Care Quality Commission

Harbour Healthcare 1 Ltd

Kingswood Manor

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

This comprehensive inspection took place on 23 and 24 February 2017 and was unannounced.

Kingswood Manor is a period building in its own grounds. It is registered to provide accommodation for persons who require nursing or personal care to up to 44 people; there were 42 people living at the home at the time of this inspection. The building has two upper floors which contained most people's rooms, a ground floor which mainly contained the communal lounge and dining room as well as offices and another two bedrooms for people nearing their end of life. There was a large basement area which contained the kitchen. A passenger lift gave to access all floors as well as a central stairway.

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. There was a registered manager in place who had been in post for several years.

At our previous inspection on 04 and 09 November 2015, we had found breaches of regulations 12 and 17 of the Health and Social Care Act 2008 in respect to safe care and treatment and the lack of suitable quality assurance processes. The home then undertook to immediately address these concerns. At this inspection we found that the home had made the required improvements immediately after that inspection and we saw that they had been sustained.

We toured the home and noted that most of the carpeting had been replaced and rooms and communal areas redecorated. We looked at records relating to the safety of the premises and its equipment, which we saw were recorded as being checked and safe. The records showed that the required safety checks for gas, electric and fire safety were carried out.

People received sufficient quantities of food and drink and had a choice in the meals that they received. Their satisfaction with the menu options provided had been checked. Where people had lost weight this was recognised with appropriate action taken to meet the person's nutritional needs.

Menus were flexible and alternatives were always provided for anyone who didn't want to have the meal on the menu for that day. People we spoke with said they always had plenty to eat. We joined the lunch time meal where staff were observed to support people to eat and drink with dignity.

The provider had complied with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and its associated codes of practice in the delivery of care. We found that the staff had followed the requirements and principles of the Mental Capacity Act 2005 (MCA) when providing care. The staff we spoke with had an understanding of what their role was and what their obligations where in order to maintain people's rights.

We found that the care plans and risk assessment monthly review records, were all up to date in the files, we looked at and there was updated information that reflected the changes of people's health.

People told us they felt safe with staff and this was confirmed by people's relatives who we spoke with. The registered manager had a good understanding of safeguarding. The registered manager had responded appropriately to allegations of abuse and had ensured reporting to the local authority and the CQC as required.

Accidents and incidents were recorded and monitored to ensure that appropriate action was taken to prevent further incidences. Staff knew what to do if any difficulties arose whilst supporting somebody, or if an accident happened.

We looked at rotas for shifts throughout the day and night. Staffing levels were seen to be appropriate. All the people and their visitors we spoke with considered there were adequate staff on duty. People were able to have person centred, 1-1 activities provided, to promote their wellbeing.

The home used safe systems for recruiting new staff. These included using Disclosure and Barring Service (DBS) checks and annual self-disclosure checks made with the manager. The staff files did not include a photograph of the staff. A photograph is a useful way of checking staff's identification and can verify other documentation, such as passports and visas. There was an induction programme in place which gave staff the basic skills to ensure they were competent in the role they were doing at the home. Further training and refresher training was provided according to each staff member's role. Staff told us they felt supported by the deputy manager and the registered manager.

We found that the medication administration procedures followed the home's policies. The medication room was secured whilst not in use. Medication tallied with the records.

There were no recent complaints about the home. Where there had been complaints, these were dealt with effectively and followed the home's complaints policy. Quality assurance systems had been improved and reflected the current situation with the home and used action plans to monitor and improve systems.. The registered manager of Kingswood Manor had been supported to make improvements and to sustain these, by the provider and we found there was good support from them for the home to continue to improve.

People were able to see their friends and families when they wanted. Visitors were seen to be welcomed by all staff throughout the inspection.

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 was safe.

There was appropriate recording of medication, which was stored safely.

Staff had been recruited safely. Recruitment, disciplinary and other employment policies were in place. There were sufficient staff on duty.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding vulnerable people.

The home was clean, comfortable and had had the necessary health and safety checks completed.

Is the service effective?

Good

The service was effective.

The service complied with the requirements of the Mental Capacity Act 2005 and the associated deprivation of liberty safeguards.

