

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

## Kingfisher Court

Rownhams Lane, North Baddesley, Southampton,  
SO52 9LP

Tel: 02392475219

Date of Inspection: 24 July 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Dolphin Care Limited
Registered Manager	Mrs. Julia Spriggs
Overview of the service	Kingfisher Court provides specialist accommodation and rehabilitation facilities for those with Acquired Brain Injury and associated neurological conditions. It is located in North Baddesley on the outskirts of Southampton Hampshire.
Type of services	Care home service with nursing Long term conditions services Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care 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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 July 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke with three people who lived at Kingfisher Court and two relatives of people who used the service. They all spoke positively about the care and support that people who used the service received. We also spoke with the manager, deputy manager and three care workers.

We looked at the care records of four people who used the service. Each person had an assessment of their needs and a care plan, including risk assessments. The records contained comprehensive and up to date information about people's health and social care needs with entries showing how the care and support was delivered.

Care workers we spoke with told us that they had received safeguarding training and we saw the provider's policy that highlighted the importance of regular safeguarding training. We also saw the local authority's safeguarding policy.

We looked at the medicine administration records for three people living at the home. These had been fully completed. All medicines were kept securely within the medicine trolley. Records were kept when medicine was refused by people or not required, for example, when people said they didn't need pain relief.

Effective recruitment and induction processes were in place. Interviews were conducted by the manager and head of personnel and a standard set of questions were used. This was followed by a three day induction process consisting of one day at the providers head office and a further two days at Kingfisher Court working alongside the manager. The probationary period consisted of a review after the first week and was conducted by the manager. This process was followed by further reviews at three months and six months.

Kingfisher Court had systems to monitor the quality and assurance and this was conducted by the provider. We saw the most recent quality assurance audit that had been undertaken in early July 2013. This covered for example, health and safety, staffing, medication policies and complaints.

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

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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### Reasons for our judgement

We spoke with three people who lived at Kingfisher Court and two relatives of people who used the service. They all spoke positively about the care and support that people who used the service received. We also spoke with the manager, deputy manager and three care workers.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There was information in care records about people's health and care needs. Risks to their welfare were documented. Care workers said that they found that the information was clear and said that communication between staff was good within the home. This meant that staff felt confident that they would quickly be aware of any changes in a person's condition. One relative we spoke with said: "This home is centred around my husband needs. When I go home after visiting him I know that here he is really looked after well".

We saw that people whose needs had changed had been provided with the appropriate support and with the aids and adaptations necessary to assist them. We spoke with the manager who told us how they contributed to reviewing and updating care plans to ensure that the information in them was accurate. Care staff demonstrated a good understanding of people's needs and how they should be met.

We looked at the care records of four people who used the service. Each person had an assessment of their needs and a care plan, including risk assessments. The records contained comprehensive and up to date information about people's health and social care needs with entries showing how the care and support was delivered. There was evidence that monthly reviews of the care and support that people needed took place and this ensured that people continued to receive appropriate care and support

During lunchtime we observed how care workers gave appropriate support to people who needed help to eat. They did not rush people and described what food they were about to

put in their mouths. Care workers responded positively towards one person who was anxious, spending time with them and reassuring them. This had a positive effect upon the mood of the person concerned. One person who used the service said: "The staff look after all my needs they are lovely people and always very polite". One relative we spoke with said: "The staff are doing a fantastic job. They are very attentive and are always smiling"

We saw that there were arrangements in place to deal with foreseeable emergencies. Fire evacuation equipment was located on the first floor accommodation area and a Personal Evacuation Plan (PEP), detailing how people would need to be evacuated in an emergency was kept in the homes evacuation procedure and the care plans of people who used the service.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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We spoke with three care workers and the manager who demonstrated a good understanding of the types of abuse that people might experience and the actions they should take. The care workers we spoke with told us if they needed to raise concerns they would take these directly to the manager or person in charge. They told us they would also record all concerns. They all knew the escalation system and said they were confident that any concerns raised would be taken seriously and promptly acted upon. Care workers we spoke with told us that they had received safeguarding training and we saw the provider's policy that highlighted the importance of regular safeguarding training.

