

# Barchester Healthcare Homes Limited

# Kings Park Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Kings Park Care Home is a residential care home providing accommodation and personal care to up to 68 people. The service provides support to older people. At the time of our inspection there were 35 people using the service. Kings Park is a modern purpose-built building providing adapted accommodation that has been designed to meet the needs of older people. One area of the home specialises in providing care to people living with a dementia.

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

People and their families described the care as safe. Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of abuse or poor practice. People had their risks assessed, monitored and regularly reviewed. Staff had been recruited safely and staffing levels met the needs of people. Medicines were administered safely by trained staff. Infection, prevention and control measures were in line with current best practice guidance.

People were cared for by staff that had completed an induction and had on-going support and training that enabled them to carry out their roles effectively. People had their eating and drinking needs met. People had access to healthcare for both planned and emergency care. Community health services were accessed including opticians and chiropodists. The building was purpose built and provided facilities that met the physical, sensory and social needs of 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.

We have made a recommendation about the Mental Capacity Act.

People and their families spoke positively about the staff team describing them as friendly, kind and caring. Staff knew people well and had a good understanding of people's communication needs. Interactions between staff and people were respectful and people told us they had their dignity and privacy respected. People felt involved in decisions about their day to day lives and told us staff respected the choices they made.

People received person-centred care that respected their choices and individuality. Staff supported people to maintain relationships with family and friends, enjoy hobbies and interests and provided a range of social activities for people to enjoy, including religious and cultural events. A complaints process was in place that people and families felt able to use. Records showed us the complaints process was followed and any learning shared with staff. People had an opportunity to discuss their last wishes, including any religious or cultural needs.

The culture of the home was open, positive and person centred. Staff were clear and confident about their roles, felt able to express their views, felt supported and involved in service development. Links with the local community included initiatives such as inviting neighbours to share a meal and a breakfast club for local professionals and businesses. Quality assurance processes were multi layered and robust ensuring legal requirements were met and quality standards maintained.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 2 September 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Kings Park Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Kings park Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kings Park is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

### During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with twelve members of staff including the registered manager, regional director, deputy manager, clinical development nurse, care staff, agency staff, housekeeping and catering staff. We observed care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe, the staff seem well trained." Another told us, "I feel safe; the staff are gentle."
- People were supported by staff that had completed safeguarding training. Staff understood their role in recognising and reporting concerns of abuse or poor practice.
- Records demonstrated that both internal and external safeguard reporting systems and processes were followed which meant people were protected.

Assessing risk, safety monitoring and management

- People had their risks assessed, monitored and regularly reviewed.
- Staff knew people well and understood the actions needed to reduce the risk of harm whilst respecting people's rights and freedoms. This included risks associated with skin integrity, falls and choking.
- People had personal emergency evacuation plans that provided essential information to emergency services should an evacuation of the building be needed.
- Equipment was well maintained and regularly serviced. This included fire equipment, gas appliances, lifts and moving and handling equipment.

Staffing and recruitment

- People were supported by staff that had been recruited safely. Recruitment checks included a full employment history, verified references and a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by enough staff with the right skills and experience to meet people's assessed care and support needs. One person told us, "Care staff are very good, a quick response, (when using call bell), and do anything for you." Another said, "Staff pretty good at checking on me when I'm in my room." A relative told us, "Feel there is more staff now than there were to start off with, even six months ago, I did feel there was not enough staff but now there is always staff visible."

Using medicines safely

- People had their medicines administered safely by staff that had completed medicine administration training and had their competencies checked regularly.
- Some people had medicines prescribed for as and when needed. Clear protocols were in place that provided staff with information to ensure they were administered appropriately.
- Controlled drugs, (medicines that have additional controls due to their potential for misuse), were

managed in accordance with current regulations.

