Care Quality Commission

Harbour Healthcare 1 Ltd

Kingswood Mount

Inspection report

Woolton Road
Liverpool L25 7UW
Tel: 0151 427 9419
Website: www.liverpoolcare.co.uk

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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?	Requires improvement

Overall summary

This inspection took place on 10 and 11 February and was unannounced.

The home was in a purpose built building which had been built some years previously. It was situated in its own grounds and was adjacent to its sister home. It had recently been purchased and the new owners had renamed it as Kingswood Mount and they were in the process of refurbishing and redecorating it.

The home was registered to provide care and accommodation for up to 45 people. Due to some internal room changes, there were now 44 single rooms available and at the time of our inspection, there were 41 people living in the home. The home contained 24 nursing beds and employed registered nurses to support and care for all the people in the home.

The home required a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home did not have a registered manager in post, but a manager had applied to become registered with the

Summary of findings

Care Quality Commission and was awaiting the outcome of the application. The manager had general overall responsibility for Kingswood Mount and its sister home, but mostly 'The Mount' was managed by the deputy manager. We found that the home was part way through a refurbishment and redecoration programme and had several rooms had been redecorated and refurnished. This had been done with regard to the needs of people who lived with dementia.

Staff had been recruited safely and had knowledge about abuse and how to report it. There were appropriate safety systems in place and plans were available to evacuate the building in an emergency.

Medicines were generally stored and administered well by trained staff. There were sufficient staff on duty with various skill sets and qualifications to support people through the day and night. Staff were able to show was that they had been trained and well supported in recent months.

The home complied with the Mental Capacity Act 2005 and its associated Deprivation of Liberty 's Safeguards.

We saw that people were supported to eat and drink sufficient amounts of food and fluids and were able to do this a pleasant communal setting or choose to have their meals in their room.

We observed that staff were caring, kind and professional in their interactions with the people living in the home and with relatives, other visitors and visiting professionals. Staff promoted people's privacy, diversity and dignity and where possible enabled people to be as independent as possible. They supported people at end of life with compassion.

Care plans were becoming person centred and we saw that care was actually delivered in a person centred way. There was a variety of activities for people to do and where people had had cause to complain this had been dealt with properly.

The home was managed routinely by a deputy manager who was open and transparent and had taken responsibility for improvements within the home. Systems had been set up to monitor the quality of the home and were completed in a timely manner. Action was taken where issues had been found through the use of the systems and the issues were rectified.

Summary of findings

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.

We saw that staff were recruited appropriately and had the relevant checks completed before they started their jobs.

Staff were able to tell us about safeguarding and how they would report any concerns.

The medication records tallied with the medicines in store.

Good

Is the service effective?
The service was effective.

Staff were trained regularly. They were able to tell us about mental capacity and deprivation of liberty.

Staff were regularly supervised and demonstrated that they had skill and knowledge to support people in the home.

Good

Is the service caring?
The service was caring.

Staff had a caring approach to the people they supported and gave them information and explanations.

Staff promoted people's independence and respected their privacy.

Good

Is the service responsive?
The service was responsive.

People were supported as individuals and their care records demonstrated person centred assessment and planning.

The people living in the home were encouraged to choose how they spent each day.

Good

Is the service well-led?
The service was mostly well-led.

The home did not have a registered manager in post. The deputy manager was open and transparent.

People and their families were asked their views on service.

Requires improvement

Kingswood Mount

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 11 February 2016 and was unannounced.

The inspection team consisted of an adult care inspector and a specialist advisor, who was a nurse with experience in dementia care, tissue viability and medication.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information that we held on our systems, including any concerns or statutory notifications which had been sent through to us. We also checked with the local authority quality assurance team and the local Healthwatch organisation to see if they had any concerns or information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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. We talked with people who used the service. Some people had difficulty expressing themselves through verbal communication, but some were able to express themselves using visual communication, such as smiling or nodding approval, or frowning or shaking their head in disapproval. Some people were not able or want to communicate with us at all. We did speak briefly with one person.

We spoke with six staff members, the manager of the service and the deputy manager and with five relatives and visitors of people in the home. We also spoke with three health care professionals who also supported people living in Kingswood Mount. We looked at nine care records, five staff training records and various other records relating to the running of the home, such as audits and policies.

Good

Is the service safe?

