

Kavanagh Health Care Limited

Kavanagh Place

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

At the time of our inspection the home had a Registered Manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers [owners], they are

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out this unannounced inspection on the 9 October 2014. Prior to this a previous inspection was undertaken in January 2014. There were no breaches of legal requirements identified at the last inspection.

Kavanagh Place is situated in the Kirkdale area of Liverpool. It is a modern, purpose built two storey

Summary of findings

building, divided into 4 wings and provides care for service users with mental health needs including early onset dementia, neurological disorders and complex physical care needs for up to 40 people.

On the day of the inspection we spoke with three people who lived at Kavanagh Place. We also spoke with the manager, team leader and two support workers. As part of the inspection we also spoke with four relatives who visited the home.

During our visit to the Kavanagh Place, we spoke with people living at the home, staff, relatives who visited the home during our inspection and the registered manager. We also looked at the care records for seven people and looked at records that related to how the service was managed.

We asked people who used this service and the staff who supported them for their views of the service and we observed how the support staff interacted with people. On the day of our visit we saw people looked well cared for. We observed staff speaking calmly and respectfully to people who lived in the home. People living in the home and relatives we spoke with told us that the staff were kind and compassionate. We saw records which confirmed that people were involved in making decisions about their care and the staff we spoke with were aware of people's preferences. People accessed a variety of activities and work to meet their needs.

The service had safe recruitment systems to ensure that new staff were only employed if they were suitable to work within the home. The staff employed by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service.

There were sufficient staff, with appropriate experience, training and qualifications to meet people's needs. The service was well managed, the registered manager told us they set high standards and took appropriate action if these were not met. The staff we spoke with were aware of the individual risks and needs of the people living at the home and how they should be supported. The staff we spoke with told us that they were effectively trained and supported to carry out their roles.

People we spoke with who lived in Kavanagh Place, relatives and staff told us that they were comfortable raising concerns about the service if they had any. We noted that there were forms available in the reception area of the home for people to use to express their views on the service. There was a complaints procedure which staff were aware of and regular meetings which sought people's views of the service were held.

Comments from people included, "They ask me all the time whether I am ok and happy about the care I get." "They listen to me and they are always helpful, make sure I have all the help I need."

Summary of findings

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. People living at Kavanagh Place were safe because the provider had taken reasonable steps to protect people from bullying, harassment, avoidable harm and potential abuse.

Staff understood what abuse was. Where people experienced behaviour that may be challenging, plans were in place to support staff to manage this safely.

Appropriate checks were carried out before staff were employed by the service. There were sufficient staff members on duty to meet people's personal care needs and keep people safe.

Good



Is the service effective?

The service was effective. The registered manager had a good understanding of the Mental Capacity Act 2005 and had ensured capacity assessments were undertaken when required. The Mental Capacity Act (2005) protects people who lack capacity to make a decision for themselves because of permanent or temporary problems such as mental illness, brain injury or learning disability. If a person lacks the capacity to make a decision for themselves, staff can make a decision in their best interests.

Staff had received effective training and support to carry out their roles. We reviewed records which confirmed staff support through supervision, all staff received a yearly appraisal.

People were supported to access healthcare from a range of professionals.

People and their relatives felt staff were skilled and knowledgeable in meeting their needs.

Good



Is the service caring?

The service was caring. People living at Kavanagh Place and their relatives told us staff were kind and compassionate. People living at the home told us that personal care was always delivered in private and people were treated with respect.

Records we reviewed confirmed that people were involved in decisions about the support they received and their independence was respected.

People's care was delivered in a way that took account of their individual needs and the support they required to live their lives as independently as possible.

Staff were able to tell us about the individual preferences of the people they supported. People Living at Kavanagh Place and their relatives spoke positively about staff and the care they received.

Good



Is the service responsive?

The service was responsive. People living at the home and their relatives were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff had a good understanding of how to put person-centred values into practice in their day to day work and provided examples of how they enabled people to maintain their skills.

Good



Summary of findings

From listening to people's views we were able to establish that the leadership within the service was listened to the views of people living at Kavanagh Place and their representatives.

Is the service well-led?

The service was well led, with strong leadership and values, which were person focused. There were clear reporting lines from the service through to senior management level.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people that use the service, their representatives and staff.

Records we reviewed confirmed that these systems were used to improve the quality of the service.

The registered manager had placed a focus on improving the service, and the delivery of high level care that incorporated the values expected by the provider.

