

Buckland Care Limited

# Kingland House Residential Home

## Inspection report

Kingland House  
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Dorset  
BH15 1TP

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

Kingland House is a care home for up to 44 older people, some of whom may be living with dementia. The home was originally four private houses which have been adapted and linked together. There were 36 people living in the home at the time of our inspection.

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

People told us they felt safe living at Kingland House, and that staff were caring and supportive.

Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infections.

Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

Medicines were administered safely by trained staff who had their competence checked regularly.

There were enough trained, experienced staff to meet people's needs. Safe recruitment practices were in place: appropriate checks were completed to ensure only suitable staff were employed. Staff received induction, on-going training and support that enabled them to carry out their roles safely and effectively.

People spoke positively about the food. We observed home cooked, well balanced meals being served to people and a range of drinks being offered.

People received care that was responsive to their individual needs. Staff understood how people preferred their care and support provided. Care plans were person-centred and reflected both care needs and lifestyle choices.

People had access to healthcare services and were involved in decisions about their care. Partnerships with other agencies and health professionals enabled effective outcomes for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The culture of the service was positive and open. Governance systems and oversight of the service had been reviewed and improved. Issues were identified, and actions taken to address any shortfalls. Staff spoke positively about their own roles and teamwork.

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 25 July 2019) and there was a breach in one regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We undertook this targeted inspection to monitor the service.

We inspected and found that improvements had been made and the rating of requires improvement was no longer reflective of the service. We widened the scope of the inspection to become a focused inspection which included the key questions of safe, effective and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Kingland House Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The site visit was carried out by two inspectors and a pharmacy inspector. One inspector completed the rest of the inspection. An Expert by Experience supported this inspection by making telephone calls to relatives and friends. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Kingland House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We announced the inspection the day before we visited to discuss the safety of people, staff and inspectors with reference to Covid-19.

Inspection activity started on 5 August 2020 and ended on 1 September 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection this included monthly reports the provider had been required to provide. We sought feedback from the local authority, CCG and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with four people who used the service and eight relatives or friends about their experience of the care provided. We spoke with six members of staff including the registered manager and deputy manager, care staff, housekeeping and kitchen staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our site visit we looked at three people's care records and six medication records.

Due to the current pandemic, we reduced the time we spent in the home and continued the inspection remotely: this meant that the registered provider sent us various documents electronically, discussions were via email and the telephone and we contacted all of the staff via email. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, staff training and supervision, quality assurance and some policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. 14 staff gave us their feedback about the service and we also received information from four professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Recruitment practices were safe. The registered manager had continued to recruit staff during the pandemic in order to reduce the use of agency staff and provide greater continuity of care for people. Recruitment practices were safe. The relevant checks had been completed before staff worked with people independently.
- Staffing levels met people's needs. A staffing calculation tool was used to assess the number of care hours required. Rotas showed that staffing levels were mostly in accordance with the hours the tool indicated were required albeit there had been increased challenges due to the Covid-19 epidemic. The registered manager advised that the head of care, deputy manager and themselves were all able to provide care whenever they were needed including mealtimes and supporting the night shift and when they were unable to provide enough staff on the rota.
- We observed that call bells were answered quickly as well as staff popping in and out of people's rooms throughout the day checking their well-being and offering help where needed. Activities staff were provided in addition to care staff.

### Systems and processes to safeguard people from the risk of abuse

- Staff confirmed they understood their role in protecting people from abuse and were confident in discussing safeguarding issues. They told us any issues they raised were listened to and acted upon. A member of staff told us, "I would feel comfortable placing a relative in this home and am proud and happy to work here." Another told us, "All incidents are reported and recorded, and staff know how to whistle blow... I feel confident to discuss any concerns."
- The registered manager had a good knowledge of safeguarding and understood how to raise concerns with the local authority if this became necessary. The local authority safeguarding team told us the service worked well with them.
- Relatives told us they thought people were kept safe in the home, but many reported that, due to the pandemic, it was not always possible to obtain clear information and reassurances. This was discussed with the registered manager. We discussed these concerns with the registered manager who agreed to consider ways of improving communications with families.
- Suitable and clear safeguarding policies and procedures were in place and available to staff, people and visitors.