Our findings

A visitor told us, “It’s definitely safe”. Another told us, "It's always clean here".

We saw that staff had been recruited according to the legal requirements. All staff had been checked for criminal records, qualifications, their right to work in the UK and all had at least two references. Staff had not been allowed to work with people who lived in the home until these requirements had been met and a satisfactory interview had taken place. We saw records of application forms, interview notes and other documents in the staff recruitment files. The provider had various policies relating to employment, such as disciplinary and grievance procedures. This showed that there was clear guidance about the relationship, expectations and requirements between the employer and employees.

All the staff had been trained in relation to safeguarding and were able to tell us what abuse was and how and to whom they would report it. They told us they knew how to get the contact numbers to report an issue. CQC and the local safeguarding authority had been made aware of any safeguarding concerns, as required.

We saw staff rotas for the previous four weeks and the following three weeks which showed that there were always sufficient staff on duty. The deputy manager told us that they started always with a minimum of eight staff on day duty and then used a dependency tool to determine if further staffing was required. The dependency tool was a tool which assessed peoples’ needs and gauged the number and type of staff needed in the home. The home employed approximately 60 staff and the deputy manager told us that this home and its adjacent sister home seldom swapped staff, which enabled consistency for the people living in the home.

The safeguarding policy was in the office and contained both the provider’s policy and the local authority’s policy, with contact numbers. We saw notices in the home about safeguarding which showed telephone numbers for people and staff who did not have access to the office, to contact, if there were any concerns. Staff were able to tell us about abuse and they knew where to get the contact numbers to tell someone about their concerns. One staff member told us, “I wouldn’t tolerate it”. We noted that this staff member was preparing an activity for people, with scissors and to talk to us they came out of the lounge, bringing the scissors with them. This showed they considered the safety of the people who were in the lounge.

In the care files we saw that risk assessments had been completed on the various aspects of each individual's person’s life, such as eating and feeding, pressure care, moving and handling, continence and falls. Other risk assessments had been completed in relation to the home in general, such as fire risk assessments and COSHH (control of substances hazardous to health).

The registered nurses who were employed in the home had all had their PIN number checked each month to ensure it was current. A PIN number was issued by the nursing and midwifery regulator, the Nursing and Midwifery Council, when registered staff were considered to have the skills, knowledge, good health and good character to do their job safely and effectively; this was also known as being, ‘fit to practice’.

The medication cabinet was kept in the locked medication room along with the medication administration record (MAR) sheets. We saw that the medicines stocks stored in the cabinet and the MAR sheets, tallied. All the MAR sheets had the person’s photograph on them for easy identification. All the drugs were 'in date' and new stock had been checked in properly, stored correctly, and administered appropriately. PRN (as required) medication and homely remedies were recorded in a similar way. Again the stocks tallied with the record. A visiting healthcare professional told us that they were happy to support the homes’ assessment where a person needed covert medication and had written a letter to say so. Covert medication is where a medication is disguised in some way, such as crushing it and combining it in with something such as a spoon of yogurt or honey. An example of when covert medication was sometimes given was when a person did not have the capacity to agree to its usual way of administration.

We watched a medication round on the first morning of the inspection. We noted staff checked people’s identification and that they told people what their medication was for and gained their consent, before giving them their medication.

One nurse told us, "Medications are safe. We have a good rapport with the pharmacist and GPs". We observed that

Good

Is the service safe?

the nurse would place the medication into a dispensing cup, sign for the medication then administer the medication to the person. We noted that there was potentially a risk to this process if the person refused the medication when it had already been signed for as being given. The deputy manager said that they would follow this up with staff and on the second day of the inspection, told us they had done so.

We saw that all the checks on such things as legionella, water temperatures, gas and electrical installations had been done regularly and were up to date and within safe limits. There were smoke and fire detectors throughout the home, with the necessary firefighting equipment placed around the home. These were also checked and serviced regularly. There were appropriate fire alarm checks and fire drills and the home had evacuation plans, should there be an emergency. We saw that individual personal emergency evacuation plans (PEEPs) had been recorded for staff to use in an emergency.

The kitchen was large and tidy and the kitchen and the equipment in it, was clean. The fridge and freezer temperature checks were completed twice a day and the food temperature checks as and when necessary. All were recorded as being within safe limits.

