

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Kingfisher Court Care Home

**The Spinney
Sturgeon Avenue
Clifton
Nottingham
NG11 8HE**

Lead Inspector
Meryl Bailey

Key Unannounced Inspection
15th September 2009 10:00

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care homes for older people can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop.

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

Document Purpose	Inspection Report
Author	Care Quality Commission
Audience	General Public
Further copies from	0870 240 7535 (telephone order line)
Copyright	Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
Internet address	www.cqc.org.uk

SERVICE INFORMATION

Name of service	Kingfisher Court Care Home
Address	The Spinney Sturgeon Avenue Clifton Nottingham NG11 8HE
Telephone number	0115 940 5031
Fax number	0115 984 7071
Email address	kingfisher_court@hotmail.co.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	Tawnylodge Limited
Name of registered manager (if applicable)	Nora Gazeley
Type of registration	Care Home
No. of places registered (if applicable)	40
Category(ies) of registration, with number of places	Dementia (40), Old age, not falling within any other category (40)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following categories of service only:
Care Home only - Code PC

to service users of the following gender:
Either

whose primary care needs on admission to the home are within the following categories:
Old age, not falling within any other category - Code OP
Dementia - Code DE
2. The maximum number of service users who can be accommodated is 40

Date of last inspection 28th October 2008

Brief Description of the Service:

Kingfisher Court is a purpose built care home offering accommodation for up to 40 older people and this includes people with needs relating to dementia. The accommodation is situated over two floors with stairs and a passenger lift providing independent access for service users.

Kingfisher Court is situated in the Clifton area of Nottingham. There is easy access to a range of local facilities including public transport links into Nottingham city centre.

There is a nature reserve to the rear of the property giving a pleasant outlook and a visitors' car park is provided.

The fees for Kingfisher Court range from £330 to £365

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **2 star**. This means the people who use this service experience **good** quality outcomes.

The focus of inspections undertaken by the Care Quality Commission is upon outcomes for people and their views on the service provided. This process considers the provider's capacity to meet regulatory requirements and minimum standards of practice and it focuses on aspects of service provision that need further development. We reviewed all of the information we have received about the home since the last report of our key inspection in June 2008. We used questionnaires to allow people who live in the home, their relatives and staff to make comments anonymously.

We did the inspection visit with one inspector. It was unannounced and took place on one day during the daytime. One method of inspection we used is called 'case tracking' which involves us choosing a sample of people and looking at the quality of the care they receive by speaking to them, observation, reading their records and asking staff about their needs. We looked at three people's records.

A tour of the premises included communal areas in use, bathrooms and some bedrooms. We also looked at recruitment records to find out if checks were carried out before new staff started working at the home and other records to see if staff were appropriately supervised and supported.

We have taken account of all the information we have received about the home since the last inspection. This includes the Annual Quality Assurance Assessment (AQAA), which the registered manager is required to complete to identify from their own quality monitoring what the service does well at and what they need to improve on. The AQAA form was returned before the site visit and was used to plan the site visit and to support judgements made in this report. The registered manager was not available on the day of our visit, but we were able to speak with her following the visit and she has submitted further information in writing that has also been taken into account in this report.

What the service does well:

Full assessments of needs are completed before people move into the home.

Care is well planned and comments in our survey forms included "Staff understand people's needs".

People enjoy their meals. They told us, "Food is lovely here" and "We always choose what we want".

The complaints procedure is clear and people's concerns and views are listened to. A comments and suggestions box is situated in the reception area.

Visitors told us they always felt welcome at the home and there was a choice of where to sit with their relatives

There are clear signs around the home to help people locate facilities and rooms. Some bedroom doors are decorated with knockers and letterboxes to resemble front doors of individual homes.

People told us the staff were very helpful and one said, "Nothing is too much trouble if you ask them to do anything." Other comments were "Staff are approachable" and "They always listen and act on what I say".

Staff receive updated training and most of them have achieved the National Vocational Qualification at level 2 in Care.

The manager has regular meetings with people who live at the home and relatives. Questionnaires are also used to gain people's views.

What has improved since the last inspection?

Care plans are now updated when needs change and staff have clear information about what actions to take to meet people's changing needs.

Some cubicle toilets have been replaced with more private facilities that are accessible by wheelchair users.

Staff have received updated training in Safeguarding Adults and also have information about the Mental Capacity Act.

A hand rail on the main stairs has been replaced to provide assistance to people using the stairs and promote safety.

All radiators have been covered in order to eliminate risks of burns to people.

What they could do better:

They must ensure all toilet facilities are in working order, kept clean and are fit for use in order to meet the needs of all people living in the home.

They should replace the blind in the conservatory for the comfort of people sitting there.

Some people have told us that staff are not always available when they need them. There is a need to review staffing numbers and take account of the layout of the building as well as individual needs to determine the number of staff required and the way they are deployed to meet needs at all times.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@ccq.org.uk or by telephoning our order line – 0870 240 7535.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

3

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People can be assured their needs are assessed and can be met within the home.

