

## Barchester Healthcare Homes Limited

# Kernow House

### Inspection report

Landlake Road  
Launceston  
Cornwall  
PL15 9HP

Tel: 01566777841

Website: [www.barchester.com](http://www.barchester.com)

Date of inspection visit:  
25 February 2020

Date of publication:  
19 March 2020

### 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

About the service:

Kernow House is part of the Barchester Healthcare group of homes. It provides personal care and nursing care for up to 98 people. There were 71 people using the service at the time of our inspection. The service supports individuals with Huntington's disease, dual diagnosis, acquired brain injury, dementia and mental health issues.

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

Staff understood risks to people and how to help reduce them. Systems were in place to safeguard people. The service raised concerns appropriately.

People received their medicines on time from staff who had received training and competency checks in medicines administration.

Infection control measures were in place to prevent cross infection. People told us the service was kept clean. There were no malodours throughout the service during this inspection.

Staff were recruited safely in sufficient numbers to ensure people's needs were met. The use of agency staff had dramatically reduced since the last inspection. Staff were supported by a system of induction, training and supervision. Staff told us they felt well supported by senior staff and the registered manager.

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. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary.

There were systems and processes in place to monitor the Mental Capacity Act, and associated Deprivation of Liberty Safeguards assessments and records. People were able to make choices about their life and how their care and support were provided. This information was reflected in people's care plans. Staff understood the importance of respecting people's wishes and choices.

People, relatives and health and social care staff agreed the staff were kind and caring. Staff respected people's diverse characteristics and were clear that each person's individual needs were their priority.

People told us they felt listened to and their privacy and dignity were respected. Comments included, "I love living here, food is lovely, staff are nice, spend time with me" and "It is a lovely here, it is a very caring home." A relative told us, "I could not be happier with the care here. [Person's name] even gets her hair done regularly."

Visiting health and social care staff told us, "I have been coming regularly for some time now. They [Staff] do

a good job, I have no concerns at all" and "I have seen improvements in staff morale."

Everyone had a care plan which was regularly reviewed and updated. These provided staff with guidance and direction to enable them to meet people's need. People's preferences were sought and respected.

There were activities provided for people. Two activity co-ordinators supported staff to provide varied activities. Robotic pets and a 'magic' table were available for people to use. People were supported to go out in to the local area, with staff, in the service minibuses.

Audits were carried out regularly to monitor the service provided. Actions from these audits were being acted upon to further improve the service. Records were stored appropriately, accessible and up to date.

Systems were in place to deal with concerns and complaints. This enabled people to raise concerns about their care if they needed to. The registered manager told us there were no on-going complaints at the time of this inspection.

People and staff told us the service was well led. Staff told us, "This is a good place to work, I have worked in other places and this is one of the best" and "I really enjoy working here."

People were given various opportunities to provide feedback about the service. The registered manager and senior staff had developed positive relationships with local organisations, which helped ensure people had their needs met promptly. Staff told us they enjoyed working at the service and that the team worked well together.

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

Rating at last inspection and update:

At the last inspection the service was rated as requires improvement (report published 27 March 2019) and there was a breach of the regulation. At this inspection we found enough improvements had been made and the provider was no longer in breach of the regulation.

Why we inspected:

This was a planning inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good ●

# Kernow House

## Detailed findings

### Background to this inspection

#### The 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 is 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.

#### Inspection team:

This inspection was carried out by four inspectors and an independent specialist nurse advisor who had experience of this type of service.

#### Service and service type:

Kernow House 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. The registered manager 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:

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the last inspection report, information we had received from other agencies and feedback we had received from other interested parties. We used all of this information to plan our inspection.

#### During the inspection:

We spoke with nine people who used the service, three relatives, 18 staff members, the registered and

deputy managers, the maintenance person, three visiting healthcare professionals and a volunteer. We reviewed the care records of seven people who used the service. We reviewed records of accidents, incidents, compliments and complaints, staff recruitment, training and support, medicines records as well as audits and quality assurance reports. Some people were not able to tell us verbally about their experience of living at Kernow House. Therefore, we observed the interactions between people and the staff supporting them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification of information with the registered manager. We received feedback from one healthcare professional.

# Is the service safe?

## Our findings

Safe –this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm

### Assessing risk, safety monitoring and management

At our last inspection we found identified and known risks had not been appropriately managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- Risks were identified, assessed monitored and regularly reviewed. These assessments contained guidance for staff on how to protect people from known risks while maintaining their independence.
- Where people presented with behaviour that challenged staff and other people there was guidance and direction for staff in care plans, on how to help reduce the risk of this behaviour.
- Fire doors and systems were regularly checked to ensure they were in good working order. Regular fire drills took place.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Utilities and equipment were regularly checked and serviced to make sure they were safe to use.