### Assessing risk, safety monitoring and management

- People told us they felt safe and well cared for. Staff understood the actions they needed to take to minimise the risk of harm to people. A member of staff told us, "The staff work very hard to ensure that residents are well looked after and safe – always following the correct policies and procedures in doing so."

- Risk assessments included instructions for staff about how to reduce risks to people. Each assessment was arranged to show the care the person needed, what the risks were and how to reduce the risk. These were reviewed regularly or in response to changing needs.
- People had personalised plans that set out the assistance they needed to evacuate the building in event of an emergency such as a fire.
- Routine maintenance checks, such as water temperature checks and fire safety checks, were undertaken. Current certification was in place in relation to gas, electrical and fire safety.

#### Using medicines safely

- Medicines were managed safely. The service used an electronic medicines records system which appeared well completed and doses administered in accordance with the prescription.
- Staff spoken with could clearly describe how people were supported to take their medicines. Some parts of the medicines care plans were generic and did not contain the detailed information held by the staff. This was discussed and resolved during the inspection.
- There were systems in place to report any medicines errors or incidents. Regular medicines audits were completed, and we saw that issues were identified, and actions for improvement recorded. We observed that one medicine had not been removed when the expiry date had passed, and this had not been picked up as part of the audit process. When this was raised during the inspection a replacement supply was immediately requested.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service was clean and well maintained. Carpets in the ground floor corridors and some bedrooms had been replaced with impervious flooring which provides a safe, hygienic surface. There were plans to continue this in other areas of the home. A member of staff told us, "the housekeeping staff do a fantastic job of keeping the environment germ free, fresh and clean."
- The kitchen had been assessed by the local food standards in July 2019 and had received a grade 5 rating. This meant hygiene standards were very good and comply with the law.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed and analysed to identify any patterns and review measures to prevent reoccurrence. Where learning from events was identified, this was shared with the staff team through meetings, training and general communication.
- Any event or incident was seen as an opportunity to reflect on practice and continually improve outcomes for people. A member of staff told us, "When problems are identified, actions are always taken to prevent further problems and to ensure best care to our residents."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's care and support needs were carried out before care was provided for people. These pre-assessments were used to form the basis of care plans and ensure that their support needs could be met. There were regular reviews of people's care to ensure the service was meeting their needs. A member of staff told us, "Every single member of staff uses a person-centred approach and treats each resident with so much kindness and respect. It is a very heart-warming place to work and staff take their time to listen, engage and help residents in any way they can."
- Assessments included information about people's cultural, religious and lifestyle choices and any equipment that was needed. A member of staff told us, "The team is very good and works very well together to ensure all the residents needs and met."

Staff support: induction, training, skills and experience

- People were supported by staff who received suitable induction and ongoing training.
- New staff were closely supervised until they had completed induction training and were viewed as competent to work alone. All new staff were supported to complete the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already completed relevant training. One new member of staff told us, "If I ever have questions they are straight there to help and guide." Another told us, "I completed all my e-learning before I started. It was very helpful and prepared me greatly for working as a carer."
- The registered manager had encouraged staff to continue with their training and self-development. Six staff held a level 2 national diploma in health and social care and a further 12 staff held level 3 or above. Four staff were studying for diplomas at the time of the inspection.
- Training records showed that some staff had not completed initial or refresher training as required. Some face to face and refresher training had been postponed due to the pandemic. The registered manager confirmed they were aware of this and staff had been asked to address this as soon as possible and was sourcing additional training where possible.
- Staff told us they received training that was effective and felt sufficiently skilled to carry out their roles. The staff we spoke with were knowledgeable about their roles and how to provide the correct support to meet people's needs. A member of staff told us, "Our team has become more caring, more effective to make sure we can meet our resident's needs."
- A program of regular supervision of all staff was in place although the registered manager admitted that this had not always been possible to keep up to date with during the pandemic: there were plans in place to fully re-introduce this together with further improvements to probation reviews, introduction of personal

development plans and a more structured performance appraisal. Those staff we spoke with confirmed that the registered manager and the management team were always available to provide support if it was needed.