We found the manager took steps to ensure the service learnt from mistakes, incidents and complaints.

Good



Kavanagh Place

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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.

This inspection took place on the 9 October 2014 and was unannounced. The inspection team consisted of a Care Quality Commission Inspector of adult social care services and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who attended this inspection had experience of dementia care in a residential setting.

Before the inspection visit we reviewed the information we held about the service. This included information from the provider and speaking with the local authority contracts and safeguarding teams.

Prior to the inspection we contacted a range of professionals who regularly work with people who use the service. These included GP's, social workers and community nurses.

During our inspection we spoke with the registered manager of the service and the support workers on shift on the day of the inspection. We viewed a range of records including: eight people's care records; eight staff files and the home's policies and procedures.

Is the service safe?

Our findings

People told us they felt safe when they or their relatives were receiving care. All of the six people we spoke with said they felt living at the home. The relatives of people who live at Kavanagh Place told us that were also assured that people were safe, with comments including “I am sure my [relative] is safe here”; and “I have no concerns about the safety of the home, the carers know what they are doing.”

Care records we reviewed contained a range of up to date information regarding each individual. In all of the care records we reviewed we found risk assessments were in place to support people safely, while helping them to be as independent as possible. For example we reviewed one care file which showed that the person had been supported to take positive risks about the way they lived. The records we reviewed also confirmed that individual assessments had been completed with input from the person, people who knew them well and professionals involved in their care.

In discussion with us staff showed they had the knowledge and confidence to identify safeguarding concerns and act on them. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. Staff we spoke with confirmed they had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. The staff we spoke with said they

would report abuse if they were concerned and were confident managers would act on their concerns. Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside the service if they felt they were not being dealt with.

Medicines were stored securely in designated cupboards and keys to access this storage were retained by nursing staff. We looked at three people’s Medicine Administration Charts and found these to be up to date. One person’s relative told us; “She always gets her medicines. The staff are really good at giving them to her.”

We looked at the recruitment records of staff. Appropriate checks were undertaken before the staff members began work. We found completed application forms and evidence that a Disclosure and Barring Service (DBS) check was carried out prior to staff working at Kavanagh Place. (The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults). Records we reviewed confirmed that proof of identity had been recorded and references received, prior to people starting work.

We reviewed the provider’s disciplinary policy and noted that it detailed examples of gross misconduct which would result in staff dismissal, for example, maltreatment of service users. The policy provided guidance to staff regarding the circumstances whereby a referral to the Disclosure and Barring Service (DBS) should be made.

Is the service effective?

Our findings

People received effective care from staff who had the knowledge, skills and training to meet their needs. People told us staff understood their needs and provided the care they needed, with comments including, “Staff know what they’re doing”; “Staff are brilliant”; “They know what my needs are, I am very satisfied with the care I get.” All of the relatives we spoke with were positive about the care provided. Relatives told us the staff did have the skills needed to provide effective care to people who have complex care needs, one person commented “The care the service provides has been designed to meet the individual needs of my [relative], I really couldn’t ask for more.”

The registered manager had attended training in the Mental Capacity Act (2005) and demonstrated understanding of the Act. In discussion with us staff were clear about the principles and their responsibilities in accordance with the Mental Capacity Act (2005). The Mental Capacity Act (2005) protects people who lack capacity to make a decision for themselves because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. If a person lacks the capacity to make a decision for themselves, the decision must be made in their best interests.

A mental capacity assessment had been conducted for people who lived at the home and these were kept within people’s individual care records. We reviewed records relating to a Deprivation of Liberty Safeguards authorisation [DoLS] which was in place for one person currently living at Kavanagh Place. The registered manager

gave us an overview of the DoLS application in relation to the person concerned. We found that the manager had made the Deprivation of Liberty application in line with best practice guidelines.

The individual care records we reviewed, described the support people needed to manage their day to day needs. These included personal care, individual dietary requirements, skin management, fall prevention and medication. Records confirmed that staff monitored people’s skin when providing personal care and any concerns were recorded and communicated to the nurse on duty if required. Where professionals from outside the service were involved in managing people’s health. Records confirmed that staff were clear regarding their responsibility to follow instructions provided by professionals and to monitor and report any new concerns.

