Harbour Healthcare 1 Ltd

Kingswood Mount

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

Kingswood Mount is a purpose-built building. It lies in a large plot of land, with its sister home, in a residential area of Liverpool. It is registered to provide accommodation and nursing care for up to 45 people and at the time of our inspection, there were 45 people living there. It has two floors which are accessible via a lift.

At our last inspection we rated the service overall, as good. The well led domain have been rated as requires improvement. At this inspection we found the evidence continued to support the overall rating of good and well led had improved to good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

We found that the home was a safe environment for people, who were supported by staff who had been recruited appropriately. Staff administered medication correctly and followed the policies and procedures of the provider. There were appropriate staffing levels to meet people's needs. People were treated without discrimination and their human rights were protected and promoted. Staff knew how to safeguard people from abuse and how to report any concerns about this or any other accident or incident.

The building had been purpose-built and it was safe and well maintained.

Staff were well-trained and supervised and had the skills and knowledge to deliver effective support to people living in the home. They understood the Mental Capacity Act 2005 and worked with other agencies to ensure that people had the right support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff treated everybody with kindness and compassion and involved them in decision-making about their day-to-day lives. They promoted people's equality and diversity, gave explanations and information in a way that people could understand and respected people's well-being and right to privacy.

We observed that the staff treated people as individuals. The records we saw demonstrated that each care plan was individual to the person. People and their relatives told us they were involved in any reviews about their family member's care plans.

The people who lived in Kingswood Mount could join in with various activities throughout each day.

The home worked well with other health and social care professionals to provide support to each individual person who lived.

The home completed various quality checks and audits including questionnaires to people using it, their relative's and health and social care professionals. The service was improving some of its systems, such as ensuring annual appraisals for staff and was introducing new documentation.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service has improved to Good.

The registered manager ensured that the homes systems and processes were robust.

They worked well with other health and social care providers and had good community links.

Staff told us that they were supported by the registered manager and the deputy manager.

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 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.

This was an unannounced, comprehensive inspection conducted on 20 November 2018. It was carried out by two adult social care inspectors, a specialist nurse adviser and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience had experience of people who lived with dementia.

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. These notifications are information about important events which the service is required to send us by law. We checked with the local authority 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 looked around the premises, observed the interactions between people living at the home, care delivery and activities provided at the home. As some people were unable to give us their views 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 spoke with six people living at the home, three visitors and eight staff who held various roles at the home, including the registered manager, deputy manager and care staff. We looked at a range of documentation including six people's care records. We further 'case tracked' an additional two people who had complex physical and mental health needs. This meant that we looked at all the records relating to the person to check whether all the records tallied with their assessed needs and had been consistently kept up

to date.

We looked at overall medication storage and records, five staff files, accident and incident records, safeguarding records, health and safety records, complaints records, audits and records relating to the quality checks undertaken by staff and other management records related to the running of the home.

Good

Is the service safe?

Our findings

There was an adequate number of staff on duty to safely and effectively meet people's needs. The registered and deputy managers carried out regular dependency audits to ensure the home's staffing matched people's needs. People, their relatives and the staff told us there were sufficient staff on duty and people and visitors confirmed this. One person said, "There's always someone around if you need them" and another told us that staff were always prepared and had time, to stop to talk with them.

The home had systems and processes to safeguard people from abuse. There were safeguarding and whistleblowing policies and staff had been trained in safeguarding vulnerable adults. They could demonstrate that they knew how to raise a safeguarding alert and there was information around the home with contact numbers. We reviewed the home's safeguarding records and found that appropriate actions had been taken when concerns were raised. We noted that the home was meeting its obligation to notify CQC of incidents or concerns of this nature.

Staff were recruited safely and we saw in their recruitment records that, for example, application forms, criminal records checks, and references had been obtained and were recorded appropriately.

Personalised risk assessments had been completed for various aspects of people's care, such as moving and handling, pressure relief and mobility and were reviewed regularly. The risk assessments we saw gave staff the information they needed to safely manage these risks.

Medication was correctly administered, stored and recorded at the home. The medication administration records (MARs) and medication stocks we looked at had been appropriately completed and medication stocks were accurately accounted for. This included administering and recording, 'as required' (PRN) medication. We saw that relevant staff had received training on medication administration and there were policies and procedures in place to support them. Their competency to administer medication was assessed annually and the registered manager carried out monthly audits to ensure medication was being safely administered, stored and recorded.

We found that the home was well-maintained and the safety of the environment was regularly checked by staff. The home had a variety of up-to-date safety certificates that demonstrated that utilities and services, such as gas and electric had been tested and maintained. We saw legionella checks had been appropriately carried out. Legionella is a water-borne bacteria often found in poorly maintained water systems.

Fire safety at the home was well-managed. This included a fire risk assessment; regular checks and maintenance of fire safety and firefighting equipment; personal emergency evacuation plans (PEEPs) for people living at the home; fire safety training and a business continuity plan in place to guide staff in the event of an emergency.

