

Valorum Care Limited

Kenmore - Care Home with Nursing Physical Disabilities

Inspection report

100 Whitecliffe Road
Cleckheaton
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Kenmore is a residential care home providing personal and nursing care to 19 people at the time of the inspection. The service can support up to 26 people. The provider of this service had changed on 6 August 2019 and this inspection is the first inspection since the service was sold. The building is a converted older house with two ground floor extensions built around a courtyard. Most people's rooms were in the ground floor, although some people's rooms were on the first floor of the older part of the building; rooms there were accessed via a lift.

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

Some care plans were really detailed giving staff clear guidance to follow, but others lacked detail. Staff were not consistently recording when they had met a person's care needs such as postural changes and oral hygiene needs. This meant the service was not able to evidence care had been provided on each occasion or that an accurate record was maintained.

The provider had not notified CQC of significant events as required by legislation.

Audits and checks were carried out; however, these were not always effective in identifying areas which needed to be improved. We have made a recommendation about quality improvement processes.

An electronic medicine management system was in place which was effective. However, improvements were required in medication management. We have made a recommendation about the management of some medicines.

We looked at how the service managed risks to people and found some improvements were required in how the service assessed and managed risk. Some risks were managed well, but others had not been identified to ensure the necessary control measures were in place. People told us they felt safe and they liked living at the home.

Staff had not always recorded accidents and incidents. Where reported, the registered manager had put in measures to prevent recurrence but a deeper analysis to find the root cause of the incident was often missing. There had been several incidents and 'near misses' involving temporary agency staff. Due to the complexity of the needs of people at the service, improvements need to be made in the induction and competence checks on temporary staff.

Staff had been recruited safely and had received a detailed induction into the service. According to the available training matrix, staff training was not up to date. Staff we spoke with were knowledgeable and were well supported by the registered manager and clinical lead.

Health and safety checks of the environment and equipment were in place although due to the handover of

providers, some certificates in relation to the checks on slings were missing. The environment was due for a full refurbishment by the provider who was in the process of drawing up a plan for the required work.

People told us they liked the food and were offered choice of food options. Records were not always completed to show people were being supported to drink.

The home had referred people who had restrictions on their liberty to the relevant authorities. 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.

People and their relatives spoke highly of staff at the service who they described as caring and compassionate. Staff protected people's privacy, dignity and helped them to be independent.

People were encouraged to participate in a range of different activities and spoke highly of the new activities coordinator and they had been involved in the recruitment process. Formal complaints were reviewed and responded to in line with company policy. Relatives told us the registered manager was responsive to informal complaints and improvements were made as a result.

The manager was working with professionals, stakeholders and the local community to improve the experience of people living at the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 9 November 2018). We have used the previous rating to inform our planning and decisions about the rating at this inspection. This is the second time the service has been rated as requires improvement. Since the last inspection the registered provider of the service has changed. The current provider is responsible for maintaining and improving the service, including addressing any issues from the last inspection.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive, and well-led sections of thereport. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was not always responsive

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below

Requires Improvement ●

Kenmore - Care Home with Nursing Physical Disabilities

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The first and last day of inspection was carried out by one inspector. The second day of inspection was carried out by one inspector and a specialist advisor with expertise in nursing care.

Service and service type

Kenmore 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

This inspection was unannounced.

What we did before the inspection

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.