All staff had received training and had been provided with an on-going training plan. Staff received good support, with supervision and annual appraisals taking place.

Menus were flexible and alternatives were always available. Most people we spoke with said they enjoyed their meals and had plenty to eat. People's weights were recorded monthly or more frequently if required.

The home was nearly at the end of a redecorating and refurbishment programme.

Is the service caring?

Good

The service was caring.

People told us that their dignity and privacy were respected when staff supported them.

Most people we spoke with praised the staff. They said staff were respectful, very caring and helpful.

We saw that staff respected people's privacy and were aware of how to protect people's confidentiality. People were able to see personal and professional visitors in private.

Is the service responsive?

Good

The service was responsive.

Care plans were up to date and informative. They provided sufficient guidance to identify people's support needs.

The complaints procedure at the home was up to date and available.

People were able to attend a wide variety of activities.

Is the service well-led?

Good

The service was well-led.

There were systems in place to assess the quality of the service provided at the home. People who lived at the home, their relatives and staff were asked about the quality of the service provided.

Staff were supported by the registered manager and deputy manager.

The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Care Quality Commission

Kingswood Manor

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 checked whether the provider was 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.

We checked with the local authority and also looked at our own records to see if there was any information we should consider when planning this inspection. We looked at the information the service had sent to us as, 'statutory notifications'. These are required by law to advise the Care Quality Commission (CQC) of any major events about the service, such as a death, a safeguarding issue, a major incident or injury, or some event which stops the service functioning properly. We also looked at the local Healthwatch website to see if they had recorded any concerns about the home. We found no issues of concern.

This inspection took place on 23 and 24 February 2017 and was unannounced. It was carried out by one adult social care inspector.

During the inspection, we spoke with six people who used the service, three relatives and four care and support staff. We also talked with the registered manager and with the care quality lead for the provider. We also spoke with two visiting health care professionals. We looked at five care files, five staff recruitment files and other records related to the running of the home.

Good

Is the service safe?

Our findings

A person living in the home told us, "I feel as safe as houses". Another said, "It's brilliant here".

At our previous inspection on 04 and 09 November 2015, we had found a breach of regulation12 of the Health and Social Care Act 2008, in relation to safe care and treatment. These concerns were about medication administration processes, hygiene and fire safety. At this inspection we found that these concerns had been addressed and that the home was not now in breach.

One professional had recorded in a survey, 'The home is amazing; I never have any concerns'[about the safety of people living in the home]. Another wrote, 'I never have any problems or concerns'.

We looked at recent staff rotas and ones planned for the following weeks of our inspection and noted that there were sufficient staff on duty to meet the needs of the people living in the home. An appropriate mix of registered nurses, support and ancillary staff were scheduled to be on duty throughout each day and night. The home did use agency staff to cover some shifts, but had recently offered appointments to several new staff and were waiting for pre-employment checks to be completed for these staff. Once these checks were complete and the staff member commenced employment, the home would be fully staffed with its own, permanent staff.

When we looked at staff recruitment files we saw that staff had been recruited using safe recruitment methods. There had been an appropriate application and interview process and before any staff member had started in employment there had been checks made on any criminal records and their previous employment history. The criminal record of each staff member was rechecked every three years. We saw that there were appropriate employment policies and procedures in place, such as grievance and disciplinary procedures.

Polices were available to provide guidance for staff on safeguarding adults and whistle blowing. Safeguarding adult's policies provide an explanation of what constitutes abuse to adults, and gives information about how to report a concern. Whistle blowing policies protect staff who report things they believe are wrong in the workplace and which are in the public interest.

The training records showed that all staff had completed training about safeguarding adults; some of this training had been identified as needing updating by the registered manager and we saw that there were training plans in place to refresh staff's knowledge. The staff we spoke with were aware of the need to report any concerns to a senior person or the local authority, if necessary.
The staff were also aware of the whistleblowing policy and told us they would have no hesitation to use it if required.

There were individual risk assessments in people's files, for risks such as falls, swallowing and bed rails.

Health and safety of the environment had been checked through various risk assessments and audits.

Contracts were in place for the maintenance and servicing of gas and electrical installations and fire equipment. We found that the home was clean and provided a safe environment for people to live in.

