

Livability

# Livability Kenway Court

## 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:

Kenway Court is nursing home for up to 24 people with a range of disabilities and complex needs. At the time of our inspection there were 20 people living at the service, including young adults and people who were older. The purpose-built accommodation was set over two floors. People had access to communal living and dining areas and each en-suite room had a small kitchen area.

People's experience of using this service:

The service was effectively managed by an established manager who promoted an open person-centred culture. A number of changes in the service had put pressure on the time of the registered manager, however there were measures in place to resolve this. A new deputy had been appointed and additional nursing and care staff were being recruited. The registered manager and provider carried out audits on the quality of the service and the additional staffing would support senior staff to carry out more robust and regular checks.

Staff supported people to remain safe, while respecting their rights to independence and choice. Risk assessments were detailed and gave staff the necessary guidance about the help people needed. Staff knew what to do if they were concerned about a person's safety. The registered manager carried out thorough investigations into concerns and learnt from mistakes, using the information to make the service safer.

There were enough staff to keep people safe. We received feedback from people that staff were sometimes stretched, which would be addressed by the arrangements to increase nursing and care staffing. Medicine administration was carried out in a personalised manner by nurses who knew people well. Their attention to detail helped keep people safe.

Staff had the necessary skills to support people. Staff worked well together and with external professionals to promote people's health and physical wellbeing. People had the choice of preparing their own food and drink or have their meals prepared by a chef. Care plans provided the necessary guidance to staff to ensure they could meet people's complex needs and monitor their wellbeing.

The purpose-built property enabled people to maximise their independence. The registered manager met legal requirements when people did not have capacity. There was a focus in the service on supporting people to make their own decisions and to minimise restrictions on their freedom.

Support was flexible and reviewed regularly so it continued to meet people's changing needs. The provider had invested in resources to ensure people's lives were stimulating and meaningful. When people required end of life care, there were measures in place to ensure support was compassionate and personalised. People felt able to raise concerns about their care and be confident they would be dealt with promptly.

People were treated with dignity and respect. We discussed with the registered manager improvements in

the way personal data was stored and kept confidential. Staff across the service communicated in a skilled and consistent way which promoted people's rights to make decisions about their care.

Rating at last inspection: Good. The last report was published on 7 September 2016.

Why we inspected: This was a planned inspection to check that this service remained Good

Follow up: We will continue to monitor this service to ensure people receive care which meets their needs.

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remained good.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained good.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained good.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained good.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained good.

Details are in our Well-led findings below.

# Livability Kenway Court

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection:

This unannounced inspection took place on 5 March 2019. The inspection team consisted of one inspector and an assistant inspector.

Registered manager:

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

What we did:

As part of the inspection, we reviewed a range of information about the service. This included safeguarding alerts and statutory notifications, which related to the service. Statutory notifications include information about important events, which the provider is required to send us by law. Safeguarding alerts are information we received when there are concerns about a person's safety.

The registered manager had submitted a Provider Information Return (PIR). This return provides information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We focused on speaking with people who lived at the service and observing how people were cared for. Where people at the service had complex needs, and were not able verbally to talk with us, or chose not to, we used observation to gather evidence of people's experiences of the service. We spoke with three family members for their views on the service which their relative received.

We spoke with the registered manager, the deputy manager, the nurse, lifestyle coordinator and three care staff. We reviewed three care records. We also looked at a range of documents relating to the management

of the service, including quality audits.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they felt able to speak out if they were concerned about a person's safety. They had attended safeguarding training and were aware of the provider's procedures.
- We saw examples where concerns had been raised, and investigations took place in line with the providers safeguarding policy and procedure. The registered manager had alerted the required authorities, reviewed their practice and made practical changes as a result.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were practical and personalised. The registered manager promoted people's rights to choose to take risks and remain independent.
- Some people cooked and prepared meals in their rooms. Whilst assessments helped minimise risk, the focus was on the support people needed to remain independent.
- People had practiced what to do if there was a fire. A person told us, "We do a fire drill on a Wednesday – we go out through the blue door and we all stay together."
- When things went wrong, senior staff reviewed practice and made practical suggestions which made people safer, ensuring their response was not over restrictive. For example, a person dropped one of their medicines as they liked to hold them in their hand. The nurse encouraged them to remain independent, but to use a container in the future.

