

Thornton Care Limited

The Kingfisher Care 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

About The service

The Kingfisher Care Home is registered to provide personal care for up to 20 people. Accommodation is on two floors with a stair lift for access between the floors. There are two lounges, a large dining room and a garden for people to use. At the time of the inspection there were 18 living at the home.

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

People were protected from the risk of abuse and harm by staff who understood how to recognise and respond to any concerns. Staff were recruited safely. In addition, people told us sufficient staff were available to support them when required. Medicines were managed safely and administered by staff who received training. Infection control systems and audits continued to ensure a clean environment.

The registered manager ensured staff received training that met their needs and supported people who lived at Kingfisher Care Home. People received support with their healthcare needs promptly. Comments about meal provision were all positive. For example, one person said, "Cannot complain, very good choice of meals and snacks and cups of tea are on hand whenever you want." People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us how staff were kind, caring and treated them well. Information about local advocacy services was available, to ensure people could access support to express their views if required.

People's communication needs had been assessed so staff were aware how to understand and communicate with them. An activity co ordinator was employed to ensure people were able to follow their interests and hobbies. People knew how they could raise concerns about the service and were confident complaints would be responded to in a timely manner.

The owner and registered manager were clear about their roles and provided care which resulted in good outcomes for people. They worked in partnership with a variety of agencies to ensure people's health and social needs were met. The service used a variety of methods to assess and monitor the quality of care they delivered.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

The last rating for this service was good (published 30 March 2017)

Why we inspected

This was a planned inspection based on the previous rating

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about 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?

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 responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below

Good ●

The Kingfisher Care Home

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 carried out by one inspector.

Service and service type

The Kingfisher Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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, including information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from Lancashire local authority and Healthwatch Lancashire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used 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 and we used this to plan our inspection.

During the inspection

We spoke with five people who lived at the home, the owner and registered manager. We also spoke with four members of staff. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people supported by the service.

We looked at care records of one person and arrangements for meal provision. We also looked at records relating to the management of the home, recruitment of a staff member and medicines records. We reviewed the services staffing levels and walked around the building to ensure it was clean, hygienic and a safe place for people to live.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse and their human rights were respected. People and relatives told us they felt reassured by a safe environment created by staff and the management team.
- People we spoke with told us they thought the service was safe and felt secure. One person said, "Lovely home I feel safe and comfortable."

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

- The registered manager managed risk. They documented assessments information for staff about people's risks and how best to support people who lived with dementia. They kept these under review and updated monthly. This ensured staff had access to current information when supporting people.
- The service managed people's safety incidents well. The management team shared lessons learned with staff to improve the service and reduce the risk of similar incidents.

Staffing and recruitment

- The registered manager continued to make sure appropriate staffing arrangements were in place to meet the assessed needs of people in a person-centred and timely way.
- Staff were visible to people in their care and provided support as and when required. One person said, "They seem to have people around to help whenever I need it."
- Staff continued to be recruited safely. A staff member recently recruited confirmed this.

Using medicines safely

- Medicines were managed safely. Records we looked at were accurate and completed correctly.
- Trained staff gave out medication, and the registered manager regularly carried out audits to ensure medication administration was safe.

Preventing and controlling infection

- The registered manager continued to maintain safe and effective infection control procedures. Personal protective equipment such as aprons and gloves were available, and we observed they were used by staff when required.

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.

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

- People had their needs assessed before they moved into the home. This ensured the service was suitable and they could meet the needs of people. A relative said, "They were thorough with us at the beginning to gather as much information as possible, which was impressive."
- The registered manager continued referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported staff and management team to ensure people received effective and appropriate care which met their needs
- The registered manager regularly reviewed care and support and updated care plans monthly or when changes occurred.

Staff support: induction, training, skills and experience

- Staff were trained and, knowledgeable to carry out their roles effectively. Staff told us training was provided and were supported to enhance their skills. A staff member said, "Training is very good especially around dementia care."
- Staff told us they felt supported by the registered manager. They told us they received supervision and annual appraisals. Records we looked at confirmed this.

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

- Staff ensured people's nutritional needs were managed so they received a balanced diet.
- People were provided with meals and drinks throughout the day and comments were positive. One person said, "Cannot complain very good choice of meals. We have snacks and cups of tea whenever you want."

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

- The registered manager continued to work effectively with healthcare professionals to ensure people's healthcare needs were met. They worked closely with healthcare services including GPs and district nurses. We saw documented outcomes and support required in care plans looked at.
- People were supported by staff to attend to attend healthcare appointments when required. A relative said, "They have been brilliant with [relative] making sure they support her when attending appointments."

