

# Harbour Healthcare 1 Ltd

# Kingswood Manor

## Inspection report

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23 September 2022

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## Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	<b>Requires Improvement</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Kingswood Manor is a care home providing nursing and personal care for up to 40 people, some of whom are living with dementia. There were 25 people living in the home at the time of the inspection.

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

We identified issues of concern with Infection prevention and control practices in relation to visitors recording current health on entry to building, cleaning high touch points and some areas of the main kitchen.

We recommended the provider review their visiting procedures and review further quality assurance checks for continuous improvement.

We recommended the provider continues to implement and review quality assurance checks for continuous and sustained improvements.

Care records were individualised and reflected each person's needs and preferences. Risks were assessed and identified, and staff had guidance to help reduce the risk of avoidable harm to people they were supporting. However, we did find key missing details in personal emergency evacuation plans that we looked at.

Staffing levels were appropriate. However due to current difficulties recruiting new staff, the home used a moderate volume of agency staff. The provider did show us that they were taking action to recruit more permanent staff.

People were protected from abuse because staff understood the correct procedure to follow if they had any concerns. Staff were knowledgeable about people's health needs and the provider worked in partnership with other health professionals as a measure of providing the appropriate level of support.

The provider had addressed issues identified from the last inspection and internal quality assurance audits relating to the medicine's, environment, fire safety and care records.

People received their medicines as prescribed. These were stored and disposed of safely.

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.

For more details, please see the full report which is on the Care Quality Commission website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Inadequate (published 03 May 2022). At this inspection we found that although some improvements had been made, the provider remained in breach of regulation regarding infection prevention and control measures.

### Exiting special measures

This service has been in Special Measures since [03 May 2022]. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

We carried out an unannounced inspection on 14 and 23 September 2022 following on from breaches that were found at the previous inspection in May 2022. The provider completed an action plan after the last inspection to show what they would do and by when to make improvements.

We undertook this focused inspection to check improvements had been made and if the provider now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Please see the action we have told the provider to take at the end of this 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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

**Requires Improvement** ●

# Kingswood Manor

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience who carried out telephone interviews. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Kingswood Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

The service did not have a registered manager in place. A manager had been recruited and had started at the service and was in the process of submitting their application to the Care Quality Commission to register.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We gathered feedback from the local authority and other professionals who have visited the home since our last 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and seven relatives about their experience of the care provided. We also spoke with eight members of staff including the manager, deputy manager, nurses and health care assistants.

We looked at seven people's medicine records, four people's care records, three staff recruitment files and a number of records in relation to the running of the service.

#### 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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.

### Preventing and controlling infection

At the last inspection, the provider was found to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to ensure infection prevention and control measures were adhered to in order to maximise people's safety.

At this inspection, we found that improvements had been implemented, however the provider was still in breach of regulation 12 in relation to infection prevention and control measures.

- The provider did not always ensure safe infection prevention and control were in place.
- On day one of the inspection we found that numerous door handles to be sticky. Although cleaning records showed that high touch points were being cleaned, we were not assured that cleaning procedures were effective.
- Although there had been improvements to the kitchen environment, we still found that behind units were unclean and appeared to not have been cleaned for a significant amount of time.
- The lounge area windows were not clean with hand marks appearing over a large proportion of the windows. We highlighted this to the provider, and they agreed that the windows can sometimes look unclean.

### Visiting in care homes

- The provider's approach to visiting was not always in line with current government guidance. We found that some visitors did not sign in or record if they had any COVID-19 symptoms. For example, we saw that one visitor did not sign in or record any information and visited the communal area putting people in the home at risk.

We recommend the provider reviews their visiting procedures and practices.

### Assessing risk, safety monitoring and management

At the last inspection, the provider was found to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems had not been suitably carried out to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.

At this inspection we found enough improvement had been made and the provider was no longer in breach

of regulation 17 in relation to assessing, monitoring and mitigating risks to the health, safety and welfare of people using the service.

- Safety monitoring and risk management measures had improved. We found that environmental risk including fire safety standards, emergency call bells and building security had been assessed and managed in an appropriate manner.
- Lessons had been learned from our previous inspection and systems were now in place to help assess and monitor the risks in providing care and treatment for people with specific medical conditions. This helped ensure the appropriate guidance was in place for staff.
- Improvements had been made to the risk assessment for each person and we saw detailed documentation that was relevant and up to date.
- Although the personal emergency evacuation plans had been updated, we still found one record that did not contain the relevant information to show a person's bedroom number. This was highlighted on inspection and changed immediately.
- With the appointment of the new manager in August 2022 more time was required for the systems for monitoring and assessing risk to be fully embedded for positive long-term impact.

### Using medicines safely

At the last inspection, the provider was found to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always safely managed.

At this inspection, we found that improvements had been made and the provider was no longer in breach of regulation 12 in relation to medicines.

- We found that medicines management processes had improved since the last inspection.
- Systems were in place to help ensure medicines were stored and administered safely.
- We reviewed the storage and recording for controlled drugs. We sampled a range of medicines and found they tallied with the records of stock in place, and records demonstrated regular stock counts were undertaken.
- Medication administration records were completed fully and accurately.