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

- We observed lunchtime in the conservatory and monitored how food was delivered to people who chose to remain in their rooms for meals. People spoke positively about the food. We observed home cooked, well balanced meals being served to people and a range of drinks being offered. One person told us they often did not like what was on the menu and that staff always found them something else that they would like to eat.
- There was a strong emphasis on the importance of eating and drinking well. Since the last inspection, the registered manager had arranged training for staff in the assessment, treatment and prevention of malnutrition. The training had been provided by local NHS services who told us, "[Registered manager] had put good strategies in place for areas such as completion of food charts and offering milk shakes to residents."
- Food was presented to make it look appetising. There were options at all meals and people were offered choice either by discussion, use of picture cards or looking at plated meals. A member of staff told us, "We are always prompted by team leaders and the manager to make sure everyone is encouraged to eat and drink."
- When people needed assistance, it was provided at the person's pace ensuring their dignity. We observed people using specialist crockery and cups to aid their independence.
- We noted that there was a significant delay from the time hot plated meals were placed on a trolley to be taken to the rooms and the time they were delivered to people. This meant that meals were no longer likely to be hot. The registered manager confirmed that they had already identified this as an issue through their own observations and that most staff were already working differently to ensure this no longer happened. The registered manager agreed to ensure that all meals were delivered in a timely manner.

Staff working with other agencies to provide consistent, effective, timely care

- Records showed us that staff had worked with other health teams to enable consistent, effective care. Examples included working with speech and language therapists and the community mental health team.
- The service had experienced some challenges due to the Coronavirus pandemic, but staff reported that they had continued to try to access and obtain support and advice even if this had to be provided in ways other than face to face visits. A healthcare professional told us, "I am happy to report that Kingland has been much improved in communications. They have been asking for additional support and they are keen to progress their skills to help with the management of residents."
- People had access to a range of healthcare services including chiropodists, opticians, dentists and audiologists for both planned and emergency situations.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive health care services when they needed them. Records showed referrals made from the home to a variety of professionals, such as doctors and district nurses. A member of staff told us, "I feel everyone does their best for the care and well-being of the residents. If I didn't, I wouldn't hesitate to voice my concerns."
- The registered manager and deputy manager told us they worked well with all professionals and were comfortable seeking their input when needed. A member of staff told us, "Any health concern is addressed with the District Nurse or GP as soon as possible. All health professionals involved in people's care are supported and their instructions are followed and added into the care plan."
- Records showed that instructions from health professionals were carried out. A health professional told

us, "We usually received regular and appropriate referrals and my impression was that they responded to our advice."

- Instructions from medical professionals were recorded in people's care plans and communicated to staff during handover. This meant that people were receiving the most up to date support to meet their health needs.

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

- The home was accessible for people. It had been adapted to ensure people could use different areas of the home safely and as independently as possible. New flooring had been laid in the ground floor corridors which improved both the look of the areas and infection control measures.
- The home had a large lounge with television and various activities such as games and puzzles and a quiet lounge. The dining area was in a large, bright and airy conservatory which was equipped with air conditioning for summer and heating for winter. A member of staff told us, "The building and environment is homely, safer than it was and now well equipped."
- The rear garden was secure and well maintained with lots of seating for people to enjoy. A new summerhouse had been ordered and was due to be delivered to the home. Due to the covid-19 pandemic, socially distanced visits were taking place in the garden and there were plans to adapt the summer house to continue visits once the weather was not so warm.
- There were signs on doors and in corridors to assist people to access certain rooms such as the bathroom. People were encouraged to bring their own belongings into the home.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- Most staff had completed training in MCA and understood how to apply it in their daily work. Some staff had not completed their training or were overdue to complete refresher training. The registered manager confirmed that they were aware of this and were working with staff to ensure they completed their training as soon as possible.
- People's care records included capacity assessments where needed and these were regularly reviewed. Where people were assessed as lacking capacity to make a decision, best interest processes were followed and recorded.
- The manager had appropriately identified where people could be considered as deprived of their liberty