Accident and incident records were completed in full showing what the accident or incident was, what had caused it and how the registered manager had investigated. They recorded how the home had made appropriate made referrals to other professionals and what had been done about any risks.

The cleanliness and hygiene of the premises was good. The home was clean and did not smell offensive. There were sufficient alcohol gel dispensers in the corridors for staff and visitors. Communal toilets and bathrooms had filled soap dispensers and paper towels. People were protected as the staff followed universal safe hand hygiene procedures. This meant that there was the opportunity for staff and visitors to clean their hands appropriately, in between supporting or visiting people living in the home.

We noted 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 was a designated maintenance member of staff who was responsible for checking the safety of the environment. We saw records of audits that had taken place daily, weekly and monthly. There were appropriate fire alarm checks and fire drills and the home had evacuation plans, should there be an emergency.

We checked that each person had a personal emergency evacuation plan (PEEPS) in place. PEEPS provide staff and emergency service personnel with information about a person's needs and risks during an emergency situation such as a fire. They assist staff and emergency service personnel to quickly identify those most at risk, where they are most likely to be in the home for example their bedroom location and the best method by which to secure their safe evacuation.

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'.

Medication was administered via a monitored dosage system supplied directly from a pharmacy. Individual named boxes contained medication which had not been dispensed in the monitored dosage system.

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We inspected medication storage and administration procedures in the home. We found the medicine trolley was secure and clean. We saw the medicines refrigerator provided appropriate storage for the amount and type of items in use and that the temperature was recorded appropriately and was within safe limits. However, we did note some missing signatures on the records.

The medication cabinets were kept in the treatment 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. Controlled drugs were securely stored and appropriately recorded. 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. The treatment room was locked when not in use.

Good

Is the service effective?

Our findings

When we joined some people for lunch, one said, "The food is lovely". Another told us, "They will always get you something you like".

The general consensus from the people we spoke with was that staff were competent and one person told us, "They know what they are doing".

One comment in the professional survey was, 'Staff are very informed and engaging. They are always able to assist and carry out any extra duties when requested. They have the ability to recognise when district nurses need to be informed'.

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.

The registered manager was knowledgeable about the MCA and had implemented a clear procedure for complying with the MCA with records in place to show what actions had been taken in relation to people's mental capacity. The care plans we saw all had clearly showed that MCA assessments had been undertaken and when the local authority had been approached with an application for a DoLS assessment.

The registered manager told us that if, in the pre-assessment and care planning, there was an indication that a person may not have capacity to give informed consent then a MCA assessment would be undertaken. This would also happen if the person's mental capacity deteriorated whilst they were living in the home. If appropriate then this would have been followed by the best interest's procedure; both processes were documented and recorded in the person's care file. The registered manager said they requested these documents from the person's social worker. They told us they knew that if these were not available then they had a responsibility to ensure the process was undertaken. We saw records which confirmed this had been done.

The registered manager had made fifteen applications to the supervisory authority in respect of some people who lived in Kingswood Manor, who may need to be deprived of their liberty. One person had a twelve month DoLS authorisation at the time of our inspection.

The staff we spoke with were aware of the MCA. All these staff had completed training and were aware of what the MCA was and what the DoLS procedure meant if implemented. They always sought people's consent; gave people choice, encouraged their independence and consulted with and involved relatives.

We looked at staff training records. We saw that new staff were inducted and that the subjects covered a basic range of subjects, such as moving and handling. food hygiene, first aid, end of life and safeguarding. After induction, staff were given training relevant to their role, such as medication or dementia awareness training.
82% of the staff had NVQ training. The registered manager told us they were refreshing the training matrix for 2017.

The records recorded that staff were regularly supervised and had annual appraisals. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. Staff told us that these were useful and productive experiences and that they welcomed them.

We toured the premises and could see that Kingswood Manor was a comfortable place to live for the people resident there. The service was in the process of the last stages of a redecoration and re-furbishment programme. The areas of concern which we had found at our last inspection had been addressed, repaired or improved. These were mainly around improving communal bathrooms and a shower room. However, we found that the home had not used some of the recent research available in respect of dementia friendly environments. There was a plain carpet, but the use of contrasting colour on things such as hand rails and doors had not been utilised. A dementia friendly environment has been shown to prolong people's independence.