### Systems and processes to safeguard people from the risk of abuse.

- The service had reported a number of issues to the safeguarding unit prior to this inspection. The registered manager told us, "We are reporting everything, sometimes we ring safeguarding first to discuss, but mostly we just report everything. We speak regularly."
- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. Information about how to report safeguarding concerns externally was displayed in the service.
- The provider had appropriate safeguarding systems in place. Safeguarding processes and concerns were discussed at regular staff meetings. One member of staff told us, "People are 100% safe" and "We know who to speak to if we have any concerns."

### Staffing and recruitment

- There were staff vacancies at the time of this inspection. However, the amount of agency staff being used had dropped dramatically since the last inspection. The registered manager had created incentives for existing staff to introduce new staff to the service, increased rates of pay and opportunities for staff to progress to care practitioner and senior carer roles. All these changes had helped with recruitment and retention of staff. Staff told us, "We have less agency now, it is a dream now compared to a year or so ago."
- People were supported by suitable staff. All pre-employment checks had been carried out before staff started work, such as criminal record checks and references.

- Staff told us they had enough time to support each person. Comments included, "Management are now assessing new people more carefully and matching them to the unit. We no longer feel we are in a factory. The registered manager cares about us and gets involved, our opinions matter" and "We have increased pay and are more motivated, and that matters. I realised I don't want to leave here now."
- People told us staff responded quickly to them when they called. Some people required one to one assistance and this was provided.

#### Using medicines safely

- Medicines were managed safely. People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- Some people were prescribed 'as required' medicines for pain relief or to help them to manage anxiety. Care plans included protocols detailing the circumstances in which these medicines should be used.
- There were systems in place for the storage, ordering, administering, and disposal of medicines. Storage temperatures were monitored to make sure medicines were stored correctly and would be safe and effective.
- The records of medicines that required stricter controls tallied with the balance of medicines held at the service. All medicines were counted at each medicine round to help ensure an accurate balance was held.

#### Preventing and controlling infection

- The service appeared clean and was free from malodours. One person told us, "They [domestic staff] keep the place very clean."
- Infection control audit processes were in place at the time of this inspection.
- Staff had access to aprons and gloves to use when supporting people with personal care. Staff were seen wearing person protective equipment (PPE) appropriately throughout this inspection. This helped prevent the spread of infections.

#### Learning lessons when things go wrong

- Staff knew how to report accidents or incidents. Records showed appropriate action had been taken following any event to help ensure the risk of a similar incident occurring was reduced.
- Areas of concern found at the last inspection had been effectively addressed and improvements were noted at this inspection.
- Issues raised by people or their families had been listened to and addressed.



# Is the service effective?

## Our findings

Effective –this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and preferences were assessed prior to a person moving in to the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- People, or if appropriate their representative, were asked about any support they required related to protected characteristics under the Equality Act 2010.
- Care plans showed people's needs had been robustly assessed and planned for. Clear guidance and direction was provided for staff on how to meet those needs.
- Health and social care professionals were regularly consulted to help ensure people's care and support reflected best practice.

Staff support: induction, training, skills and experience

- Records showed training was regularly updated to ensure staff had the skills necessary to meet people's support needs. Training methods included online, face to face training and competency assessments.
- Relatives told us they found staff were competent and skilled and they had no concerns about the care and support provided. Comments included, "Staff are very well informed and know people well."
- Staff were given regular opportunities to discuss their individual work and development needs. Staff confirmed they received regular supervision and training and were happy working at the service. Comments included, "This is a good place to work, I have worked in other places and this is one of the best" and "I really enjoy working here, I was on another unit but moved here, providing one to one support is a good way to get to know people."
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. New staff spent time working with experienced staff until they felt confident to work alone.
- Staff meetings were held regularly, and staff told us they felt able to speak and be heard.
- Staff communication records and handover between staff were used to keep staff up to date with people's changing needs.

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

- A variety of dining areas were provided. The registered manager told us, "Some people like the 'fine dining' experience, others prefer a more relaxed setting. We also provide a separate area for people who are not able to take food in the usual way. There must be nothing worse than sitting opposite someone eating when you are not able to."
- Staff were aware of people's dietary needs and preferences. Care plans contained details of any support

that people required at meal times, as well as any risks associated with eating and drinking. People were regularly weighed and every Wednesday a specific meeting was held to discuss specific people's dietary needs.