Staffing and recruitment

- At our last inspection we found the recruitment of staff was safe. The service had recently been audited by the local authority which raised no concerns or actions around recruitment. Staff told us the provider had carried out robust checks before they were able to work at the service.
- On the day of our inspection there were enough staff on duty to keep people safe. Feedback from people told us staffing was adequate, but they felt staffing was often stretched. A person told us, "It's very thin on the ground sometimes." The registered manager told us the provider had agreed to increase care staffing and also recruit an additional nurse to be on duty during the day.
- These additional resources would enable staff to meet people's needs in a timely manner. Senior staff would also be freed up to carry out management tasks such as checks on staff competence.

Using medicines safely

- People were supported to take their medicines by nurses who knew them well. The nurse's attention to detail minimised the risk of medicine errors.
- The support we observed was highly personalised and respectful. The nurse used multiple forms of communication, such as recognising facial gestures and communication aids to ensure people had been consulted before having their medicines.

- Medicines were stored in locked cabinets in people's rooms, which maximised opportunities for independence. Where people self-medicated, care plans gave clear advice around staff responsibilities and details such as ordering and disposal of medicines.
- The deputy manager carried out monthly audits of the medicines. The nursing staff were responsible for daily checks. When we looked at the medicine records with the deputy manager we found some recording errors, such as gaps in signatures. When the deputy manager reviewed this, they found the medicine had been given safely but not recorded as required. They told us they would review the process for the nurses' daily checks to ensure they picked up these errors.

#### Preventing and controlling infection

- There were effective measures to minimise the risk of infection. For example, we observed the nurse used a new pair of disposable gloves when they entered a person's flat to administer medicine.
- There were infection control audits at the service every six months which highlighted any actions which were needed in this area.



# Is the service effective?

## Our findings

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

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

- Senior staff carried out detailed assessments of people's needs and developed practical care plans for staff to follow.
- The registered manager and deputy manager were trained nurses. They worked well with the nurses at the service to ensure people's health needs were met in line with best practice. They used current guidance effectively to ensure staff promoted people's physical and emotional wellbeing in a holistic manner.

Staff support: induction, training, skills and experience

- Staff were skilled and knew people well. New staff received a detailed induction and training with additional training provided to existing staff as required.
- Staff meetings were used as opportunities to develop staff skills and knowledge, for example a recent meeting had discussed the rights and risks of people leaving the building.
- Staff worked and communicated effectively as a team to provide consistent support.
- The registered manager told us several senior staff had left in 2018. This had left a void and practices such as supervision and competency checks were not being done as frequently as she or the provider expected. This was being resolved with the arrival of the new deputy and the planned introduction of an additional nurse.

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

- People were encouraged to make choices about what they ate and drank. Staff offered advice in a positive manner, for instance a nurse joked with a person that they might turn into a pineapple as they were drinking so much juice.
- Although there was a kitchenette in each bedroom, most people chose to eat together. A chef prepared people's food in line with their needs and preferences. They spoke to people regularly, so they could have a say in the menu selection.
- Staff provided the necessary support and monitoring to minimise the risks around eating and drinking.

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

- People had access to nurses at the service. Nursing staff knew people and could communicate with them well which helped them spot any deterioration in their health. When there were concerns the nurses had promptly accessed external professionals as needed.
- We asked a professional about how well staff worked with them and they told us. "My guidelines are being followed. I asked staff about them and was happy with the responses I got."
- Due to people's complex health conditions, the manager had measures in place to ensure smooth transfers

to hospital, which included support from staff to settle people in when they were admitted.

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

- People benefitted from the bespoke design of the purpose-built property. Kitchenettes had specialist taps and working surfaces with adjustable heights, so they could be adapted in line with people's individual needs. Communal areas were spacious and uncluttered, and doors were widened enabling people who used wheelchairs to move freely.
- People were involved in personalising their room in line with their tastes.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager told us the majority of people at the Kenway Court had the capacity to make decisions about their daily lives. Care plans had clear information about people's capacity and any support they might need to help them make decisions, such as prompting a person with memory loss. A person's risk assessment stated they had the right to, "go out and stay out late," and that staff should offer advice about the benefits of occasional bedrest.
- The registered manager recognised where people had varying capacity. They had involved and consulted with a social worker when a complex choice had to be made for a person. Care plans gave staff advice when they might need to make a decision in a person's best interest. For instance, a person arranged their own health care, however staff were advised to call for the GP in certain conditions, as discussed in advance with the person.
- Where staff made decisions or restricted people without capacity, the registered manager had met the requirements of the MCA and sought the necessary authorisations.

