

# Barchester Healthcare Homes Limited

## Kenwyn

### 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Kenwyn provides accommodation with personal care for up to 109 people. There were 72 people using the service at the time of our inspection. Some people were living with physical disabilities, long term physical health and mental health conditions including dementia. Kenwyn occupies a large detached purpose-built building over two floors and is divided in to four units, two on each floor.

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

At our last inspection we made recommendations in relation to staffing levels, how staff were deployed, guidance for the use of agency staff and the provider taking advice about the development of a consistently open culture.

At this inspection we found there were enough staff on duty to meet people's needs. Staff were allocated to work in specific units, which meant people received care from a consistent staff team. Staff told us there were occasions when staffing levels were lower than planned, when short notice sickness occurred. However, staff were re-deployed between units, to cover for absences, to ensure there was the appropriate skill mix in each unit.

The service had not used agency staff since the start of the pandemic, to reduce the risk of cross infection. This had resulted in people being cared for by permanent staff who had the skills and knowledge to meet the needs of everyone living at the service.

There was a positive culture within the staff team and staff told us they felt supported by the management team. The registered and deputy managers had built open and trusting relationships with staff and this had helped bring about the culture change since the last inspection.

Staff were recruited safely. The service had continued to recruit throughout the COVID-19 pandemic, to ensure there were enough staff to cover for sickness or for staff who needed to shield or self-isolate. Staff were supported by a system of induction, training, supervisions, appraisals and staff meetings.

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.

Care plans were accurate and up to date. They provided staff with comprehensive guidance to ensure people's needs were met. Risks were identified and staff had clear instructions to help them support people to reduce the risk of avoidable harm.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. Staff were informed about people's changing needs through

effective shift handovers and informative records of the daily care provided for people.

Medicines were well managed, and people received their medicines safely as prescribed for them.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Government guidance about COVID testing for people, staff and visitors was being followed.

Visiting arrangements for people's families had been facilitated, in line with government guidance at any given time, throughout the pandemic. Recently nominated relatives were making regular visits to see their loved ones, and this was welcomed.

People, their relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

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 and update

The last rating for this service was requires improvement. (Report published on 5 September 2019) and there were two recommendations. At this inspection we found improvements had been made.

#### Why we inspected

The inspection was carried out to follow up on the action we recommended the provider take at the last inspection. As a result, we carried out this focused inspection to review the key questions of Safe, Effective and Well-led only.

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. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

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.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kenwyn on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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** ●

# Kenwyn

## 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.

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 team consisted of two inspectors and a member of the CQC medicines team.

#### Service and service type

Kenwyn is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and the information we had requested when the inspection was announced.

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 two people living at the service and a visiting healthcare professional. Some people were not able to tell us verbally about their experience of living at Kenwyn. Therefore, we observed the interactions between people and the staff supporting them. 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 also spoke with seven care staff, two nurses, the registered manager, the deputy manager and the regional manager.

We reviewed the care records of six people. We checked 20 people's medicines records and looked at arrangements for managing medicines. We also looked at a variety of records relating to the management of the service, including four staff recruitment files.

#### After the inspection visit

We continued to seek clarification from the provider to validate evidence found. We reviewed the additional documentation we had requested from the registered manager. We spoke with two healthcare professionals, who work with the service, and five relatives.

# 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 improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection we recommended the provider continuously reviewed the actions taken to improve staffing levels, how staff were deployed and guidance for the use of agency staff. The provider had made improvements.

- There were sufficient staff employed to meet the needs of the people who used the service. The service had continued to recruit throughout the COVID-19 pandemic to ensure there were enough staff to cover staff sickness and for staff who needed to shield or self-isolate. Once recently recruited staff had completed their induction, all staff vacancies would be filled.
- There were robust recruitment processes in place that included interviews, police record checks, employment history and references to check whether potential staff were safe to work with people.
- Staff were allocated to work in specific units, which meant people received care from a consistent staff team. Staff told us there were occasions when staffing levels were lower than planned, when short notice sickness occurred. However, staff were re-deployed between units, as dependency levels changed and to cover staff sickness, to ensure there was the appropriate skill mix in each unit to meet people's needs.
- The service had not used agency staff since the start of the pandemic, to reduce the risk of cross infection. This had resulted in people being cared for by permanent staff who had the skills and knowledge to meet the needs of everyone living at the service.
- People and their relatives told us they thought there were enough staff on duty. People had access to call bells to alert staff if they required any assistance. Where people were unable to use a call bell, staff carried out regular welfare checks, in line with their assessed needs. We saw people received care and support in a timely manner and calls bells were answered promptly.