We found the home to be clean and well kept. Visitors spoke highly of the environment and we saw that people appeared happy with it. Those people who were able to communicate with us expressed their satisfaction by smiling when we asked if the home was clean. The home had an infection control policy. Infection control was aided by a clean environment and we saw that the communal toilets, bathrooms and the kitchen all had waste bins, soap and towels and were in a clean state.

We saw that accidents, incident and complaints were all dealt with appropriately and responded to quickly. There were policies relating to each of these.

We noted that the environment and fabric of the building were checked regularly including the water systems to ensure that the temperatures were safe and protected people from scalding and the possibility of contracting legionnaire's disease and we saw that also such things as window restrictors and fire doors had been checked and general maintenance had been carried out.

Good

Is the service effective?

Our findings

One person told us, "Nothing is too much trouble for them". Another person said “The meals are good, not half”.

A relative told us, "I can't praise them enough. Since they have taken over, the difference is unbelievable; absolutely incredible. There is more holistic care; now the whole person is being looked at".

The manager told us, “I want to make it a home where I would put my Mum”.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 was in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any authorisations or conditions to deprive a person of their liberty were being met. We found that the provider had followed the requirements in the MCA and DoLS and had submitted the appropriate applications to the ‘supervisory body’ (the local authority with responsibility for the person). Most of the people living in Kingswood Mount had had DoLS applications made, with to date, 19 authorised.. We saw that the DoLS restrictions were appropriately followed. A relative told us, "The DoLS assessment was brilliant. They actually gave the relatives a lecture about it all. I thought this was excellent". We noted that there was a pictorial representation of the key code for this was the entrance door for those people who had capacity to make decisions about whether to leave the building or not. These people had also been given a printed information sheet with the code keep in their bedrooms.

Staff had received training in the MCA and the associated DoLS and they were able to tell us about the main points of the legislation. They were also able to tell us about each person's restrictions under DoLS. We noted that this training had been provided at the end of 2015 and was ongoing into 2016.

The training plans were updated monthly and the company prioritised new subjects. Each member of staff received a personal email informing them when a new training topic has been added. The manager told us that the company prioritised the training in recognition of the needs of people using the service.

Staff training needs were identified and prioritised during supervision sessions and in response to service users’ needs. An example of this was that to registered nurses had completed syringe driver courses following the needs of one of the people living in the home. A staff member told us, "I am really looking forward to doing the end of life training".

New staff went through a probationary period where they received induction training. We saw the documentation relating to the topics covered in induction which included such things as fire safety, health and safety, moving and handling, whistleblowing and safeguarding training. Staff had received an ongoing training programme after their induction training.

We saw that there had been training events to enable staff to improve their core skills. We saw on the training matrix that several staff had achieved NVQ level 2 and one had achieved level 3 in 2015. However one member of staff told us that nearly all the staff had NVQ and that one staff member had completed an ‘access to health and social care’ course as they wish do a degree to train as a nurse. Staff told us that the provider and the managers supported their training. The deputy manager told us that they were very keen to train all staff across a range of subjects, as soon as possible and were in the process of arranging this.

One staff member told us, “The deputy manager is really supportive and is very keen to support my development”. Another said,” It's identified that staff need to do training through the training matrix and the training file; there are so many training courses staff must do. We are in the process of getting some MAPPA training". (MAPPA is training about managing behaviour that is challenging).

Good

Is the service effective?

We noted that staff received regular supervision and appraisal. One staff member told us, "We have regular supervisions with [Name] and they always respond to any requests. Supervision is always okay".

Kingswood Mount was undergoing a programme of updating and refurbishment. Much of this had been completed. We saw that many people's rooms had been redecorated with people's choice of colours and décor. There were 14 bedrooms which were ensuite with a toilet and wash basin and the remainder all had wash basins. The communal areas including the bathrooms were also being upgraded. The corridor had been themed with murals and pictures of mementos of the 50's and 60's and the lounge furniture was arranged in small groups of chairs. The conservatory had a pool table for people to use and it was also used for visitors to share a meal with the people they were visiting. One of the bedrooms had been turned into a small lounge for people who enjoyed watching sport on the TV and we were told of plans to upgrade the garden to include a small pitch and putt course with artificial grass for the surface.

The kitchen with been rated as four-star for food hygiene by the environmental health department. We asked why this had been and were told that it was because the fridges were rusty on the outside. We discussed this to the deputy manager and on the second day of our inspection new fridges were delivered to the kitchen.

