# Review of compliance

**Barchester Healthcare Homes Limited**
**Kingsland House**

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| **Region:** | South East |
| **Location address:** | Kingsland Close (off Middle Road),<br>Shoreham by Sea, West Sussex, BN43 6LT |
| **Type of service:** | Care home with nursing |
| **Date the review was completed:** | 17 May 2011 |
| **Overview of the service:** | Kingsland House is registered as a care home with nursing to accommodate people requiring nursing care and people requiring care for dementia and related mental health conditions of older people.<br><br>The accommodation is divided into two units. The Bluebell Unit accommodates thirty people who require nursing care and the Memory Lane Unit accommodates forty-one people who have mental health conditions of the older person. |

# Summary of our findings
for the essential standards of quality and safety

## What we found overall

**We found that Kingsland House was meeting all the essential standards of quality and safety we reviewed.**

The summary below describes why we carried out the review, what we found and any action required.

## Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Meeting nutritional needs
- Safeguarding people who use services from abuse
- Cleanliness and infection control

We also carried out this review to check whether Kingsland House had made improvements in relation to:

- Care and welfare of people who use services
- Management of medicines
- Staffing
- Supporting workers

## How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 5 May 2011, observed how people were being cared for, talked with people who use services, talked with staff, checked the provider's records, and looked at records of people who use services.

## What people told us

People were very positive about the standard of care they were receiving, and said they were treated with respect by staff. One person said there was a “happy atmosphere, better than it was”.

People said the meals were very good and that there was a good choice. They told us that there were now more staff on duty which was helping better meet their needs.

## What we found about the standards we reviewed and how well Kingsland House was meeting them

### Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

People are receiving effective, safe and appropriate care, treatment and support.
Overall, we found that Kingsland House was meeting this essential standard.

### Outcome 5: Food and drink should meet people’s individual dietary needs

The service is supporting people with their nutritional needs, and has been able to meet their individual dietary requirements.
Overall, we found that Kingsland House was meeting this essential standard.

### Outcome 7: People should be protected from abuse and staff should respect their human rights

The home has taken action to protect people from abuse or the risk of abuse.
Overall, we found that Kingsland House was meeting this essential standard.

### Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

There are processes in place to prevent infection and control the spread of infection in the home.

Overall, we found that Kingsland House was meeting this essential standard.

### Outcome 9: People should be given the medicines they need when they need them, and in a safe way

The care home is handling medicines safely, securely and appropriately.

Overall, we found that Kingsland House was meeting this essential standard.

### Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

Sufficient numbers of staff with the right skills and experience are working in the home.
Overall, we found that Kingsland House was meeting this essential standard.

### Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Arrangements are in place for staff to receive support, training and supervision.

Overall, we found that Kingsland House was meeting this essential standard.

## Other information

Please see previous review reports for more information.

**What we found**
for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

# Outcome 4:
# Care and welfare of people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

## What we found

**Our judgement**

**The provider is compliant**

**Our findings**

**What people who use the service experienced and told us**

People living in the home were very positive about the care they were receiving. One person said there was “not much to find fault with here”, and another person said there was a “happy atmosphere, better than it was”.

**Other evidence**

At our visit on 18/1/11 the service was found to be not compliant with this outcome. The concerns at that visit included that on one of the units people were not receiving good levels of care – for example some people were not receiving sufficient fluids, and people told us there was a lack of things to do. Care records were found to be incomplete, for example food and fluid charts, and the person’s choices about how their care was to be provided were not being recorded.

On 29/3/11 the provider advised us that the time it was taking for staff to respond to call bells had improved, a changed senior staff team was now in place, and there were more things for people living in the home to do.

At this visit we sampled food and fluid charts which we found to be up to date. Weight charts which we sampled indicated that people who were being supported to gain weight were accordingly gaining weight.

We talked to staff about the care they were providing, and they told us that having more staff on was helping them to better meet peoples' needs.

Staff told us that staff made an extra effort to make the recent Royal Wedding day special for people. On the day of our visit in Bluebell unit we observed around 8 people having a glass of sherry and taking part in a social activity. During the afternoon there was a musician leading people in a sing-along on Bluebell unit and then on Memory Lane unit.

There are two activities staff employed and people living in the home who we talked to said they enjoyed the activities in the home such as quizzes, painting, sing-songs, having their nails done, and exercises.

The enclosed garden areas have been improved, and staff told us that this is encouraging people to spend more time outdoors when the weather is good.

The relative of a person living in the home told us that "all staff are very caring. Entertainment is very good. They encourage visitors, nothing to hide. Always welcome you, call if problems".

We found that the service is beginning to address the issues of involving people more in the planning of their care. As well as monthly reviews of the individual's care plan they plan to hold a review at least six-monthly which includes the individual and if appropriate their next of kin.

We sampled three sets of care plans and found that two of the care plans were now beginning to be updated with information about how the person prefers their care to be provided. The third care plan lacked this information.