### Assessing risk, safety monitoring and management

- Risks had been appropriately identified, assessed, monitored and reviewed. These assessments contained guidance for staff on how to protect people from known risks and reduce the risk of avoidable harm. For example, when people were at risk of choking, falling, needed to be hoisted or needed re-positioning.
- Some people had been assessed as needing pressure relieving mattresses to protect them from skin damage. There was a process in place to ensure such devices were always set correctly for the person using them, and in accordance with their current weight.
- When people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included information for staff on how to identify when a person was becoming upset and guidance on how to provide reassurance and support.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they

were safe to use.

- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and comfortable with staff and had no hesitation in asking for help from them. Relatives told us they were happy with the care people received and believed it was a safe environment. One relative told us, "I know the staff really well and I know [person] is safe living at Kenwyn."
- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. Information about how to report safeguarding concerns externally was displayed in the service.
- The provider had effective safeguarding systems in place. Safeguarding processes and concerns were discussed at staff meetings. Staff knew how to report and escalate any safeguarding concerns.

Using medicines safely

- People received their medicines safely and in the way prescribed for them.
- There were suitable arrangements for ordering, storing, administration and disposal of medicines including those needing cold-storage and those needing extra security.
- If people needed their medicines given covertly, then we saw that mental capacity assessments, best interest decisions and advice on how to give each medicine were recorded.
- When medicines were prescribed to be given 'when required' we saw that person-centred protocols had been written to guide staff when it would be appropriate to give doses of these medicines.
- Staff were proactive about making sure medicines reviews took place for people, especially where sedative, anti-psychotic or antidepressant medicines were prescribed.
- Directions and body maps were available to help staff apply people's creams and other external preparations in the way prescribed.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.

# 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 good. At this inspection this key question has remained the same. 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

- People's needs were assessed before they moved into the service, to help ensure their needs were understood and could be met.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.
- Staff had supervision meetings with a manager every two months and an annual appraisal. Supervision meetings were either as part of a group session or individually. Group supervision meetings, and some one-to-one sessions, were used to discuss topics such as safeguarding, infection control, dignity and respect, pressure area care, record keeping, and general practices within the service.
- The registered manager told us having themed supervision meetings had been an effective way of bringing the staff team together and ensuring there was a consistent approach. However, they acknowledged that the number of one-to-one sessions, where staff could discuss their own work and reflect on their practice, had not been as frequent. We were assured that a plan would be put in place to have a more even spread of the different types of supervisions.
- Regular staff meetings also took place, within each unit and whole home staff meetings, where staff could discuss any concerns and share ideas.
- New staff had completed a comprehensive induction and worked alongside more experienced staff to get to know people. The provider's induction programme reflected best practice recommendations. One member of staff told us, "I had a good induction and worked on all the units."

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

- People were provided with healthy meals and they told us they enjoyed the food provided. A relative told us, "Considering [person] has a soft diet, their meals are always nicely presented." One person said, "I have gluten free food, they get me special cereal and bread. They also get me special flour to make me cakes."
- Staff were aware of any specific dietary requirements, for example, if people needed their food to be pureed to minimise the risk of choking. Wherever possible people were involved in menu planning and staff

spoke with people daily about their meal choices.

- Hot and cold drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day.
- Nutrition and hydration care plans were in place and covered people's dietary needs and detailed if assistance from staff was needed. When people's food and fluid intake needed to be monitored, we found records were consistently completed and acted upon if necessary.
- Where required people were regularly weighed. This information was communicated to other records, such as records for pressure relieving mattresses to help ensure these were always set correctly for the person's needs.

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

- People's health conditions were well managed, and staff engaged with other organisations to help provide consistent care. People were supported to see external healthcare professionals regularly such as tissue viability nurses, physiotherapists, GPs and speech and language therapists.
- Care plans were comprehensive and provided staff with clear guidance about how to provide the right care and support for people. Care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.
- There were records to show, when assessed as needed, staff were monitoring specific health needs such as people's weight, nutrition and hydration, skin care and risk of falls.
- Care plans for oral care had been developed for each person to identify their needs and take action when needed to support people to access dental care.
- People were encouraged to stay healthy and active. Staff supported people to continue to mobilise independently.