- Staff recorded some people's food and drink intake, where concerns had been identified. These records were regularly checked by the nurses to ensure people had adequate intake.
- People were offered a choice of food and drink. All dietary requirements were provided for. Staff told us, "We have made a lot of changes to mealtimes. We keep things quiet and calm, no TV, no scraping plates until everyone has finished. This helps ensure people enjoy their meal" and "One person was only eating two foods every meal. Slowly we have tempted them to eat different foods by offering small amounts. Now they eat all sorts of foods."
- People enjoyed the food at the service. Staff used 'show plates' of the meals available at mealtimes to help people decide what they wanted to eat.

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

- People were encouraged and supported to attend regular health appointments.
- Staff liaised with a range of organisations on behalf of people, depending on their individual support needs.
- Health and social care professionals visited people regularly and any information or advice was shared with staff to help ensure people's needs were met. Comments included, "I have been coming regularly for some time now. They [Staff] do a good job, I have no concerns at all" and "I have seen improvements in staff morale."

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

- People were provided with a variety of different areas in which they could spend their time, smaller areas which were quiet, busier larger lounges where lots of activity went on and different outside spaces were also available.
- People had access to call bells to summon support when needed. The maintenance person checked these and many other aspects of the premises and equipment regularly.
- Some people had pictures displayed on their door to help them identify their own rooms. There was some pictorial signage on the toilets/bathrooms. This helped people, living with dementia, to identify their surroundings more easily.
- Secure outside space was available to people. People were encouraged to spend time outside.
- As bedrooms became vacant, they were redecorated and updated.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- There were processes for managing MCA and DoLS information and there were accurate records held of which people had DoLS authorisations. Any changes in restrictive practices were highlighted to the relevant authority.
- There were authorisations in place at the time of this inspection, some with conditions attached to them. These conditions were being supported. However, we observed some required records were not always being completed by staff as required. We raised this with the registered manager who assured us this would be reviewed.
- Staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act 2005.
- Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). This was clearly recorded in people's care plans. Families were encouraged to be involved in people's care plan reviews.

# 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 this key question was rated as requires improvement. People's privacy was not always respected. Large numbers of agency staff were on duty and these staff did not always fully understand how to meet people's needs. At this inspection this key question has now changed to 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

- Staff knew people well and had a good understanding of their needs and preferences. Staff understood the importance of treating people equally and fairly.
- There was a relaxed atmosphere in the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- People felt cared for. Comments included, "I love living here, food is lovely, staff are nice, spend time with me." A visiting healthcare professional told us, "It is a lovely here, it is a very caring home." A relative told us, "I could not be happier with the care here. [Person's name] even gets her hair done regularly."
- Staff had been provided with training to help ensure people's rights were protected at the service.

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

- People told us they felt able to speak with staff about anything they wished to discuss. Relatives felt able to raise any issues with the registered manager or staff.
- Some care plans indicated that people had been involved in their own care plan reviews. The registered manager spoke with people to discuss any changes they wished to make to their care and support.
- Staff gave us examples of how they used different forms of communication to help people understand information and make decisions. Residents meeting minutes were produced in large print and in an easy read format.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt respected. We observed care staff lowered their voice when speaking with people about any support they may need.
- Care staff were person-centred in their interactions with people. Staff held many relevant and meaningful conversations with people throughout the inspection visit.
- People were supported to maintain and develop relationships with those close to them. Relatives were regularly updated about people's wellbeing and progress.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of care they could manage independently and when staff needed to support them. Staff promoted people to be as independent as possible by encouraging and praising them.
- People's confidential information was kept securely.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now 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

- Care plans described people's individual needs, preferences and routines. Care plans were regularly reviewed and updated to ensure they reflected any changes in people's needs.
- Some people required regular re-positioning by care staff while being cared for in bed. This was provided and recorded appropriately.
- Some people had been assessed as requiring pressure relieving mattresses. These were provided and set correctly for the person using them.
- Daily notes reflected the care people had received and how they spent their time.
- Daily 'stand up' meetings took place with heads of each unit and departments. This meeting discussed people living at the service as well as events planned and any issues that had arisen.

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.