The kitchen had a food hygiene rating of three out of a possible five. The chef told us the home was waiting to be re-inspected by environmental health again. We saw that the kitchen appeared clean and tidy and that all the required checks had been completed on the equipment and food. However we did see that there were some items stored near a fire escape. This was a potential safety issue due to the combustible nature of the material near to a fire door and the possibility it could be an obstruction in the event of an emergency evacuation. We discussed this with the manager who told us the following day that the items had been removed.

The meal we observed was a lively affair with lots of staff and people interaction. We observed that it was an opportunity for people to enjoy each other's company and have a laugh and a joke. The tables were well laid out with the usual cutlery, tablecloths napkins and condiments. We saw that some people were encouraged and supported to eat, asked if they had had enough and were offered drinks both hot and cold.

People told us that the food was good and tasty and that there was enough of it. They told us there was a choice and that they could change their mind at any point. One person told us, "I find the food very good, I wouldn't complain at all about it". We sampled the food and found it to be very palatable and hot. The chef told us they could cater for all dietary, allergies, cultural needs or preferences and we saw that these were recorded in the kitchen.

One person told us, "He's not a bad cook, this fella".

Good

Is the service caring?

Our findings

One person told us, "Its lovely here; the staff are always looking after you".

A healthcare professional commented, "The staff have a good relationship with the people living here and are very caring".

Another professional had written in a survey, 'It's much better than it was; a great improvement. The staff are lovely and the atmosphere is happy. It's like a big family'.

A staff member told us, "I wouldn't have put my mum or dad in the home I worked at before, but I definitely would here"

We noted that all staff on duty knew people who lived in the home well and were able to communicate with them and meet their needs in a way each person wanted. We saw staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred. We observed that staff were very patient and supportive to the people who were in the home at the time of our inspection and they were caring and gentle towards the individuals and supported them appropriately with dignity and in a respectful manner.

One professional said, "Residents are treated with care and their dignity and privacy is respected".

Staff completed entries in the daily records which demonstrated a clear understanding of the needs of that person.

We observed staff reacting to call bells in an organised way and in a timely manner.

We observed staff interacting with people throughout both days of our inspection. From their interactions it was clear staff had a good knowledge of each person and how to meet their needs. Staff were very supportive and were heard throughout the inspection talking with people, supporting people to make decisions and being patient. The atmosphere in the home was positive, with people laughing and joking with the staff and each other. The people who lived in the home were constantly encouraged by staff to be independent. People we spoke with and their relatives informed us that staff met people's individual care needs and preferences at all times.

One person living in the home did not have a good grasp of the English language as it was not their first language. However, they had visitors daily from their own community who provided a language translation of their needs and we saw that staff were patient with the person. They could understand and communicate in simple phrases and this had in the main, proved to be effective. However, the registered manager told us that language was sometimes an issue. They told us they would endeavour to increase their awareness of the person's cultural needs and communication.

People were supported to attend healthcare appointments in the local community; however, the manager informed us that most healthcare support was provided at the home. Staff monitored people's health and wellbeing and were vigilant in noticing changes in people's behaviour and acting on that change. There were discussions throughout the inspection about people's health checks. The registered manager told us that the doctors visited the home as required. A healthcare professional told us, "The quality of care is excellent". Another said, "There is robust and proactive care for service users".

We observed caring interactions between staff and the people living at the home. We observed the people who used the service were supported when necessary, to make choices and decisions about their care and treatment. People were supported to make sure they were appropriately dressed and that their clothing was chosen and arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if this support was needed.

There were two people on 'end of life' care at the time of our inspection. We saw they and their relatives were treated with care and empathy and that their privacy was respected, whilst following their end of life care plan. The people in receipt of end of life care were unable to communicate and had been brought in to rooms close to the nurse's treatment room, with their relative's agreement, so that staff were better placed to meet their needs. We saw that one person with specific cultural needs about their funeral, had an end of life care plan which addressed these requirements.

The registered manager told us that if any of the people could not express their wishes and did not have any family/friends to support them to make decisions about their care they would contact an advocate on their behalf.