We sampled the record of the audit of the care plans carried out by the service on 21/4/11. This indicated that the service was aware that some care plans needed to be more thoroughly updated, and that the service has a plan in place to address this issue.

While the provider may consider that care plan training for staff would help care plans be more fully recorded, the evidence at this visit was that the service has been able to make care plans more relevant to the person being cared for.

**Our judgement**

People are receiving effective, safe and appropriate care, treatment and support.

On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

# Outcome 5:
# Meeting nutritional needs

## What the outcome says

This is what people who use services should expect.

People who use services:
- Are supported to have adequate nutrition and hydration.

## What we found

**Our judgement**

**The provider is compliant**

**Our findings**

**What people who use the service experienced and told us**
People living in the home told us they enjoyed the meals in the home and that there was a good choice. One person said that the "meals are very good here".
One person's relative said to us that the "food is brilliant, beautiful cakes".

**Other evidence**

We received an anonymous complaint in February 2011 that meals provided were "not up to standard", and therefore we assessed this outcome during this visit.

At our visit we found that menus were provided which offered two choices of main meal and an 'alternative menu' for people who did not want the main choices.
The main choices at lunchtime during our visit were pork or cauliflower cheese, and people were being asked for their choice.

Food served was well presented, including the food for people who needed a soft food diet.

We talked to the chef who showed us his records which help ensure that the person's likes and dislikes, allergies, particular diet (for example a diabetic or vegetarian diet) are being catered for. We observed that the food was being freshly

cooked and that the kitchen had a good stock of fresh fruit and vegetables.

People were enjoying the lunch provided, and people who needed assistance with their meal were receiving this in a calm and unobtrusive manner.

There was a relaxed and sociable atmosphere during the lunch.

Our sampling of care plans indicated that arrangements were in place to meet the needs of people whose food and fluid intake needed to be monitored.

**Our judgement**

The service is supporting people with their nutritional needs, and has been able to meet their individual dietary requirements.

On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

# Outcome 7:
# Safeguarding people who use services from abuse

## What the outcome says

This is what people who use services should expect.

People who use services:
- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

## What we found

**Our judgement**

**The provider is compliant**

**Our findings**

**What people who use the service experienced and told us**
People told us that the care was good and that they felt safe.

**Other evidence**
On the basis of anonymous complaints received in February 2011 we forwarded a safeguarding referral to the local authority.

Further to investigation of the allegations made, the local authority advised us that none of the allegations had been found to be substantiated.

No subsequent safeguarding concerns have been brought to our attention.

Training records sampled indicates that training is being provided for staff in protecting people for harm. The acting manager Mrs Worgan told us that measures are in place to ensure that staff attend statutory training such as training in safeguarding vulnerable adults.

Improvements put in place since our visit in January 2011 indicate that the service has been addressing issues which will assist in protecting people from abuse or the risk of abuse.

**Our judgement**

The home has taken action to protect people from abuse or the risk of abuse.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

# Outcome 8:
# Cleanliness and infection control

## What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

## What we found

**Our judgement**

**The provider is compliant**

**Our findings**

**What people who use the service experienced and told us**
People told us the home was always very clean.

**Other evidence**
We received an anonymous complaint in February 2011 that room cleaning was not up to standard, and that bathrooms were left dirty. We therefore assessed this outcome during this visit.

During our visit the bathrooms, bedrooms, toilets and sluice rooms which we visited were observed to be clean and free of obstacles. Communal areas were similarly tidy and clean.

The acting manager Mrs Worgan advised us that improvements had been made to the cleaning rotas.

We sampled an infection control audit carried out by the service on 2nd March 2011. This indicated that there were meeting standards of cleanliness and hygiene – for example through checks on mattresses, wheelchairs, treatment areas, bathrooms, toilets, sluice rooms, waste disposal, and cleaning and disinfection of equipment.

Where the audit had found records not in place for things such as cleaning of pressure mattress and walking frames a plan was in place to address this.

We observed during our visit that facilities for hand cleaning were being provided, together with disposable protective clothing and gloves.

**Our judgement**

There are processes in place to prevent infection and control the spread of infection in the home.

On the basis of the evidence provided we found the service to be compliant with this outcome.

# Outcome 9:
# Management of medicines

## What the outcome says

This is what people who use services should expect.

People who use services:
- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

## What we found

**Our judgement**

**The provider is compliant**

**Our findings**

**What people who use the service experienced and told us**
We received no specific comments from people living in the home for this outcome.

**Other evidence**
At our visit on 18/1/11 we found the service not compliant with this outcome – for example medicines were sometimes running out and sometimes not held safely.

The provider advised us on 29/3/11 that a new clinical lead nurse had been appointed, and that prescription issues were being addressed. We were also told that monitoring of medication management and records had begun, and that staff administering medicines were undergoing assessments of competency in managing and administering medication.