Prior to the inspection we reviewed all the information we had about the service including statutory notifications and other intelligence. We also contacted the local authority contracts department, safeguarding, infection control, the fire service, the Clinical Commissioning Group, and Healthwatch to assist us in planning the inspection. 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 all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with one volunteer and seven members of staff including the provider, registered manager, deputy manager, team leader, volunteer coordinator, support worker and the catering supervisor. We spoke with two professionals who regularly visit the service.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. Other records included those relating to the management of the service, policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 under the previous provider this key question was rated as requires improvement. This is the first inspection for this service since the provider registered in August 2019. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Some risk assessments were detailed. Others lacked essential information to help control the risk and were not used to underpin the relevant care plan.
- Checks to ensure the building was safe and met legal requirements were completed, recorded and certificates were in place. However, records of some sling checks were not available. We were assured they had been checked but the paperwork had been sent to the previous provider.
- Emergency evacuation plans were in place to ensure people were supported in the event of a fire.
- Regular fire drills took place although no simulated evacuations had happened. The service used horizontal evacuation to a safe zone but still needed to plan in case they needed to evacuate the building. We raised concern about the location of the fire assembly point which was not suitable for wheelchair users. The registered manager gave us assurances the new provider would re-assess fire safety.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. One said, "I feel safe here, yes, I do. I always have done. I do feel at home."
- Staff said they were able to spot the signs of abuse and they told us they would always report this and were confident their concerns would be acted upon
- The staff training matrix showed safeguarding training was not up to date. It was unclear whether this was an issue caused by the change in registered provider, or whether the training had not been updated, as records were not easily available. However, we saw records to show the deputy manager, as part of staff induction had detailed discussions with staff about safeguarding people from abuse.

Staffing and recruitment

- Staff were recruited safely, and all the appropriate checks were carried out to protect people from the employment of unsuitable staff. People living there were involved with recruiting staff.
- There was a high use of agency staff, particularly to cover shifts for the registered nurses and more in-depth checks were needed in relation to dates of their training and competence checks.
- There had been a recent recruitment drive for permanent staff, and this had been successful for support workers, who were undergoing recruitment checks and a nurse was due to commence shortly after the inspection.

Using medicines safely

- The provider used an electronic medication management system which was used to record and report on

all aspects of medication management.

- We found some issues with the management of medication, mainly in the consistency of recording. This included the application of creams, variable dose medication and recording reasons for not giving medication. There had been a delay with obtaining some medication due to an issue with supply which meant there had been occasions when medication was not in stock. There was no evidence this had impacted on people using the service.
- Protocols for giving medicine 'as and when required' did not consistently provide advice for staff to follow.
- Regular medication audits were taking place, and actions taken although these were not always recorded against the audit.

We recommend the provider considers current guidance on managing medicines in care homes and takes action to update their practice accordingly

Preventing and controlling infection

- People said staff wore personal protective equipment (PPE), for example, gloves and aprons when providing personal care. We saw PPE supplies were available in various areas throughout the home.
- A member of staff acted as a champion to raise awareness of infection control. However, some staff training in preventing the control of infection was overdue.

Learning lessons when things go wrong

- There was a system in place to record all accidents and incidents. However, we noted from one person's care file, they had an accident. This had not been recorded on an accident form and therefore there was no analysis to determine how this had happened.
- The registered manager responded to the incidents they were notified about and put in actions to try and prevent a recurrence. A deeper analysis was needed to get to the root cause and really understand what had gone wrong.

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 under the previous provider this key question was rated as requires improvement. This is the first inspection for this service since the provider registered in August 2019. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We were provided with a training matrix following this inspection which showed each member of staff had not undertaken the necessary training. The registered manager told us there had been an issue with transferring training information from the previous provider to the new provider, so a decision had been made for staff to complete all the provider's training afresh. At the time of the inspection this process had not been completed, so there was no recorded evidence staff had been fully trained.
- Staff told us the training was good. The registered manager said, "We all have apps on our phone. I can see what staff have done." To promote compliance for staff to complete all of the training afresh, they said, "I give them celebratory drinks."
- Staff received a thorough induction into the service and the registered manager told us they would be completing the new provider's version of the Care Certificate.
- Staff were supported to develop by receiving supervision with a more experienced member of staff. All staff were scheduled to complete an annual appraisal of their performance in line with the new provider's policy.