Accident and incident policies and procedures were in place to record any accidents and incidents that had occurred. Appropriate action and learning had taken place in response to those incidents that had occurred.

We also noted that this information was reviewed to help identify any emerging patterns or trends that needed addressing.

During our inspection the home was visibly clean and smelled fresh. We observed that staff used personal protective equipment (PPE) when necessary, such as when supporting people with personal care or serving food. This meant that staff and people were protected from the risk of infection being spread.

Good

Is the service effective?

Our findings

People's needs were effectively assessed before they were supported by the home. This ensured that staff had the skills and capacity to safely and effectively meet people's needs. Information from the assessment was developed in more detail into care plans and risk assessments. People's needs in relation to equality and diversity were considered during the assessment process and included within the care plans, such as age, disability, preferences, cultural needs and religion.

People's care plans clearly identified each support need, the associated aim or outcome and information about how staff could support the person to achieve this. People told us that staff supported them to maintain their health and wellbeing and to access relevant other health care professionals when necessary. For example, saw that referrals had been made to dieticians, geriatricians, opticians and dentists for people in the home.

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 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 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).

The Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been followed by the service. We saw that the home carried out appropriate mental capacity assessments when necessary. Deprivation of Liberty Safeguard (DoLS) applications had been appropriately submitted to the Local Authority and there was a clear system in place to monitor and renew them when needed.

We saw that all new staff completed a thorough induction programme at the start of their employment. This included a three-month probation period before being signed off as a permanent member of staff. All new staff also completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Other staff were qualified to either level two or three of the national vocational qualification (NVQ).

All staff had received training relevant to their roles and the staff gave positive feedback about training provided. This included manual handling, safe handling of medications, safeguarding, mental capacity, infection control, equality and diversity and dementia awareness, stroke awareness and end of life care. Overall, 87% of the staff at the time of our inspection, were up to date with training with the remainder only being a month or so behind.

Staff were well-supported with regular supervisions; however, we saw that there was a heavy reliance on group supervisions which do not give individual staff members the opportunity to have a one-to-one conversation with their line manager. Annual appraisals were not up to date but we saw that they were

scheduled with senior staff. Staff told us that they felt supported in their roles and all other staff, including the registered manager and deputy manager, were approachable and helpful.

Most of the people we spoke with told us they enjoyed the food and drink at the home. We saw that meals were freshly prepared each day and people were given a choice of nutritious foods to help them to maintain a healthy and balanced diet. We sampled the food and saw that there was a choice of two meals for lunch. Relevant information regarding anyone who required special diets, such as diabetic, fortified or soft diets, was available in the kitchen for guidance. Records showed that people were being supported to have enough to eat and drink and we saw that people that required assistance to eat and drink were given this support by staff.

People had been able to personalise their rooms with their own pictures, items and furniture. Some of the people living at the home were living with dementia. There were dementia friendly adaptations at the home, such as signage and large, easy-read noticeboards.

Good

Is the service caring?

Our findings

People told us the staff were caring and friendly. One person commented, "The staff are marvellous and I do get a lot of help from them". Another person told us, "They [staff] are very nice and treat me very well". A relative told us, "When [my relative] the returned here from hospital she was not walking at all well but the staff worked brilliantly with them and they are now fully mobile".

We observed caring interactions between staff and people living at the home throughout our inspection. For example, we saw one staff member who stopped by somebody in the lounge who looked distressed, kneel in front of them, touched the person gently on the arm and then chat quietly with them. It was obvious in the way that staff spoke with this person that they knew them well and were experienced in supporting this person.

People and their visitors told us that staff respected and supported them to be as independent as possible. For example, people made their own choices about when to get up in the morning and when to go to bed at night and what to dress in. One person said, "I stay in bed a lot but I am not in my room all day. I will get up soon and I might see my friend in the lounge".

We saw people moving throughout the home at various times. People could eat and drink when they wanted to and staff supported them to do this.

People and their relatives told us that staff respected their privacy and treated them with dignity and respect. We saw that staff knocked on people's room door and waited for them to answer before entering. Staff used respectful and caring language when communicating with people.

We observed that staff knew the people they supported at the home and some positive and caring relationships had developed. Staff could tell us about some of the people they supported, including things they liked to eat, drink and do along with the type of care and support they needed. One person commented, "They are marvellous, every one of them."

All staff had received training on equality and diversity. People's care plans and the staff we spoke with demonstrated that the home treated people as individuals with individual needs. For example, the home considered people's personal histories and any religious and cultural preferences. All the relatives we spoke with told us that the home provided care and support which reflected people's needs and preferences and that the staff groups approach was consistently non-discriminatory.

We saw that people's confidential information, such as care plans, was stored securely at the service's office and only people who required access could do so.

Good

Is the service responsive?