and had applied to the relevant supervisory body (local authority) to authorise this under DoLS. Systems were in place to ensure staff were reminded about any special conditions which must be complied with and to ensure additional applications were made in a timely manner for any permissions which were due to expire.

- Staff all understood the importance of seeking the least restrictive option when providing care to people who could not consent and gave examples of how they sought to establish how a person wanted the support and care they were offering.

# Is the service well-led?

## Our findings

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

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

At our last inspection systems to ensure the quality and safety of care people received, had not been fully embedded. This meant shortfalls had not been identified. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager and staff were clear about their roles and responsibilities and felt well supported by the registered provider. Staff said there was a clear management structure in place and that they were responsive to any issues raised. A member of staff told us, "We have an effective structure of managers, team leaders, head of care and senior staff which means there are good systems in place. We all work together as a close team and can delegate and share tasks."
- Staff spoke positively about teamwork. A member of staff told us, "Our managers are easy to approach and supportive: they listen to what I want or need. Teamwork and communication between staff is better."
- Records of staff meetings, quality assurance checks and audits showed when issues were identified, these were shared appropriately, and action was taken to address any shortfalls.
- Legal requirements, such as displaying the rating from the last inspection and notifying CQC of significant incidents, were met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were motivated to provide the best possible person-centred care and support for people. The registered manager had taken over the home at a difficult time and has driven the improvements that have been found at the last two inspections. A member of staff told us, "The manager is very knowledgeable, welcoming and is always striving to find ways to improve Kingland House. Her work ethic and genuine passion for the residents is remarkable." Another told us, "I have been employed at Kingland House for nearly one year and have noticed a terrific change in all aspects of the home. Residents are happier, smiling, chatting, taking an interest in the activities provided by the team."
- People told us the registered manager and senior staff were approachable and they would have no hesitation in raising concerns or making suggestions. Staff also said they could approach anyone in the

management team.

- The manager promoted the ethos of openness and learning from mistakes. This reflected the requirements of the duty of candour.

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

- The provider had systems in place to regularly ask people and staff for their views on the service, so they could continually improve.
- People were encouraged to express their views and suggestions about the service via face to face meetings with staff, surveys and reviews of their care. Information gathered from these methods was used to improve the service. There were several thank you cards on display in the reception area from people living in the home and their families.
- Some of the family members and representatives we spoke with indicated that they did not always feel fully involved with their loved ones needs and care. The registered manager explained that the restrictions on visiting, as well as other problems that had been created by the pandemic, had made communication with people more difficult. She was trying to provide updates via social media but accepted that not everyone would have access to this and agreed to give the matter further consideration.
- Quality assurance surveys were sent out to people and families annually. The most recent survey had been completed in October 2019. A report had been created following the survey and this, together with an improvement plan for those areas that required it, had been shared with people and staff. This meant the service was continually checking to ensure people received the best possible care and support.
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people.
- Prior to the pandemic, there were regular meetings held for people living at the service and for the staff. Minutes from these meetings showed people's and staff's views and needs were considered. The registered manager confirmed that these meetings would be reintroduced as soon as it was deemed safe to do so.

Continuous learning and improving care. Working in partnership with others.

- There was evidence of learning from incidents. Investigations took place and appropriate changes were implemented.
- The service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported. A health professional told us, "I felt things were being managed better than they had been since my 10 years of working with Kingland House."
- The service had good links to the local community, local churches and schools whilst reflecting the needs and preferences of people living at the service.