- Legal requirements had been met to safeguard people when their medicines were administered covertly.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- At the time of our inspection some people had tested positive for COVID-19. In line with current guidance there were some visiting restrictions in place. This included a limit to the number of visitors, wearing of masks and visits taking place in people's rooms.

#### Learning lessons when things go wrong

- The registered manager had oversight of accidents and incidents which were reviewed to ensure any identified actions needed had been taken. Information was used to review care plans, analyse trends, review risk and identify learning.
- Learning was shared with staff in a range of ways including daily handovers, daily heads of department meetings, generic emails and if necessary, through staff supervision.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS had been requested appropriately. Authorised DoLS were in place. A management system was in place that recorded up to date information about DoLS applied for, authorised DoLS, conditions and expiry dates. We spoke to staff that were not confident in their knowledge of the MCA and DoLS status of people.

We recommend the provider ensures staff have a good working knowledge of the DoLS and key requirements of the MCA.

- Records showed us that where mental capacity assessments demonstrated a person was unable to make a specific decision a best interest decision had been made with the involvement of the person, their family and were appropriate health professionals who know the person. Examples included administration of medicines and providing personal care.
- Power of Attorney information had been evidenced and records clearly detailed the parameters of legal authorisations.
- We observed staff providing choices to people, listening and respecting their decisions.

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

- Assessments had been completed with people and their families that provided information about the care and support people needed and reflected their lifestyle choices.
- Assessments were completed using nationally recognised assessment tools that reflected best practice

and met legal requirements.

- Assessments included the use of equipment and technology, including specialist moving and transferring equipment.

Staff support: induction, training, skills and experience

- Staff had completed an induction and had on-going training and support that enabled them to carry out their roles effectively.
- Records demonstrated that agency staff had completed training to carry out their roles. One agency staff member told us, "Very good handover, all the staff are helpful and friendly, very easy to access information, love it, lovely residents and everybody is kind."
- Staff shared with us how training in understanding dementia had impacted their practice. One staff member told us, "It's about treating people as individuals and building a relationship where they, (people), are comfortable with you."
- Staff told us they had opportunities for supervision and professional development. This included diplomas in health and social care.

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

- People had their eating and drinking needs understood and met. This included known allergies, likes and dislikes and special textured diets for people assessed with a risk of choking.
- People spoke positively about the quality of food. One person told us, "Food very nice, lots of choice." Another said, "The food is good, I usually have it in my room. I can have what I fancy but normally I leave it up to them."
- We observed a selection of hot meals served in the dining room that were presented beautifully, well balanced and being enjoyed by people. Staff offered a range of drinks and where needed discreetly supported people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to both planned and emergency healthcare. When transferring to other services, such as hospital, a transfer form was completed that provided key information to ensure consistent, effective care.
- Records demonstrated that staff responded quickly to people's changing health needs. Examples included referrals to GP's, specialist nurse teams and dieticians.
- People had access to community services such as dentists, opticians and audiologists.

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

- People's rooms were reflective of their history, interests and hobbies, making their rooms their own individual personal space. One person told us, "I really like my room, I open the curtains and look for squirrels and birds."
- The layout of the home provided a range of communal space for both joining in social events with others or having private time with family and friends. People were able to share time at a café based in the foyer and help themselves to drinks and snacks.
- Spa bathrooms provided a sensory experience designed to promote relaxation and well-being.
- Some people were living with cognitive impairments such as dementia. The environment had been designed to include a sensory room, had clear signage outside rooms that included a photograph and name of the person to aid orientation, coloured doors to identify toilets and bathrooms and chairs along corridors to provide resting spots for people who walk with purpose.
- People had access to secure, accessible outside space.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their families spoke positively about the care received. One person told us, "The staff are lovely and work really hard." A relative said, "(Staff name), is really good, approachable outstanding in her job and has a really good approach with my mum, very confident in her abilities."
- We observed friendly, positive interactions between staff and people. Staff knew people well and understood their communication needs. This meant they were able to have meaningful interactions and conversations. One relative explained, "As a relative to someone with dementia, the understanding of the way my (loved one) is and how they support them during times of distress is really good."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care and were listened to by the staff team. One person told us, "If I ask for things, (staff) listen and always ask for my consent if needed." Another told us, "I asked for a bath this morning and had one; it was lovely."
- We observed staff offering choices and giving people time to make decisions about their day to day lives. Examples included joining a planned activity or deciding where to have a meal.
- People had access to an advocate service should they need somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence