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

- We saw conflicting information in relation to one person's dietary needs in their care plan as out of date information had not been removed. Records of what people had to eat and drink including target amounts were recorded electronically and on paper, which was confusing. The registered manager and deputy manager were looking at ways to improve these records.
- As a result of an incident, improvements had been made to ensure all staff were aware of people's dietary needs. There was a detailed plan of people's dietary needs in the kitchen and all staff were required to sign to say they had read this. In contrast, information in people's care plans was often limited in relation to their dietary needs.
- We observed the mealtime experience at the home, which was calm and staff appropriately supported people with their meals. People told us they enjoyed their meals and comments included, "They have a good menu and [name] in the kitchen is very good."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before coming to live at the home to ensure the service was suitable for them. Some recent records contained very little information and the deputy manager told us obtaining information from ward staff was often difficult.
- Care plans confirmed how people wanted to be supported and demonstrated that people's abilities had

been considered alongside the support they needed, which would help reduce the likelihood of staff providing support that was not required.

- The registered manager was aware of the need to use evidence-based standards to underpin the care they provided and attended best practice events. They had yet to implement the guidance on oral care and provide training for staff in this area, but they had the information at hand to source this to ensure they worked to the most recent evidence-based practice.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with external professionals to ensure people were supported to access health services and had their health care needs met. Staff followed guidance provided by professionals. Two visiting professionals confirmed this at the time of our inspection.
- One person was supported to attend an emergency dental appointment on the first day of our inspection, with a staff member coming in extra early to escort them to the appointment.

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

- The provider had appraised the environment since they took over prior to the inspection. The provider was developing a programme of refurbishment including plans for a new kitchen, and new roof. The registered manager also said there would be interior alterations to improve the accessibility of the environment for the people living there.
- Bathrooms had been adapted to a high standard with assistive equipment and bedrooms had overhead tracking hoists to support safe moving and handling.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager advised us the home's physiotherapist and activities coordinator worked with people to encourage them to remain active. They said, "We have a basketball hoop, group activities, a fancy exercise bike. One person has their own walking routine. People are encouraged to mobilise in their wheelchairs."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity DoLS applications had been made. There were five authorised DoLS in place, which had no conditions attached. The service kept a tracker for all applications, so they could monitor renewals.
- Consent was regularly sought from people before care was provided and where appropriate, recorded in people's care plans.

Is the service caring?

Our findings

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

At the last inspection under the previous provider this key question was rated as good. This is the first inspection for this service since the provider registered in August 2019. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives spoke positively about the staff and the care provided. One person said, "Staff are kind. They go beyond what they need to do. If I need something they will go out of their way to buy it for you."
- Another person told us their transition from home had been difficult for them, but said, "The manager, she is good, she is lovely, and has made it so much easier. The first week she gave me her phone number in case I needed it."
- The registered manager told us they worked within equality legislation and supported both staff and people with protected characteristics. In addition, they said, "We ask how people how they want to be identified."

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

- People's care was tailored to meet their individual needs and preferences. People were offered choices such as what time they got up, where they wanted to spend time and what they would like to eat and drink.
- People were supported to keep in contact with family and friends. Relatives said they could visit when they wanted and were always made to feel welcome and involved, many acting as volunteers at the service.
- The registered manager said of people, "They are involved in their own assessment, whoever is writing the support plan will do it with them. They get reviewed monthly, so someone will sit with them each month to run through it with them. They have a named nurse and a key worker they can go to."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their privacy was protected. We observed staff knock on doors before entering even when they knew a bedroom was empty.
- There were no en-suite facilities and people had to use communal bath and toilet facilities. The registered manager explained how they protected people's modesty. One person did say however, "I would like my own en-suite. I am not so keen on going up and down the corridor when I go to the bathroom."
- Information about people was kept secure to maintain confidentiality.
- People told us they were encouraged and supported to be independent and information about what people could do was recorded in their care plans. We observed people helping to clear the table after meals and help themselves to a hot drink. People at the service had the ability to use assistive technology to control their environment, although the service had not always considered this. The provider had recently upgraded the WIFI to give people access to the internet.

Is the service responsive?

