Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Kingfisher House Care Home

St Fabians Close, Newmarket, CB8 0EJ

Tel: 01638669919

Date of Inspection: 11 November 2013

Date of Publication: December 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✖ Action needed
Assessing and monitoring the quality of service provision	✖ Action needed

Details about this location

Registered Provider	Four Seasons Homes No 4 Limited
Overview of the service	Kingfisher House Care Home is owned by Four Seasons Homes No 4 Ltd and is registered to accommodate up to 91 people.
Type of services	Care home service with nursing Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Kingfisher House Care Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 November 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We inspected this service because we had received a number of concerns about the service. The service has not had stable management over the last year and was without a permanent manager in place during this inspection. For this reason we wanted to see how the service was managing the quality of people's care and welfare.

During this inspection we looked at how the service was meeting people's needs. We case tracked four people; spoke with eight people who use the service and a number of relatives and health care professionals. We observed activities and support being provided and assessed the systems in place to monitor and evaluate the level of care being provided to people. Care plans were comprehensive and kept under review but we noted some gaps in record keeping so we could not always see that people's needs were being met in line with their plan of care.

The service was finding it difficult to recruit trained nurses to lead each shift. The management of the service was compromised because the manager was only covering and not permanently employed. They were only at the service two days a week and told us they had only been to the service six times since their employment. In their absence the head nurse was covering the service but was given little time to complete management tasks and was mostly directly delivering care. They told us they were only supernumerary about one day a week. We noted that there were systems in place to assess and measure the quality of care being provided including daily walk around to ensure care was being delivered effectively. However a number of audits were overdue and had not been completed since the last manager was in post. This meant we could not be assured of the quality of the service being provided.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 24 December 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✖ Action needed

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

Care and treatment was not always planned in a way that was intended to ensure people's safety and welfare.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Our inspection focussed on the care provided to people living in the main building for residential and nursing care. During the day the service was fully staffed on the ground floor but was running one short of the planned numbers on the first floor. There was a remembrance service taking place which was supported by two activities staff and other care staff. The event was well attended by people living in the service and their relatives. There was a schedule of planned events which meant people's social needs were planned for..

We looked at four people's care plans and associated documentation gave lots of information on how the service met people's needs. We saw that plans had been reviewed regularly to ensure they were up to date. We saw that people had an assessment before admission to the service. Information was obtained from other sources such as social workers and hospital. This ensured the service had information available for them to determine that they could meet people's needs.

We noted gaps in care records we examined so could not be assured that planned care was always delivered. There was guidance in place for staff on how to support people who needed encouragement with their nutrition and fluid intake. The guidance told staff what to record and what actions they should take if the person did not reach their required fluid intake over a period of three days. We looked at two charts and saw that the fluid consumption had not been added up and records showed a low fluid consumption over three days with no follow up action recorded. We therefore could not see how people were fully protected against dehydration. Food records were completed accurately but did not show if people were offered snacks throughout the day which meant records showed that people were going for long periods of time without anything to eat, when they had been identified at nutritional risk. We noted on one person's weight chart it stated weigh weekly

but this was not being followed and records showed they had only been weighed once in September, twice in October and had not been weighed as yet in November. This meant we could not be assured that staff were monitoring people properly to identify unintentional weight loss. We looked at several turn charts and saw that staff were recording when they had turned people at regular intervals to prevent tissue damage.

One person had fallen twice within their first month at the service. We could see that a falls risk assessment had been completed, but this was not dated or signed and therefore we could not be sure this was updated and evaluated based upon the new information of the falls sustained. This meant we could not be sure that there were strategies in place to prevent this person from falling again. This same person had noted on their initial assessment that they were at risk of sore skin; however a standard skin integrity risk assessment had not been completed. Therefore we could not be assured that measures were in place to prevent this person from developing sore skin. This meant that the provider was not always protecting people from identified risks to their health and welfare.

In another care plan we examined we found that the person had a wound. The nursing interventions were being effective as the person's wound was healing steadily. We examined the documentation and found that this was acceptable, but could be improved if completed more thoroughly and in line with the service's protocols. In addition photographs of the wound were not taken. In this case care may have been improved and recorded more accurately if the service followed their own policies and procedures for the use of photographs.

We saw records of how people's health care needs were being met but found gaps in recording. For example records showed us one person had not been seen by the chiropodist since January 2013, but we were provided with an invoice which showed they had in fact been seen more recently but their health records had not been updated. We could not see if they had received the flu injection in the last two years, although a consent form had been signed on their behalf. This meant that people's health care activities were not being recorded accurately

We found that where people had a diagnosis of dementia there was very little information recorded about the type and stage of dementia and how the illness impacted on the person's day to day living. People's mental health had not been recorded even when there had been a significant change in a person's needs which might have indicated psychological changes. This meant that care records were not fit for the purpose of informing staff about people's progress and needs.

We spoke with eight people using the service and, some relatives. One person told us they had been to a number of homes and this was the best. They said, "The staff are really good. " When asked if there were enough staff they told us usually but when the home was short staffed they could really tell because staff were rushed. They told us they were aware of their care plan and said all their needs were met in a way they chose. They told us there were resident meetings and suggestions were acted upon. One example they gave us was improvements to the quality of the food. We spoke to a relative who said they had experienced another home which was poor. They said this service was much better and they felt their family member was happier and more involved in activities than at a previous service which they attributed to a positive change in their reported behaviour.

Another person told us they had not been consulted about their needs and had not been shown their care plan. They were not clear about how their future needs were going to be

met. They wished to go home and did not know how the service was going to facilitate this by supporting them with their independence. We could not be assured that this person's needs were being met because their plan had not been developed with them and according to their wishes.

Assessing and monitoring the quality of service provision ✖ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider had systems in place to assess, and monitor the quality of the service people received but there were inadequate arrangements in place for the effective management of the service which potentially could compromise the level of service provided.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

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This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: Care and treatment was not always planned in a way that was intended to ensure people's safety and welfare. Regulation (9) (b) (i) (ii)
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision**
	How the regulation was not being met: The provider had systems in place to assess, monitor and assess the quality of the service people received but there were inadequate arrangements in place for the effective management of the service which potentially could compromise the level of service provided. Regulation 10 (1) (a) (b)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This section is primarily information for the provider

The provider's report should be sent to us by 24 December 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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