# Is the service caring?

## Our findings

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

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 told us they were treated kindly by staff who knew them well. A person told us, "It's a lovely home. I love Kenway. All the staff are very special."
- The registered manager advocated on behalf of people. For example, they ensured the key code to the front door was not given to families and friends. This promoted people's right to decide when they would receive visitors to their home.

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

- Staff enabled people to communicate their views and make decisions.
- Communication was highly personalised in line with people's needs. For instance, one person had a board with letters and 'yes/no' options. We observed this being used at lunch to support them to choose the meal and when the nurse asked for their consent before administering medicines.
- A member of staff described how they communicated with another person, using a communication device. They told us, "It's programmed with full words, so they can ask for specific items. This morning for breakfast they chose 'coco pops in a bowl with milk'."
- During the day we observed all staff used the same approach when communicating with people, including domestic and lifestyle organisers. This consistency helped people to be in control of key day to day decisions.

Respecting and promoting people's privacy, dignity and independence

- During the inspection we were able to see private information about people such as monitoring sheets which had been left unattended. We highlighted our concerns to the registered manager who agreed to address this.
- The registered manager had demonstrated in other areas that they had a pro-active attitude to respecting people's right to confidentiality and privacy. They had contacted their head office for specific advice around sharing people's information following the changes in General Data Protection Regulation (GDPR). GDPR is a regulation about protecting the privacy of personal data.
- The service had developed 'active support plans' to promote people's independence. This broke down tasks into manageable steps, and people were encouraged to do as much as possible. One person was involved in managing their laundry, with staff lifting the lid to the laundry basket and the person putting the apron in the basket. Throughout the day we observed staff putting this guidance into practice.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The support people received tailored around their individual needs and preferences. Care was reviewed regularly and adjusted to people's circumstances changed.
- The service enabled people to develop flexible schedules, such as cooking and eating in their rooms. There was a significant number of people who had lived in the service for many years and chose to engage in established timetables. This included people who benefited from structure. We observed a person becoming anxious and a member of staff tell them, "Lunch will be in one hour and seven minutes."
- The service had dedicated staff to promote people's interests and a minibus for trips out. A person told us, "I go out with the lifestyle ladies, to Lidl's shopping, to Chelmsford to the cinema or out for coffee."
- The registered manager told us, "It used to be more structured activities, but people got bored of it. Now it's much more individual support." A member of staff told us, "There was a person who didn't want to do activities but wanted a talking book, so we got that in place."

Improving care quality in response to complaints or concerns

- Due to the open communication at the service there were limited formal complaints as concerns were managed informally.
- People told us if they had a problem they spoke directly with senior staff, usually the registered manager, "They are easy to talk to. Their door is open and there's always a queue of people."
- Where people or their advocates made formal complaints, these were dealt in line with the providers complaint policy.

End of life care and support

- The on-site nursing support meant people had access to skilled support when they required end of life care. They also received support from staff who had developed close relationships and compassion for them.
- During our inspection we spoke to a health professional and the nurse regarding the end-of-life care a person was receiving. Nursing staff knew the person well and so were able to coordinate specialist care which was dignified and sensitive to their needs.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Support was enabling and led by people's needs and choices.
- There was an open culture, where people and staff felt able to speak out.
- The registered manager had been in post since the opening of the service. They spoke up on behalf of people at the service to the provider and professionals, to ensure support adapted as people's needs changed.

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

- Changes in staffing had put pressure on the registered manager. There was a new deputy manager who was still settling in. They worked well with the registered manager and had started to share some of the management tasks.
- The service had managed to retain permanent nursing staff despite recruitment and retention being a challenge in the local area. This minimised the risk of error and was key to the good quality care at the service.
- The registered manager was recruiting an additional nurse to support in driving improvements at the service, such as increased checks.
- Care and nursing staff worked well together and understood their complementary roles. We observed when the nurse was supporting people with their health needs, care staff stepped in to carry out any additional tasks which people requested. This ensured nursing tasks were carried out in a timely manner.
- The provider and senior staff carried out regular audits. The increase in staffing was planned to ensure the checks on the quality of care were sufficiently robust to pick up any concerns.

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

- The registered manager encouraged an understanding that the service belonged to the people living there.
- The provider and registered manager involved people in wider decisions about the service, such as consultation about the design of the planned sensory garden.
- The registered manager had established links and networks outside of the service which enabled them to share examples of best practice. This included supportive relationships with other registered managers within the wider organisation.