There was a menu on the kitchen and dining room doors and we saw that there were records of individuals' eating needs, such as swallowing needs and there was also a record of high risk foods which some people found difficult to either eat or digest. The kitchen was able to provide foods in a form suitable for individuals, such as pureed or soft diets and we were told the chef could also accommodate peoples cultural and religious food needs.

During lunch we saw that people were relaxed and that staff were very supportive, telling people what was available and helping some people to have their lunch. There was not much interaction between people having a lunch but staff did chat to everybody. There was a selection of clean, ordinary, domestic type patterned fabric pinafores which staff wore to serve lunch. The tables were dressed this fabric napkins and condiments. There were plenty of drinks served, including fruit squash and tea and coffee and everybody was asked if they wanted anything different or if they had enough to eat. We joined one person at a table and sampled lunch. We found it to be hot, tasty and well presented. This person was eating their lunch with enthusiasm and told us, "It tastes alright to me". We noted that another person asked for something different to eat and this was provided quickly and without fuss.

Good

Is the service caring?

Our findings

One person told us, “They really look after me; after everybody”.

We saw that staff were kind and caring and they knew the people they were supporting, well. A relative told us, “My [Name] loves living here. They look after her very well”. A staff member told us that, "If you haven't got compassion and care you should not be doing this job".

One member of staff told us "I would put my Dad here".

Another member of staff told us that there had been a lot of changes but they had all been for the better. They said, “We care about the residents”.

A member of staff told us, “‘I have worked in a few care homes but this is the best ever. The patients are really well looked after. We just let the nurse know if there are any concerns or problems and they will show us”.

This staff member went on to say, “My partners Nanna is going to need to go into a home in a few months. I am just praying that there is a bed available in Kingswood Mount when that time arrives”.

The deputy manager told us that some people living in the home enjoyed watching sport on the TV but others didn't. The deputy manager had decided to use a vacant room and had converted into a small lounge with a large screen TV in order to provide for those people who wanted different entertainment in a communal setting.

We saw that this had been very successful and was attended by many of the people who were mainly interested in football.

We saw that people were supported appropriately and kindly. Staff offered explanations about what they were about to do and gave people information about their options. One person told us, “I can sometimes get a bit mixed up at times and lose the actual time and day. Staff know when this is happening and come over and sit with me. They remind me of the date and time which seems to instantly repair my memory”.

We noted that people's privacy and dignity was respected. A healthcare professional told us that, "It was sometimes difficult, but staff always try to get somewhere private to talk; they respect people's dignity and privacy".

A relative told us that their parent, who they were visiting on the day of our inspection, was at the end of their life. They said, "The care is excellent".

The relative also told us that the staff and the manager had been very helpful to them and had tried to make their parent’s end of life as comfortable and easy as possible. One of the healthcare professionals involved in their care commended the home told us in relation to the homes approach to end of life care, that, "In the last six months it's been loads better”.

This persons relative told us that the deputy manager and the staff were doing all they could to support the person and the family. The management and the staff had looked at ways of improving this person's room as it wasn't suitable in some respects but had jointly decided, with the family, to leave the arrangement as it stood, even though there were drawbacks to it. This was because they decided that the benefits for the person outweighed the negatives for the home. The person was able to view the birds outside, on the garden bird feeder, in their current room and that they took a lot of pleasure from seeing them and it was important to their life.

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Good

Is the service responsive?

Our findings

One person told as, "I am treated as an individual".

A visitor told us, “Everyone who stays here is treated as an individual. The staff are fantastic with every patient. They know their likes and dislikes and it’s great and comforting to see these relationships forming”.

We were informed by the deputy manager that in order to improve both standards of documentation as well as making each care plans sequential and easy to follow, all care plans were being reviewed and updated at the time of inspection.

Some care records were lacking in person centred care documentation but others had been upgraded. We were told that many care records had been reviewed and changed to a more person centred care record. We were shown several care plans that had gone through the transitional review process and this had produced a new person centred care record which demonstrated a good standard of person centred care, individual care needs, patient information, risk management, patient safety management and local and multi-disciplinary team decisions.

The deputy manager told us that to ensure full effectiveness of these care plans, staff had to be aware that all sections of the care records must be completed at all times and regular reviews of care effectiveness should regularly be evaluated. We found that staff were aware of the need to complete all aspects of the care plan related to a person’s needs and were keen to contribute to a formal review of those needs.