- We observed staff respecting people's privacy and knocking and asking if they could enter people's personal space. A staff member told us, "We always knock to check, if they are naked I double check and pop a blanket over them, I always check."
- People had their dignity respected. We observed staff providing support discreetly, speaking to people in a quiet voice, calmly and professionally. Personal care was provided in a private space such as people's rooms or bathrooms.
- People's care plans focused on people's independence and staff encouraged and enabled people to maintain skills, this included in areas such as personal care, mobility and eating and drinking.
- Confidential data was accessed by electronic passwords or stored in a secure place ensuring people's right to confidentiality was protected.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had person centred care plans that reflected their care needs and lifestyle choices, was reviewed regularly and responsive to people's changing needs and wishes. An example included the use of short-term care plans when people were poorly or on a short course of medication.
- Staff demonstrated a good knowledge of people, which included their life histories, and people important to them such as family and friends.
- People had opportunities to follow their interests and hobbies and join in a range of social activities. A notice board detailed the months plan and included a film club, quizzes, singers, and a visiting 'caring canine' therapy dog.
- We observed people gathered in the foyer enjoying a lively group conversation about the morning papers. Where people preferred to spend time in their room they had opportunities for one to one time with staff.
- Memory Lane was an area of the home where people were living with a dementia. Specialist areas had been created including a sensory room with lights to aid relaxation. A 'magic table' provided colourful light projections that was designed specifically for people with a dementia and aided physical and cognitive abilities.
- Links with the community included visits from a local church, local schools and invitations to the local community to share a meal.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were clearly assessed and detailed in their care plans. This included whether people needed aids such as glasses, hearing aids any other support such as information provided in large print, picture format or a language other than English.

### Improving care quality in response to complaints or concerns

- A complaints process was in place and had been shared with people and their families. People and their families told us if they raised concerns they felt listened to and actions would be taken.
- Records showed us that complaints had been investigated in a timely manner and outcomes shared with the complainant and where appropriate staff. Complainants were provided with information about an

appeals process which included the local government social care ombudsman.

#### End of life care and support

- People, and if appropriate their families, had an opportunity to develop care and support plans detailing their end of life wishes. These included any cultural preferences and decisions on whether they would or would not want resuscitation to be attempted.
- End of life care included support from community health teams in the management of symptoms such as pain relief.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A staff member described the culture as, "Relaxed, very resident focused, supportive and a management team that want to get it right." Another told us, "Open, friendly home, staff very caring."
- Staff felt empowered to share their views, respected and told us the management team listened. A staff member told us, "Concerns I have had have been shared with management and being dealt with."
- We observed a management team that were visible, worked alongside care staff, knew people well and demonstrated a focus on person centred care.

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 manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had a good understanding of their responsibilities for sharing information with Care Quality Commission (CQC) and records showed this was done in a timely manner. The service had made statutory notifications as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.
- Quality assurance systems and processes were multi-layered, aligned with regulatory requirements and effective at improving quality of care.
- Staff spoke positively about communication and were clear about their roles. Information and learning had been shared at handovers, daily heads of department meetings, through generic emails, supervisions and team meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, families and staff had opportunities to be involved in the service through a range of pre-scheduled meetings, surveys and informal conversations.
- A community initiative had included a regular breakfast meeting with local professionals and businesses with an interest in Kings park and its inclusion in local life.

- The management team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included Skills for Care, CQC and local health and social care groups.