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

- Accommodation was accessible, safe, homely and suitable for people's needs. One person said, "It is homely and set out nice."

- People were able to bring their own items into their rooms and to personalise their rooms as they wanted to. Peoples rooms we saw confirmed this.
- There was dementia friendly signage around the building which help support people who lived with dementia.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. There were authorised DoLS in place.

- Records contained evidence to demonstrate care planning was discussed and agreed with people and their representatives. Consent documentation was in place and signed by the person receiving care or their relatives who had legal status to provide consent on their behalf.

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 good. At this inspection this key question has remained the same. 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

- People were treated with respect, and kindness. We observed staff being supportive and sensitive in their interactions with people. One person said, "They are so kind and treat me so well I am lucky to be surrounded by nice staff."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Staff noticed if people were anxious or distressed and gave them support and reassurance in a sensitive way.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and relatives continued to be consulted about their care and make decisions for support they required. A relative wrote in a survey, 'They do try and make people make choices for themselves.'
- There was information available about access to advocacy services should people require their guidance and support. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests.
- People continued to be treated with respect and their dignity was upheld. We saw this was demonstrated by how staff supported people.
- People were encouraged to maintain their independence. Care records detailed people's likes and dislikes, interests and described what they liked to do themselves.
- Staff ensured people's privacy and dignity was upheld. For example, we saw they knocked on people's bedroom doors before entering or received a response from them.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continued to receive care and support which was personalised to them. Staff were familiar with people's likes and preferences including activities and supporting people on an individual basis.
- People's care records included health and social care needs and described what support was required.

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 registered manager identified how people living with dementia needed information to be provided. Their communication preferences were recorded, and staff understood how to communicate with people using techniques that were individual to the person. Such as photographs and objects.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to take part in events at the home and develop relationships. People told us they were helped to pursue activities and interests of their choice. An activity co ordinator was employed to support people and enable them to follow individual interests as well as group events. One person said, "Always something going on and I enjoy the trips out."
- The registered manager provided a range of activities to improve people's wellbeing. For example, a relative told us how their relative enjoyed gardening. Staff recognised this and in summer arranged for the person to plant flowers and visit a local gardening centre. The relative said, "[Relative] likes gardening and in summer they got her to plant a few flowers and she loved it."

Improving care quality in response to complaints or concerns

- Complaints were taken seriously and dealt with appropriately. People knew how to make complaints and felt confident these would be acted upon. The registered manager told us they learnt from complaints or concerns as a positive experience to improve the service.
- People told us they had no reason to complain about anything however they were sure concerns would be dealt with appropriately.

End of life care and support

- People's end of life wishes had been recorded so staff were aware of these. One person was on end of life

care and staff had received training and procedures were in place to support people who were on end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service planned and delivered effective, safe and person-centred care. Current and relevant legislation along with best practice guidelines had been followed. This was to ensure the diverse needs of everyone who used their service were met.
- The registered manager and owner continued to maintain an open and transparent culture which contributed to staff morale being high and enabled them to deliver good care for people.
- Staff told us they felt valued and listened to. They told us the management team gave them support and guidance to fulfil their role with confidence. One staff member said, "No problems, we have a good manager who is caring and supportive and we are able to give our opinions."

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; Continuous learning and improving care

- The registered manager encouraged candour through openness. People told us good communication and relationships had been developed between all stakeholders involved with Kingfisher Care Home. A relative said, "They are approachable and always available to discuss my [relative] care."
- The owner and registered manager regularly assessed and monitored the service through formal and informal methods such as audits, and meetings with people. We saw evidence they had acted upon any findings from the audits. This demonstrated improvements were made to continue to develop and improve the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was experienced and had good staff who were knowledgeable about the needs of the people they supported.
- Discussion with staff confirmed they were clear about their role and between them provided a consistent and organised service.
- The registered manager understood their legal obligations, including conditions of the Care Quality Commission (CQC) registration and those of other organisations. They had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.

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

characteristics

- The registered manager created an open culture and encouraged people to provide their views about how the service was run. Surveys were completed annually, and ones received up to January 2020 were positive.
- Relatives were regularly involved in consultation about the provision of the service and its quality.

Working in partnership with others

- The registered manager continued to work in partnership with other organisations to ensure sure they followed current practice Communication was described by these partnerships as good and the service was responsive and communicated well with them.