Our findings

People living at the home had person centred care plans and risk assessments. The care plans we looked at were regularly reviewed by staff and where possible and appropriate, the people, their relatives and other relevant health professionals were involved in the review. Information In people's care plans was clear and concise. This meant that staff who were new to the home or agency staff were able to quickly understand people's care and support needs.

The registered manager explained that they were in the process of revising some of the documentation, such as the hospital passport which would summarise each person's care and support needs, medication and allergies and be taken with them if they were admitted to hospital.

People's care plans gave staff clear information on how to support people with any communication needs, for example, ensuring people who wore hearing aids or glasses were supported to wear them. This demonstrated that the service was acting in line with the Accessible Information Standard. The Accessible Information Standard makes it a legal requirement for providers of NHS and publicly-funded care to ensure people with a disability or sensory loss can access and understand information they are given. Information was available in other formats for people to use and read, such as pictorial, large print, other languages than English or Braille. One person who lived in the home was a native Spanish speaker and occasionally used Spanish to communicate. Staff used an electronic translation service to ensure that they communicated properly with this person and that they could understand their wishes.

There was a range of activities on offer provided by a full-time activities coordinator, two activities team leaders and two well-being officers across Kingswood Mount and its sister home. The activities included arts and crafts, chair exercises and singing and dancing and baking. External entertainment was brought in, such as children's choirs or an entertainer. People's participation in the activities was recorded and carefully monitored. This helped identify anyone who would usually have got involved but had withdrawn so staff could check on their wellbeing and find out if there was anything wrong.

The activities coordinator and their staff were very organised, enthusiastic and had a very positive impact on the atmosphere at the home. When the activities coordinator was not at the home some activities continued with the care staff supporting people to participate.

People were supported to make choices about how they spent their time. For example, we saw that people could spend time in their rooms on their own if they wished to do so. We also found that staff assisted people to go out on trips organised by the home, or with their relatives.

The home had a complaints policy and procedure. People and their relatives were encouraged to make a complaint if they needed to and the details of how to do so were easily accessible. Most of the people we spoke with told us they have never had any need to make a complaint. We reviewed the home's complaints records and found that complaints were appropriately recorded and responded to in a timely manner.

The home supported people who were at the end stage of their lives. People's wishes on whether Cardiopulmonary Resuscitation (CPR) should be commenced in the event of them becoming unresponsive had been sought and documented appropriately on a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form. The home had good links with other relevant health professionals to ensure people's end of life care needs were effectively met and noted that several staff had received end of life training.

Good

Is the service well-led?

Our findings

People we spoke with and their relatives felt the service was well-led. One person said, "[The management] are lovely, really nice".

At our last inspection, in February 2016, we rated this domain as requires improvement. At this inspection, we found that the domain had improved to good.

The home required and had a registered manager. This person had been registered since August 2018 and oversaw both Kingswood Mount and its sister service, Kingswood Manor. 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 also a deputy manager who had day-to-day responsibility for the management of Kingswood Mount.

We found both the registered manager and the deputy manager to be open and transparent. They were helpful and engaging and provided us with all the information that we requested.

The service had clear lines of accountability and there was a stable management team in place. The management team visited the home throughout the whole week and at various times of the day and night. This meant that the registered manager had good oversight of the safety and quality of care being provided. People and visitors to the home all knew who the management team as they frequently moved around through the home and were a visible presence. Staff told us there was an open-door policy which enabled them to share any urgent issues or concerns straight away. They told us that the managers were supportive. The staff we spoke with felt there was good morale and teamwork at the home and that all staff supported each other how and when they needed help.

The service had good community links including attending community-based organisations such as schools and churches. People both visited these and students and members of the churches visited people who lived in the home.

Records showed that the registered manager held regular staff meetings. These meetings were documented and provided staff with the opportunity to receive and share any important information.

The home gathered people's feedback about the service provided on a regular basis. This included inviting people living at the home and their relatives to complete annual surveys. One relative told us, "I have not yet been asked for any feedback directly but I have filled in a satisfaction questionnaire so I was able to say that I am quite happy overall with this Home". The registered manager told us that a new survey would be sent out shortly and that they would collate and analyse any feedback received.

The registered manager explained that they had run some residents' and relatives' meetings but these had not been very well attended. The registered manager told us they planned to schedule these meetings

alongside other events in an attempt to improve attendance.

There were regular and organised audits in place to monitor, assess and improve the quality and safety of service being provided. These ranged from environmental and health and safety checks to care plan audits. We noted that this was an area of improvement since our last inspection and the overall the home's quality assurance processes were now more robust and reliable.

The home had a range of policies and procedures in place that staff could access if they needed any guidance. These included policies on safeguarding, medication administration, whistleblowing, equality and diversity and complaints. We saw that these policies and procedures were up-to-date and regularly reviewed.

Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the service. We saw that the service had notified the CQC of all significant events which had occurred in line with their legal obligations. From April 2015, providers must clearly display their CQC ratings. The home also met its legal obligation to clearly display its most recent CQC rating at the home and on their website.