EVIDENCE:

All three of the files we looked at contained a Shared Nottingham and Notts Assessment Process (SNAP) forms and these had been fully completed to identify needs before people moved into the home.

The manager told us in the Annual Quality Assurance Assessment “We encourage prospective clients to spend the day with us to get a feel of the home, the food and activities available and to meet the staff before they make a final decision. We assess all prospective clients prior to admission to ensure that we can meet their needs and we also obtain a copy of the clients SNAP assessment from the social worker.”

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Health and social care are well planned so that people's needs and preferences are met. Systems have been developed to ensure medication is managed to promote health and well being.

EVIDENCE:

The three files we looked at included two people that had recently moved into the home and all three contained detailed care plans. These included the following areas of need: Personal care and physical well being, Communication, Mobility and Dexterity, Personal Safety and Risk assessment, Medical history, Medication, Mental Health and Cognition, Diet, Food and meal times, Dental and Foot care, Religious Observance, Daily living and Social activities. There was a twenty four hour plan of care and this led to care plans for each area of need together with pictures. Staff told us that they find the plans easy to

follow. Risks to health and safety were included in the files with particular attention to the risks of falls and pressure sores and also a "whole life" risk assessment.

The manager told us in the Annual Quality Assurance Assessment that all care plans are reviewed each month, or more frequently if required. We saw examples of monthly reviewing on one of the files. One was updated during our visit and for the other no updating was yet needed.

There were records of visits from doctors, district nurses and other health and social care professionals. There were weight charts for some people and records showing that dieticians had been involved. There were treatment sheets for staff to record when people had bed rest and when prescribed creams were applied. During our visit a specialist worker visited one person to assess and advise on needs relating to the combined affect of deafness and blindness.

We saw that stocks of medication were well organised and stored securely. We observed a member of staff giving medication to some people and appropriate procedures were followed. On checking the records we saw that all were fully completed with the exception of records for one person. This person had been admitted with a supply of medication and a social worker had arranged another short term supply, but further stock had not been ordered on time. Two tablets should have been given at night, but had not been available for the last two nights. This may have had an effect on the person's wellbeing. During the inspection visit the deputy manager was able to obtain a further supply from the pharmacist. We also noticed that for this person the names of medicines and instructions had been hand written on to the record and signed by one person, but not checked and verified by a second person. Since the inspection visit the manager sent us a written procedure that gives clear instructions to staff about actions they need to take when someone is admitted to ensure people continue to receive their long-term medication. She also informed us of disciplinary action taken with particular staff.

Staff training records showed that senior staff had completed previous training in administering medication and the manager has told us of more training planned to take place on 24 September and 9 October 2009. She also sent us evidence of a system to audit medication each week and observe staff. This demonstrates that the manager has taken action to avoid the situation of insufficient medication being available in future.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are given positive lifestyle experiences and individual preferences are respected.

EVIDENCE:

There was an activities worker employed to provide suitable stimulating activities. We saw three wall posters that were used to encourage people to remember their earlier years. These were about what people were doing in the 1940s, 1950s and 1960s. Some people had added photographs to these. People told us about a recent day trip to Skegness and about five people were planning to go to a tea dance on the following day in a local pub. They also told us about music and reading evenings.

Visitors told us they always felt welcome at the home and there was a choice of where to sit with their relatives both inside and out in the garden.

We observed the lunchtime meal and found people enjoying their meals. People told us, "Food is lovely here" and "We always choose what we want".

Some people required help with eating and this was given by care assistants sitting next to them. Since the last inspection, the kitchen had been refurbished with a new floor covering and was well organised for preparing all meals and hot drinks. There was also a water dispenser in the dining room.

In the reception area we saw leaflets giving information about the advocacy service provided by Age Concern and other information about Dementia.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are assured that action is taken in response to any complaints and they are safeguarded from abuse.

EVIDENCE:

The manager told us in the Annual Quality Assurance Assessment (AQAA) form:

“Our complaints procedure is explained on admission, and displayed in various areas of the home. It is also written in the service user’s guide which is available in all clients’ rooms and is also available in picture form.”

We saw the procedure in the reception area and Guides in the bedrooms, but of the six people who completed our survey form only one said that they knew how to make a formal complaint. However, people we spoke to at the home told us they would tell a staff member or a relative if they were unhappy about something. All relatives that completed forms indicated that they knew the full procedure. A comments and suggestions box was also situated in reception.

In the AQAA form it was stated that there were no records of any complaints received in the last 12 months. We saw records of older complaints that had been received at the home and been fully investigated with the action taken written down clearly by the manager.

The manager had informed us of action taken to safeguard one person from abuse. Local procedures were used and adult social care staff were involved to ensure appropriate action was taken. Staffing records showed that all staff had received training in Safeguarding Adults and there had been further training in the mental capacity act and deprivation of liberty.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

19, 21 and 26

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Work is ongoing to make the premises comfortable, clean and safe for everyone.