Our findings

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

At the last inspection under the previous provider this key question was rated as good. This is the first inspection for this service since the provider registered in August 2019. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service had not yet changed fully over to the new provider's paperwork and so there was a mixture of old and new in place. Most care plans were very detailed, but some contained conflicting information and lacked the detail required to ensure staff had the necessary information to follow. Those for more recent admissions were limited with sections incomplete.
- Daily records of care interventions showed a lack of consistent care recording. For example, staff were not always recording when care interventions were carried out such as positional changes and frequency of oral hygiene.

Due to the lack of accurate records, there was a risk people had not received the care they required. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available to people in different formats. People's communication needs were recorded in their care plans and people used a variety of methods to communicate including a communication book and an iPad.
- There were easy read "You said, We did" posters in response to consulting people about improvements needed at the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A new activities coordinator had been appointed and people at the service were involved in their recruitment and had chosen the person they wanted. People were involved in choosing the activities they wanted to do and this included more activities out of the service such as to concerts, the pub and other outings.
- One person said, "Now we have the new guy activities he is very, very good. There is always something to do. He will go out of way to find it for you. Made a big improvement since he came here."
- We spoke with one person who had attended a musical the night before our inspection, and this had

positively affected their mood and wellbeing.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which outlined the process to be followed in the event of a complaint. People told us they felt comfortable raising concerns. One person we spoke with said, "No complaints. I know who to contact." A relative said, "I would go to [manager's name]. She is really approachable."
- Relatives told us they had made informal complaints to the registered manager about laundry and there had been an improvement. Informal complaints were not recorded which meant themes and trends could not be determined and the registered manager could not show how these had been used to drive improvements at the service.

End of life care and support

- The service had supported people at the end of life.
- People's preferences and choices in relation to end of life care were recorded in some care plans but not in others. We highlighted this to the registered manager who agreed to take action.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection under the previous provider this key question was rated as requires improvement. This is the first inspection for this service since the provider registered in August 2019. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Providers have to by law notify CQC of all incidents that affect the health, safety and welfare of people who use services. CQC had not been notified of all significant events such as several safeguarding incidents.

The failure to notify CQC of all incidents that affect the health, safety and welfare of people who use services is a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Continuous learning and improving care

- Regular audits were carried out reviewing all aspects of service provision. Some of the audits were thorough, identifying issues. However, it was not always clear how actions had been followed up or if they had been fully addressed. We raised this with the registered manager and deputy manager in relation to medication and fire drills.
- Care plan audits had not been completed since the registered provider had changed and therefore the issues we found had not been identified to feed into an improvement plan. Recording of care interventions was inconsistent which meant it was not clear whether care had been provided.
- This inspection had taken place very soon after the provider had taken over the service. Our conversations with the regional manager showed they were in the process of identifying where these improvements were required, and they would develop an improvement plan once these had been determined.

We recommend the provider assess the service provided to identify where improvements are required and support the management team to improve the quality and safety of the service.

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

- The majority of people and relatives we spoke with had confidence in the management team after a period of uncertainty. We received positive feedback about the registered manager, who was described as visible, approachable, caring and compassionate.
- The registered manager said, "I think we have managed to transfer to a new provider with minimum impact to service users." They told us things were still developing and they had recently completed new provider's policies and procedures which would be available to staff electronically and in paper format.

They said, "We have a really good supportive regional manager who is here two or three times a week. She comes to team meetings."

- The registered manager was supported by a deputy manager who acted as the clinical lead and our discussions showed they were up to date with evidenced based practice to ensure good outcomes were achieved for people.
- Staff said morale had improved after a period of uncertainty caused by the sale of the home. They said they felt listened to and able to contribute their views.

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 registered manager and the provider were open and honest when things had gone wrong. Formal complaints were investigated, and apologies were made as required where the service had been at fault.

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

- Meetings were held with people, relatives and staff and minutes showed who had attended, the discussions held and action points.
- People at the service were involved in producing a newsletter. The registered manager said, "I have them co-producing the news letters; it is about involving people. I see that as an achievement." One person we spoke with proudly showed us their photo in the newsletter, which showed their involvement.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	Failure to notify CQC of incidents as required by legislation

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Failure to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided.