The provider notified Care Quality Commission of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration. The previous inspection report was clearly displayed. Staff were supported and encouraged to raise incidents.
- The providers promise, 'Cherishing You'. 'The reassuring commitment each member makes to each resident is underpinned by our five values of friendly, kind, individual, reassuring and honest were very evident throughout our visit. Staff were warm and welcoming when engaging with people and showed kindness and a genuine interest in them. Staff treated everyone as an individual and were reassuring in their approach.

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

- People were at the heart of the service and were constantly being listened to. One person told us, "It's good that I can be available for any issues which may arise for those who are perhaps less able or willing to speak out. There haven't been any big issues, but it's the small stuff that often makes the difference. I attended one meeting held by the manager and afterwards several residents told me that they couldn't hear what was being said (the room is quite big) so I spoke to the Manager and suggested she use a microphone in future."
- The service worked in close partnership with health services and the local community. One professional told us, "I have also been involved with Kingfisher working with the community and inviting clients who are very vulnerable in the community to come in for lunch or activities."
- There was a strong emphasis on community involvement with people actively being supported. We saw a review from one person living at the home which stated, 'Recently I have been involved with a tea dance in Lymington. I was proud to be a member of the winning team. I had lots of fun and felt as though I was part of the community. I am very happy to be at Kingfishers, as there is so much to look forward to as there is always something being organised for us to take part in.'
- Each year people are supported to choose a charity to support by voting for their favourite charity, which is local to the home, so they can make an impact in the community. In 2019 the chosen charity was a local music trust; which people had got involved in. For 2020 people had chosen 'PEDALL' a local charity to take people out on bike rides in the local area regardless of their physical abilities. Through various events the service had raised a lot of money and were continuing to raise more funds. Some residents were able to enjoy these specially adapted bikes as well as platform bikes made for wheelchairs which people thoroughly enjoyed.
- The service took part in the local carnival by entering a float designed by people and staff. In the latest carnival in the summer the theme was save the planet. As a result, they partnered with PEDALL who cycled people round the two-mile route. We were told people loved being involved in this event.
- The service had set up a community project called, 'combatting loneliness and isolation in the local community'. To reach out to people who may be living in isolation, the service had started a 'professional networking breakfast', for an informal way of networking with other local business and healthcare professionals. These events had been well attended and for those attending they were given a voucher to pass on to someone they know that may be living in isolation to attend the home for an outing, lunch or coffee mornings for example. This was in the early stages but so far someone had come for lunch and some people in the community were invited for Christmas lunch. The registered manager told us the response had been positive and they had received feedback that more people were planning to attend in the new year.
- The culture of the home was based on core values which related to promoting people's independence, recognising their individuality and providing the care and support in a way that embraced people's culture and diversity. Several representatives from different religious groups attended the home regularly to enable people to attend services or visit individuals.
- The service used the public review website www.carehome.co.uk which gave the service a rating of 9.9 / 10. This had increased since the last inspection and had a total of 116 reviews. For example, comments included, 'the manager and her team went way beyond hope and expectations in getting dad out of hospital and setting up the correct level of care, however, when discharged everything was completely ready. Clothes moved, pictures up and all personal items placed in a new room in identical places. Every staff member has been professional, caring and extremely kind. I truly believe that the manager and the team are way above outstanding.'
- Other reviews stated, 'I've been on a long journey with dementia and now I feel I've struck gold my husband deserves the best and boy is he going to have the time of his life. Kingfishers will allow both myself

and husband to fulfil our lives without having to worry about a thing, I was disillusioned with care homes but not anymore as I feel I can trust the manager and her staff which means everything to both me and my husband.'

- There were arrangements in place for people and relatives to provide feedback on the service. Residents meetings were held regularly, and recent minutes showed people were happy living at the home and asked for ideas on any changes and discussed, activities, food, garden, care and housekeeping and laundry. We reviewed the minutes of a meeting in November 2019 and the only actions outstanding were extra parking spaces which had now been approved and waiting for a start date.
- The service also sought feedback using a quality assurance survey. Which was send out yearly and results showed people were happy living at the home. As a result of the latest survey the service had listened to people's suggestions and made changes. For example, people wanted more opportunities to meet each other and have activities in the evening. As a result, the registered manager holds a monthly evening get together to talk through ideas for improvement, play games and have a general discussion with refreshments. A weekly evening music quiz, a travel reminiscence session and an evening in the local pub has also been arranged.
- Staff meetings were carried out regularly and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the service and were asked for ideas
- We observed a daily meeting with all heads of departments and the registered manager attending. It has a clinical and operational format and chaired by most senior person in charge on the day. Everyone is encouraged to participate and discuss their activities of the day. It was obvious from the discussion that the residents were discussed with respect and that all staff recognised and related to individuals. In addition to this meeting there were handovers between staff throughout the day and night to make sure that important information about people's well-being and care needs were handed over to all the staff coming on duty.
- Staff praised the culture and support they received in the home. They said they felt really valued whatever their role at the home.

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

- The registered manager was an outstanding role model who were passionate in their role and constantly seeked positive outcomes for people and their staff. One person told us, "The manager here is very nice, we get on well, she cares, and it shows." Another person said, "The manager pops around quite a lot for a chat or just to check that we're ok."
- All the staff we spoke with felt extremely supported by management. One staff member told us, "[registered managers name] swan of the ship, her charm and challenge lead the show, sparkle comes out with fancy ideas. She has real drive and passion for her residents." Another staff member said, "Yes, I am [supported], I was really unsure about something and [clinical] lead spent hours with me teaching me and going through things."
- Throughout the inspection it was evident that the leadership team were all extremely passionate about their role and took ownership of ensuring improvements were continually made for the quality and safety of the care provided.
- There was a stable and consistent staff team who were skilled and motivated. They were clear about their own specific roles and knew their roles well and how they contributed to the overall success of the service. One registered nurse told us, "There's good opportunity here to progress with your skills, we've got associate nurses coming through the company and I mentor one of them."
- The registered manager and senior staff used a series of audits to monitor the service. These included, medicines, care plans, infection control, health and safety, falls and daily walks around the home. Audits had been conducted regularly by the service and there was continual oversight by the provider.

- Governance meetings were held with senior staff to ensure the service was meeting the regulations and any improvements required were incorporated into an action plan and reviewed regularly.
- The service was constantly looking at ways to improve and keep people safe from harm. They now held clinical focus group meetings. The clinical manager told us as a result there had been a significant reduction in falls, and any accident or incident is uploaded and reviewed by a clinical manager, so actions can be put in place through a live system so no delays. They told us how they had recently reviewed falls and highlighted that it was at a time when staffing levels were low. So, the shift times were changed to cover evening meal times. Also, the introduction of "wireless ramble guards" to recognise when a resident may be moving so staff can intervene early and potentially prevent a fall.
- Throughout the inspection if a person or staff member needed support or assistance the registered manager prioritised the person or staff member above everything else. People, relatives and staff told us this was the registered manager's usual practice and this ethos was carried out throughout the home. For example, a new staff member was due to have a feedback meeting with the registered manager, but they told the registered manager it would be okay to cancel as first day back from annual leave and our CQC visit. The registered manager told them, "No, we need your feedback to see how everything's going for you, it doesn't matter about everything else going on today."