At this visit Mrs Worgan, acting manager, advised us that improvements to medication processes had included completing regular medication audits, implementing a new system for ordering medication, and daily checking of medication administration records.

Records we sampled at this visit included medication fridge temperatures, controlled

drugs records, medication policies and procedures, and medication disposal.

Medication administration records we sampled indicated medicines being prescribed are remaining in stock.

We were advised that while the service has a policy for 'as required' medication, individual protocols to guide staff on how and when they administer the 'as required' medicine to the individual are not provided. Managers advised us however that these protocols are being put in place.

The service carried out an audit of medication records in the home on 21/4/11. Where the audit found shortfalls in the records of medication administration, the provider is seeking to address this through staff training and competency assessments.

We sampled the medication competency assessments for two members of nursing staff, and noted that they had scored well in their assessments and been assessed accordingly as competent to administer medicines.

**Our judgement**

The care home is handling medicines safely, securely and appropriately.

On the basis of the evidence provided we found the service to be compliant with this outcome.

# Outcome 13:
# Staffing

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

## What we found

**Our judgement**

**The provider is compliant**

**Our findings**

**What people who use the service experienced and told us**

One person living in the home told us that staffing levels have "improved a lot to what it used to be" and that for example "if someone falls out of a chair, staff are there quickly".

Another person said that staff treated her with respect at all times.

**Other evidence**

At our visit on 18/1/11 we found the service not to be compliant with this outcome. There was evidence that the service was understaffed – for example that there were sometimes too few nursing staff on duty, and staff told us they did not have time to complete care plans and fluid charts. We also found staff rotas had not been fully updated.

We received a complaint in February 2011 that due to the numbers of temporary or agency staff who were not familiar with the people living in the home being employed, that there was a lack of continuity in the care being provided.

The provider told us on 29/3/11 that a clinical lead nurse and two nursing staff had been appointed, and that staffing levels overall had been increased.

At this visit we were advised that the trained nurses now commence their morning shift earlier and are expected to have individual contact with each person living on the unit each day. All people have named nurse and key worker, which is also considered to assist in providing more consistent care to each individual.

The acting manager advised us that new staff rotas have been put in place to better meet the needs of the people accommodated, and that staffing levels are assessed on a daily basis.

We were told that due to the recruitment of new staff there is less need for temporary or 'agency' staff to be employed in the home. It was acknowledged that some night shifts continue to be staffed by 'agency' staff but to ensure some continuity they try to use the same 'agency' staff if available.

At the visit we were advised that the recruitment of a new manager for the home is underway. One of the managers overseeing the running of the service at present said that otherwise all senior staff and nursing team posts in the home had been filled.

We were advised at this visit that there were at that time thirteen vacant beds at the service. We observed at this visit that there were sufficient members of staff on duty to generally meet the needs of the people accommodated – for example to assist people who needed assistance with eating, to provide social interaction for people, and to ensure people's care needs were being met without undue delay.

Two people living in the home who we talked to said there had previously been fewer staff available to meet their needs in the past, but now there were more.

Managers we spoke to said that having increased staffing numbers since our visit in January 2011 to raise the standards of care in the home they would now assess if standards could be maintained while once again reducing numbers of staff.

**Our judgement**

Sufficient numbers of staff with the right skills and experience are working in the home.

On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

# Outcome 14:
# Supporting workers

## What the outcome says

This is what people who use services should expect.

People who use services:
- Are safe and their health and welfare needs are met by competent staff.

## What we found

**Our judgement**

**The provider is compliant**

**Our findings**

**What people who use the service experienced and told us**
We received no specific comments from people living in the home for this outcome.

**Other evidence**
At our visit on 18/1/11 the service was found to be not compliant with this outcome. We found that there was a lack of support for staff, and that care requirements were not understood.

The provider advised us on 29/3/11 that staff training was now being checked, and that staff supervision had been taking place.

At our visit the acting manager Mrs Worgan told us that measures are in place to ensure that staff attend statutory training which is provided for them.

We looked at the plan of training being offered to staff through the rest of 2011. Training planned in 2011 which is relevant to all care and nursing staff includes safeguarding vulnerable adults, fire procedures, infection control, moving and handling, dementia care, and customer care.

The clinical lead nurse advised us that she was assessing what specialist training nursing staff needed, and that for example training in taking blood samples was being looked into.

We talked to a member of staff who was undergoing their induction training and they said that they were being supported in this by one to one meetings with a senior member of staff.

The acting manager said that staff meetings had assisted staff to be clearer about their role, and that as the views of staff on how care is being provided in the home were being listened to, that staff feel better respected.

We sampled the supervision records for five members of staff, which indicated that regular one to one supervision which includes looking at the member of staff's training needs and personal development have been commenced and being arranged regularly.

**Our judgement**

Arrangements are in place for staff to receive support, training and supervision.

On the basis of the evidence provided we found the service to be compliant with this outcome.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions**: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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