We saw the local authority's safeguarding policy. Care staff were familiar with the contents of this and explained clearly how the escalation process worked following referral. This meant that people who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We saw the provider's whistleblowing policy and the care workers we spoke with fully understood how they could implement the policy if they needed to. One care worker we spoke with said: "I have weekly support meetings with the manager and I can discuss any issues of concern. The manager was "really supportive" and responsive to the needs of people and the staff" People told us that they felt safe at the home and that the staff always acted in their best interests. They said they trusted the staff and the manager and would have no hesitation in raising concerns with them if necessary.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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During our visit we inspected the storage and records of medicines held in the home. We saw that all medicines were stored in a locked trolley. This meant that medicines were kept safely. A controlled drugs register was used for recording the administration of controlled drugs. These are medicines which may be misused and there are specific ways in which they must be stored and recorded. The controlled drugs register at this service included a record of drugs administered and of the stock held. Controlled drugs (CD) were stored separately in a controlled drugs cabinet which was secured to the wall. We checked the records in the CD register against the medication stored in the CD cabinet and found these to be correct. This meant that medicines were kept safely.

We looked at the medicine administration records for three people living at the home. These had been fully completed. All medication administration records were kept securely within the medicine trolley. Records were kept when medicine was refused by people or not required, for example, when people said they didn't need pain relief. This meant staff kept accurate records of the medicines people had been supported to take.

Medicines were disposed of appropriately. There was a clear procedure in place for the storage and disposal of medicines that were no longer required or out of date. These were collected and signed for by a local contractor on a regular basis. This ensured that medicines were disposed of appropriately. We looked at the documentation held by the home in relation to the delivery and return of medicines and found this to be accurate.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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Appropriate checks were undertaken before staff began work. We looked at five care worker files and saw that the necessary checks had been made before people commenced work. We saw that Disclosure and Barring Service (DBS) checks had been completed. There were two references for each employee, together with proof of identity and right to work in the UK. Where appropriate we also checked professional qualifications and found these to be up to date. We cross-referenced the DBS checks against the contract start dates and found that people did not start to work unsupervised until the DBS checks were complete.

There were records which showed that any concerns arising from the checks or interviews were followed up and resolved before people started work. The service took steps to ensure that people were supported by staff that were suitable to work in social care.

Effective recruitment and induction processes were in place. Interviews were conducted by the manager and head of personnel and a standard set of questions were used. This was followed by a three day induction process consisting of one day at the providers head office and a further two days at Kingfisher Court working alongside the manager.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People we spoke with said the manager and care workers regularly asked them if they were "alright" and if they had any worries they wanted to talk about. They told us it was very easy for them to discuss any concerns with care workers and they knew they would get the support they asked for. People said that they thought this was one way that the quality of care and support were monitored because in their experience, issues to do with the service were quickly acted upon.

Care workers told us the manager was readily available for them to discuss any concerns and was very open to them raising issues. They said that there were regular staff meetings where the monitoring of care and support quality was discussed. This ensured that all staff were aware of key issues and the actions planned to prevent these. Care workers told us that these meetings were 'well attended' and that the manager was always very receptive to new ideas to improve the service.

Kingfisher Court had systems to monitor the quality and assurance and this was conducted by the provider. We saw the most recent quality assurance audit that had been undertaken in early July 2013. This covered for example, health and safety, staffing, medication policies and complaints. We saw that an action plan had been put in place to address any area of concern that had been highlighted. The action plan also gave a timescale in which any improvements should be made and a date by which those improvements should be implemented. We saw that monthly safety checks are conducted in respect of fire safety within the building and water temperature checks.

Care workers told us they believed their opinions mattered and they were often involved in service reviews. They were involved in discussions regarding the ways that the service could be improved and people who used the service and their relatives were also involved in these.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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