- Throughout our inspection we observed people and staff communicated openly using a range of verbal and non-verbal communications which people fully understood and responded to positively. We saw this enabled people to be fully involved in communicating their needs and preferences at any time to any of the staff team.
- Care plans contained information to enable the provider to meet the requirements of the Accessible Information Standard (AIS). Each person had a communication care plan, recording any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

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

- Activities were provided for people. Two activity co-ordinators supported staff to provide relevant activities for people. One to one activity took place, for example a member of staff supporting a person to hear what was in the daily paper by reading bits out to them. Robotic pets and a Magic Table were available for people to enjoy. The Magic Table is an interactive light projector that was designed to support people living with dementia. It helps staff promote stimulation through specialised games. However, the deputy manager and staff all confirmed that the 'magic' table was 'not used as much as it could be.'
- People told us, "Go into town a couple of times a week. Get face tissues, fruit and a look around the shops. I have a nice room, got everything in there I normally need. Staff are kind, the best part, nice girls and the

men are easy to get on with. I feel safe. They [Staff] keep the place very clean. We get everything we need, even down to toiletries and an ice cream van."

- People, who were able, went out in to the local area as they wished. An indoor 'garden' had been created for people who were not able to get outside easily. Along corridors in one unit were randomly placed items such as ornaments, books, pictures, cuddly toys and items related to the beach. This prompted conversations and interest for people while they walked around.

- Smoking areas were provided for people on both the ground and first floors.

- Visitors were encouraged at any time.

Improving care quality in response to complaints or concerns

- Families told us, "I have no problems at all with Kernow House, if there is anything, I mention it and they deal with it very quickly" and "Staff are very approachable. Any issues and they will ring and keep me informed."

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service.

- We were told there were no formal complaints in process.

- Many compliments had been received by the service including, "Thank you so much for all you do for mum making her feel safe and happy," "The staff are so caring and my dad was very comfortable" and "The staff are friendly and welcoming, courteous and professional."

End of life care and support

- A 'death café' was held at the service by a group of volunteers. Open to people and their families provided an opportunity to discuss thoughts and concerns about death. The registered manager told us, "People told us 'why doesn't anyone talk about death, we need to talk about it' so we set up the café and it is proving helpful."

- Care plans showed people had been asked for their views and wishes about how they wished to be cared for at the end of their lives.

- Staff encouraged people to think about and discuss what they would like to happen at this stage of their lives. Not everyone was ready or willing to take part in these conversations. This was respected and periodically re-visited with people in a sensitive manner.

# 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 this key question was rated as requires Improvement. The service had experienced low care staff numbers and a reduction in administrative staff, at the time of the last inspection. This had impacted on the quality of the service provided to people. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff were clear about their aim of providing person-centred care.
- The registered manager had comprehensive oversight of the service and understood the needs of people they supported.
- Residents and family meetings had been held to share information with people and seek their views of the service provided.

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

- Staff and the registered manager took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested.
- The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- The registered manager was aware of the need to report to CQC, any event which affected the running of the service, including any deaths and DoLS authorisations, as they are legally required to do.

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

- The registered manager was supported by a deputy manager and a team of senior staff who told us they were happy and enjoyed working at the service.
- The provider had a defined organisational management structure and there was regular oversight and input from senior management
- The registered manager was very familiar with people's needs and preferences and worked alongside the care staff when necessary. Staff confirmed that the registered manager was visible around the service and, 'was not afraid to get stuck in.'
- Detailed audits of many aspects of the service were taking place including infection control, care plans and medicines administration. These audits had been used to make improvements to the service.
- The ratings and report from our previous inspection were displayed in the entrance.

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

- Regular staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. Comments included, "The manager is very supportive" and "They [Registered manager] have put in systems that were not here before. They roll up their sleeves and get on with it. So knowledgeable, sensible as well"
- Communication between people, staff and families was good. Families reported being contacted with any changes or concerns.
- Residents and families were invited to meetings regularly.
- A survey had been sent out to people and families. The responses were positive. Where comments had been made these had been considered and action taken to address them.

Continuous learning and improving care

- Staff, the registered manager and the provider completed regular checks on the quality of the service. Action was taken where improvements were identified.
- Regular management meetings were held to support shared learning and share information about the organisation.

Working in partnership with others

- Staff at the service worked with a number of health and social care professionals in supporting many of the people living at the service with complex needs. Staff and people had benefitted from joint working to address specific issues and challenges.
- The service communicated with commissioners and DoLS teams appropriately about people's care.
- One relative told us, "[Person's name] is very well looked after. Staff will raise things with the GP they are very on the ball" and "I think it is wonderful. Very, very helpful staff, if you need anything they [Staff] are there."
- Care records held details of external healthcare professionals visiting people living at the service as needed.