Although the records did not always record person centred care assessments, we saw that care was person centred. People's individual needs, preferences and wishes were accommodated in their everyday support from staff. Staff told us that at handover, if agency staff were covering some of the duties, they were made aware of individual people's person centred care needs. We saw records of the handovers which demonstrated this.

We looked at the care files for people who were receiving pressure area management care. All the people were found to be receiving correct care management regarding skin breakdown. We found that there had been advice received and implemented from Tissue Viability Services, referrals to Dietetics and appropriate pressure relieving equipment was in place. This meant that there was appropriate care management for wound management and healing.

We heard discussions between healthcare professionals and the registered nurses employed by the home which demonstrated that there was an obvious and ongoing conversation between them about the support and care that people needed. We spoke with health care staff who told us that people were treated as individuals and at the home had a person centred approach to the people living there.

One of the healthcare professionals told us that they had a good working relationship with the staff. They confirmed that nobody [staff] was too busy or stressed to speak to; they were always welcoming and always friendly and always were able to tell them about peoples situations. They also told us that, “There were lots of activities going on”.

A staff member told us that, "We adapt to everybody needs. I want to make sure everything here is geared to individual people".

We saw that there were a range of activities including church visits to the home, visits to venues and events outside of the home, entertainers, puzzles and craft work. The home employed for 30 hours a week an activities coordinator who also worked with the sister home’s activities coordinator in providing both home-based and joint activities. This staff member told us," I try to get to know them and their past; you can gauge a lot from that". This staff member also told us that they would like a sensory room if it could be arranged. They told us, "It's getting better and it's a lot better than it was".

People were able to maintain family contacts and attend other social events, as they were able.

The home encouraged various activities and social interaction to promote peoples abilities. One visitor told us, "It's so much better than when my mum was here". They went on to say, “We give a short service and then we talk to people; we've been doing it for a few months now".

We saw the people had choice in their daily lives and that they were able to express their individuality through verbal

Good

Is the service responsive?

and physical communication. We noted that some people were able to demonstrate their feelings through visual methods. We also noted that staff were also aware of people's needs.

Those people and visitors who were unhappy about an aspect of the service were able to complain through the complaints policy which was available in the home and displayed on notice boards. We noted that it was also available in the service users, 'Welcome and Orientation Pack'. We found that records were kept of complaints or concerns and that these had been suitably dealt with.

Requires improvement

Is the service well-led?

Our findings

One of the health care professionals we spoke with told us, "I haven't got any concerns; the managers are very approachable and transparent".

A staff member told us, “We are really looked after by the management. We are never asked to do anything that we are unsure about”.

Another staff member told us that they had been a, “Massive improvement with the new deputy manager taking over the management of the home”. They went on to say that the deputy manager had made a big change in the culture of the home and at all the staff felt as though they were working as a team now.

The day-to-day running of the home was managed by a deputy manager. There was an overall manager for both Kingswood Mount and its sister home, which was on the same site. The overall manager had applied to become the registered manager for both homes and was waiting the outcome of their application to CQC.

The deputy manager had introduced many checks and audits into the systems and processes in order to make sure they were able to assess and monitor the service as required and support staff. One staff member told us, “The deputy manager is really supportive and is very keen to support my development”.

We saw that various aspects of the service were checked on either a daily, weekly, monthly or quarterly and annual basis. These checks included the fire alarm and detection systems, the equipment used in the home including portable appliances.

We saw that the care plans were in the process of being reviewed and updated and medication was audited on a regular basis. There was a schedule of audits which included dining services, pressure ulcer audits, falls prevention audits and catering audits

Generally records were of good standard and it was noted that many of these had been recently reviewed, amended and improved.

The home had policies which were related to the running of the home. Some in of these were in need of review but others had been recently updated.

We were told by staff that they deputy manager was very supportive and that the home had improved greatly since they had taken over the management.

The home had submitted the required statutory notifications to CQC in a timely manner.

We noted that it was obvious from our observation of the records that there had been good partnership working which had benefited individuals in the home. One healthcare professional told us, "The deputy manager is very good and communicates well with others and they use the community matrons’ advice and support, very well". Another professional told us that they worked very closely with the staff and management of the home in order to support people as well as possible.