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

- The premises were suitable for people's needs and provided people with choices about where they could spend their time. There were pleasant gardens and patio areas which people, who were able to, could access independently.
- The premises were well maintained and decoration and re-furbishment was on-going. For example, we were advised that new carpeting was due to be fitted in the coming weeks on the dementia unit.
- Access to the building was suitable for people with reduced mobility and wheelchairs. A lift was available if people needed it to access the upper floors. Corridors were wide and free from clutter.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. 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.

- Capacity assessments were completed to assess if people were able to make specific decisions

independently.

- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). This was clearly recorded in people's care plans. Families were encouraged to be involved in people's care plan reviews.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.

# Is the service well-led?

## Our findings

Well-Led – this means 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 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.

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

At our last inspection we recommended the provider take advice and guidance from a reputable source regarding the development of a consistently open culture. The provider had made improvements.

- At this inspection we found there was a positive culture within the staff team and staff told us they felt supported by the management team. The registered and deputy managers had built open and trusting relationships with staff and this had helped bring about the culture change since the last inspection.
- Staff were committed to providing the best possible care for people. They demonstrated a thorough understanding of people's individual needs and preferences. Relatives told us, and we observed, that staff had good relationships with people, and they were treated well. Commenting, "Staff are lovely, very consistent team" and "All the staff are amazing, from the cleaners to the kitchen staff."
- Staff were positive about the management team and told us they felt valued. Comments from staff included, "Happy working here, no issues", "We are much better now than we were, it's really rewarding to see it", "It can be busy, but I love working with all the residents. Things are much better than they were" and "It is easy to talk with managers."
- Relatives told us they thought the service was well managed and communication with the management was good. Comments included, "We have spoken with the manager and deputy on many occasions and they have always been honest and accessible", "We trust them and have no complaints", "They have done a wonderful job through the COVID-19 period, keeping us informed and updated with any changes."
- Healthcare professionals were also positive about the service. Comments included, "No concerns at all with the support provided here", "Their care planning and record keeping is very good" and "I am here a lot and have seen some lovely interactions from staff."
- The service's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures. People's care plans and risk assessments had been kept under review and gave staff guidance about how to provide person-centred care for people.

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

- The management structure at the service provided clear lines of responsibility and accountability across the staff team. The registered and deputy managers had comprehensive oversight of the service and understood the needs of people they supported. Managers provided effective leadership to the staff team

and their individual roles and responsibilities were well understood.

- There were robust quality assurance and auditing systems in place designed to drive improvements in the service's performance. There was a clear schedule of when specific audits should be completed, and these were reported to and monitored by the provider. The regional director visited the service regularly and carried monthly audits of service.
- Where any issues were identified appropriate action was taken to ensure they were addressed and the service's performance improved.
- Important information about changes in people's care needs was communicated at staff handover meetings each day and informative records of the daily care provided 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 management team promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong.
- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

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

- People and their relatives were regularly asked for feedback on the service's performance. While satisfaction surveys had been paused at the start of the pandemic there was a plan to resume these in July 2021.
- In the meantime, people's views were sought by the registered manager carrying out daily walks around the service, to speak with people and gather feedback. The Regional Director also spoke with people, when carrying out their monthly audit.
- Relatives were encouraged to share their views via the carehome.co.uk website. Feedback from this source showed the service had an overall satisfaction rating of 9.4 out of a possible score of 10.
- Monthly 'residents meetings' took place which also gave people the opportunity to feedback comments to management.
- Staff team meetings were held regularly and provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon. For example, one worker suggested that staff prepared people, living on the dementia unit, for visitors by showing them photos of their family and talking about them before a visit took place. Another worker commented, "When I raised a concern, I was listened to and a solution was found."
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers.

Continuous learning and improving care

- Systems used to assess and monitor the service provided were continuously evaluated and improved. This helped to ensure the provider had a comprehensive overview of the service and knew where improvements could be made.
- The registered manager and provider were keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.

Working in partnership with others

- The service worked collaboratively with professionals and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.