EVIDENCE:

Some changes had been made at the premises since the last inspection. This included the provision of a stair rail and security at night at the top of the stairs. Also, the toilet facilities on the ground floor had been refurbished so that old cubicle toilets were converted to provide fewer but more accessible facilities for wheelchair users. Storage for wheelchairs was also provided by this change. Some other toilets needed attention. In one there was no paper or towels provided, but this was rectified immediately on our request. In

another toilet the seat did not fit properly and the flooring was damaged. A third toilet was locked and on opening we found it was used to store a bed and some glassware. Work had been completed in a shower room since the last inspection and the door changed so that it no longer opened into the corridor. All light pull cords in bathrooms and toilets were unclean and in need of replacement. Also, all radiators had been covered since the last inspection to make them safe. However, we found that all the covers were loose and could fall over. Also, some had been used as litter bins. During the inspection the handyman commenced fixing these covers to the wall. We received a letter from the registered manager a week later confirming that, since the inspection, light pull cords had been replaced and all radiator covers had been bracketed to the wall to make them safe, but can be removed for cleaning purposes.

We found that the main stairs had been improved with a new handrail since the last inspection visit. We found the communal areas of the home were clean. People had a choice of where to sit. Staff told us that they were still waiting for new blinds for the conservatory, but this area was at a satisfactory temperature for the people sitting there during our visit. Other people were in the large lounge, small lounge or smoking room. People told us they liked the layout of the home and visitors said it always appeared clean.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29 and 30

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's needs are met by competent staff, though they may not always be available immediately to assist people.

EVIDENCE:

There were at least five care staff including one senior from 7am to 10pm and during the night there were three care staff to care for the current 40 people accommodated. The manager and deputy were in addition to this. Staff told us they felt this was enough as, although they were busy, they had time to talk to people individually when needed. We saw staff giving people individual attention. During the inspection visit people told us the staff were very helpful and one said, "Nothing is too much trouble if you ask them to do anything." However, we received some survey forms after the visit which stated the view that "more staff" were needed. Seven people living in the home returned forms to us.

In response to the question "Are the staff available when you need them?" Two people replied with "Always", three replied "Usually" and two said "Sometimes".

Some relatives also returned forms to us and two of these commented that

there were not always staff available in all communal areas of the home. In particular they felt there was a need to have a member of staff in the conservatory and outside if people were sitting there.

In the Annual Quality Assurance Assessment (AQAA) form the manager told us that a high percentage of care staff had completed or were working towards a National Vocational Qualification (NVQ) at level 2 and above. We saw copies of certificates for these on files. In fact all the senior care staff were qualified at NVQ level 3 in Care. We looked at a sample of three staffing records and saw evidence of other training and recorded supervision every two months. Courses completed in the last twelve months included the Mental Capacity Act, Medication (for senior staff), Equality and Diversity, Falls prevention and bone health, Food Safety, Emergency First Aid, Moving and Handling practise, Challenging Behaviour and Diabetes. We also saw evidence that references had been obtained and other checks had been carried out on new staff before they started work at the home.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is well run and action is ongoing to promote the health and safety of people that live there.

EVIDENCE:

The manager is registered with the Commission and completed the Annual Quality Assurance Assessment form on time at the end of August 2009. This was comprehensive and gave us all the information we asked for. Within the form the manager told us of regular meetings held so that people can express

their opinions and ideas. There were standard forms available to use with the suggestion box in the main reception area and the manager said that she encouraged people and their relatives or representatives to approach her or the deputy manager at any time. In addition quality assurance surveys were sent out to people every year. The results from the questionnaires were analysed and a report and action plan was sent out to everyone involved and displayed on the notice board within the home. There were also quarterly newsletters.

We saw that people's money was looked after securely. We checked a sample of these and records showed that staff followed procedures with two people checking amounts and signing the record for each transaction.

We saw evidence of records of regular checks made on water temperatures and a record of the Electrical Installation servicing in October 2008. The fire plan was posted on a corridor wall. Not all portable electrical appliances had labels showing they had been tested, though there were records that most had been tested in June 2009. The manager has informed us since the inspection visit that she had contacted the tester in order to arrange for all appliances to be checked again.

We had seen records contained evidence that staff were trained in most safe working topics and fire safety. There were some gaps in training in Infection Control for some staff, but must have completed this. The deputy manager explained that a course had been cancelled, when the trainer left. The manager has informed us since our visit that another course had been found and she was awaiting a start date.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	X
6	x

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	2
20	X
21	2
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	2
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP21	23	Ensure all toilet facilities are in working order, kept clean and are fit for use in order to meet the needs of all people living in the home.	30/11/09
2.	OP27	18	Review staffing numbers and take account of the layout of the building as well as individual needs to determine the number of staff required and the way they are deployed to meet needs at all times.	30/11/09

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP19	Replace the blind in the conservatory for the comfort of people sitting there.



Care Quality Commission

East Midlands Region
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

National Enquiry Line:
Telephone: 03000 616161
Email: enquiries@cqc.org.uk
Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.