### Staffing and recruitment

- During the inspection we saw that there was an appropriate number of staff on duty. There was a moderate volume of agency staff being utilised to maintain these levels.
- Staff gave mixed reviews about how staffing levels were managed. One staff member told us, "Things are hard with staffing at the moment and for example mornings are always an intense period. Staff meeting next week where we can discuss this more."
- Staff told us that the new manager was listening to their concerns and felt they would take action to help support the provision of staff numbers. One staff member told us about the new manager, "[name] has helped us and has been helping on floor. Even taking residents the toilet and this is something we have not had that in past."
- The new manager, with the support of the provider was proactive in addressing issues with staffing numbers. For instance, the manager had organised a recruitment event to look for possible new care staff.
- Staff were safely recruited. Records showed that all necessary checks were made to ensure staff were suitable for the role.
- Staff were recruited safely and had a Disclosure and Barring Service (DBS) check in place. DBS checks

provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions .

Systems and processes to safeguard people from the risk of abuse

- Safeguarding and whistleblowing procedures were in place; staff knew how to report their concerns and the importance of keeping people safe.
- The provider had ensured that appropriate safeguarding referrals had been made. Records of any safeguarding referrals and what steps had been taken to help ensure people were safe were clear and easy to understand.
- Staff understood what to do if they had safeguarding concerns. This included how to 'whistle blow' to external bodies such as the CQC and local authority. Training compliance for safeguarding was 94%.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed.
- The provider reviewed incidents and accidents identifying any lessons learned to improve the service. For example, they reviewed how they recorded people's risks around diabetes and falls to provide more information for staff.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At the last inspection, the provider was found to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because provider failed to ensure people consistently received person-centred care and treatment.

At this inspection, we found that improvements had been made and the provider was no longer in breach of regulation 9 in relation to providing people received person centred care and treatment.

- Since the last inspection improvements were made; people received person centre care.
- People's care records were up to date and reflected any changes. For example, we saw that there was a new call bell system that the provider had installed and implemented immediately following the previous inspection. We saw that audits and any actions were regularly analysed and followed up.
- Staff ensured people received their prescribed medicines in a person-centred way and care records had been updated with person centred assessments in relation to pain management and emotional distress.
- Care records showed that people made personal choices about their health and well-being. For example, we saw that one person had decided they did not want to have any further medical interventions, and this was reflected in the care records.
- Staff enabled and supported people to make choices that were important to them. For instance, one person decided they wanted to buy a new suit, and this was very important to them. Staff supported this person to the local city centre to be measured to purchase this.
- Activities within the service were supported by an activities co-ordinator and care staff. At the time of the inspection all activities were organised by care staff due to long term absence. The care staff did their best to facilitate meaningful activities with limited time.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs recorded and staff were aware of this and ensured people were supported to wear their communication aids.

- Hearing aid batteries were routinely monitored and when staff thought aids did not work this was highlighted immediately.

#### Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people and relatives told us they would raise a complaint if they needed to.
- One person said, "There is a complaints procedure and if I needed it, I would complain to the manager."
- We saw that the provider had reviewed complaints and any lessons had been learnt.

#### End of life care and support

- Where people had chosen to discuss their end of life decisions, this was recorded in their care records to ensure their preferences were respected when they required end of life care.
- Staff received training in end of life care.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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.

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

At the last inspection, the provider was found to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems were not effective to ensure good governance of the service.

At this inspection, we found that the governance system had improved, and the provider was no longer in breach of regulation, but further improvements were still required.

- The provider had improved its quality assurance systems and they had completed regular visits and audits at the service recently. These identified ongoing issues and the provider had been proactive since the last inspection to make improvements and recognise when things were going wrong.
- However, we did identify issues with infection prevention and control that was putting people at risk.
- Statutory notifications must be submitted when certain changes, events and incidents that affect their service or the people who use it occur. The provider had notified CQC as required.
- The provider was ensuring continuous development was taking place. The new manager needed more time to fully embed and see positive changes throughout the service.
- The manager understood their responsibility to be open in the event of anything going wrong and had a clear plan and vision for the future of the service.

We recommend the provider review quality assurance checks for continuous improvements in the service .

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

- Relatives told us that the provider did not always communicate effectively about changes in the home. One relative said, "They don't involve me, there isn't much communication, they say if they don't contact me then everything is ok."
- The provider and manager were working towards becoming inclusive wherever possible. We found that the provider had implemented a number of measures for people and relatives to communicate what they thought about the service.
- Staff demonstrated a commitment to their role and told us they were passionate about their contribution

to achieving positive outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Some relatives did not think the provider involved them in the improvements of the service. Relatives told us about improvements that could be implemented. One relative said, "I just think, get more staff and more communication with the families" and another said, "The main one is cleaning."
- The provider demonstrated a commitment to learning and improving the care since the issues identified at the last inspection. One person told us, "To be honest now we have new team in and they are improving the environment and working with us."
- The provider was listening to people and relatives to improve the service but this needed more time to be fully embedded so people and relatives felt like they could be part of driving the service forward.

Working in partnership with others

- The provider worked in partnership with other agencies and health professionals to improve outcomes for people and ensure they received specialist healthcare when they needed it. These included GP practices, district nurses, physiotherapists, chiropodists, dentists, opticians and social work teams.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to assess the risk of, and preventing, detecting and controlling the spread of infections.