People had been enabled to personalise their own rooms; we were shown some people's bedrooms with permission from them. They told us they were happy with their rooms and if they had an issue with their rooms, they would report it to the manager. We looked at the maintenance records which showed that any issues were dealt with promptly.

Good

Is the service responsive?

Our findings

A person who lived in the home told us, "It's such a happy place and we all have fun".

A staff member told us, "It's smashing; the home has improved so much. It really meets people's needs".

"We all work as a team for the residents", another staff member told us.

We looked at people's care plans. These contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs. People's needs had been assessed and care plans developed with them to inform staff what care to provide in respect of many aspects of their lives, such as their preferences, risk assessments, their anxieties and the management of any challenging behaviour. The records informed staff about the person's emotional wellbeing and what activities they enjoyed.

The plans were effective; staff demonstrated they were knowledgeable about all of the people living at the home and what they liked to do. People's needs were reviewed regularly by senior staff and they had amended the care plan if there were any changes. When we asked people about their reviews of care and care plans they did not fully understand our questions, however, all said they were happy with the care. The relatives we spoke with told us that they were involved in the care review process and that the care provided was what was agreed.

Activity plans were in place and people told us they were invited daily to join in. We observed plans for activities including trips in a shared mini bus, entertainers, games and armchair activities. The activities coordinator was enthusiastic about their role and provided as much person centred one to one care they could. A recent innovation was to involve local school children to get involved with activities for people in the home. An award had been presented to the home by Liverpool City Council called the "Community Partnership Award". This was in part related to the work the home had shared with local schools that came in to the home twice each week. The school children gave one to one chats with people who had few or no visitors, or engaged with people in group activities, such as a 'project on life in different eras'.

People were enabled to either attend their preferred place of worship, or have representatives of their faith visit in the home.

We talked with people about activities and were told by them that there were a lot of group activities taking place. Comments included, "There is a lot to do if I want to join in" and another comment, "I love to go out".

We also looked at the many compliments from relatives, friends and other visitors comments made included 'Staff have an amazing relationship with all the residents and their visitors. They should be proud of themselves'. A health care professional had commented, 'Staff are always approachable and friendly'.

Good

Is the service well-led?

Our findings

One person told us, "It's very well run".

A healthcare professional commented, "The quality of care is excellent. Yes it's open and transparent and we work well together. The manager has done a great job".

A staff member said, "I would definitely put my Mum in here; definitely. There are not many places I would recommend but this is one of them".

At our previous inspection on 04 and 09 November 2015, we had found breaches of regulation17 of the Health and Social Care Act 2008, in relation to good governance. The home did not have effective systems to monitor the quality of the service. At this inspection we found that these concerns had been addressed and that the home was compliant with Regulation 17.

The registered manager and the staff had a clear understanding of the culture of the home and were able to show us how they worked in partnership with other professionals and family members to make sure people received the support they needed. We talked with the registered manager and they told us how committed they were to providing a quality service.

There were effective systems in place to assess the quality of the service provided in the home. These included medication audits, staff recruitment and training audits, health and safety audits, incident and accident audits and falls audits. The registered manager informed us that they and the deputy manager acted on issues immediately. The registered manager told us that they had worked hard with the deputy manager implementing the audit and monitoring system and the provider also completed audits. At the time of our inspection, the provider's 'care quality lead' was auditing care files.

We noted that the provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs. Another healthcare professional told us, "The staff are always willing to work in partnership with myself".

We saw that the home had collaborated with the local schools and other community organisations, for pupils to become involved with the home. One of the schools provided people with a be-friending service, a one to one support time. Negotiations were in hand for the home to have use of the school minibus for trips. A staff member told us this community working was, "Going well".

We looked at the ways people were able to express their views about their home and the support they received. One person told us "I am asked if everything is ok every day". Records showed that meetings took place with staff and people and were asked if they had any issues.

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events

in a timely way and had submitted the required statutory notifications to the Care Quality Commission. This meant we could check that appropriate action had been taken. They had also made appropriate referrals to either the local social services or local healthcare providers, as necessary.

Staff told us the registered manager and the providers were easy to talk with and open and transparent. They told us they had a good relationship with them.

We saw that the home had various policies and procedures related to the running of the home and service had systems and process's to make sure it operated safely.