Staff told us they received regular training to give them the skills to meet people’s individual needs. This was confirmed in the training records we looked at. The training manager at Kavanagh Place took the lead for staff training, and told us the organisation was in the process of updating the training data base and identifying future training needs. This included a competency assessment of all staff to identify what further training and development needs they have, including an assessment of the skills staff had to provide care to people with dementia and Huntingtons Disease.

Staff had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. Staff told us they received good support and were able to raise concerns outside of the formal supervision process.

Is the service caring?

Our findings

People and relatives told us staff were kind and compassionate. One person said, “It’s a good place to live. I love the staff.” A relative we spoke with told us, “I think it’s really good. The staff are very kind and caring. I feel able to talk to them about anything and they listen.” Another relative said, “They are very caring. I can’t fault them.” A further person’s relative commented, “They are really compassionate, especially when she is unwell.” Staff spoke with people in a respectful and considerate manner. For example, we saw a member of staff speaking with a person showing an interest in what they were doing and listening to them without interrupting.

During our inspection we noted that staff involved people in decisions about the support and care they received. For example, we observed one staff member asking one person what they would like to do that day and suggested some options. Once the individual had made a choice regarding their activity for the day, the staff member respected the person’s choice and supported the person to undertake the activity. This was supported by relatives we spoke with, one person commented; “If [relative] wants to do anything outside the home they arrange it for him.”

People were supported to maintain relationships with friends and relatives. One relative we spoke with commented; “I can visit whenever I want.” Another person told us, “She goes and sees her friend regularly.” Another relative commented, “They make arrangements for [relative] to come and see us, as we have no transport.”

Records we reviewed contained information regarding people’s individual preferences such as, what they preferred to be called, the types of activities the person enjoyed and their food likes and dislikes. In discussion with us staff were able to tell us about the individual preferences of the people they supported. For example, staff were aware of the food one person disliked and the activities another person enjoyed. Throughout our observations of staff we noted that the staff spoke with warmth and familiarity. People living at the home told us they felt the staff were caring and kind towards them. One person told us; “I know I’d be lost without them, they put up with a lot you know, these girls and they are always smiling.”

In discussions with us staff were knowledgeable and respectful of people’s diverse needs. Discussions with people living at the home and observations of the care provided, confirmed that people’s individual wishes for care and support were taken into account. Care records were written in a sensitive way that valued people’s diversity and individual needs. The care records we viewed had been signed by the person and/ or their relative to show their agreement with their planned care.

There were regular meetings where people could talk about issues relating to the service. Meeting minutes showed that plans for the future of the service were discussed.

Is the service responsive?

Our findings

The service was responsive to people's needs and wishes. Each person had a care plan which was personal to them. Care plans included information on maintaining people's health, their daily routines and personal care. The care plans enabled people to say what their care needs were and how they wanted them to be met. The records we reviewed showed that the care plans had been regularly reviewed with the individual concerns and/or their representative, to ensure the information was current. This gave staff access to information which enabled them to provide care in line with the individual's wishes and preferences.

People living at the home told us they felt the service responded well to their needs and any changes that may occur. Comments included, "They ask me all the time whether I am OK. They listen to me and they are always helpful." Another person commented "The staff make sure that I'm looked after." Another person commented; "They look after us as well; the nurses and care staff make sure we have all the help we need."

Relatives we spoke with were positive about the way the service responds to people's changing needs. Comments included, "I have been involved in planning my [relatives]

care. The staff listen to me, they do everything they can to respond to my mother's need to feel independent." Another person commented; "Staff are always responsive when I need to talk to them, the staff constantly review the help my [relative] needs. I am always told and involved in any changes."

Kavanagh Place used their organisation's complaints policy. The registered manager told us there had been no recorded formal complaints since our last inspection. Therefore we could not review any current complaints to ensure they had been investigated and responded to appropriately. However we did review documentation relating to an older complaint, which showed that the management had responded in a timely way and to the satisfaction of the complainant.

People who lived at the home and the visitors we spoke with told us they knew how to make a complaint. We noted that there were leaflets on display in the reception area of the home that included information for people about how to make a complaint. Along with this there was a comments/complaints box located in the entrance to the service. The home's statement of purpose and the most recent inspection report was also available in the reception area.

Is the service well-led?

Our findings

The service was well-led. The provider's vision and values were detailed in their 'statement of purpose'. The provider's vision included the aim to provide responsive support and care which focused on people's wants, needs and aspirations. Staff told us they shared this vision and values and were proud that they supported people to live as full lives as possible.

Records we reviewed showed that there were plans in place for responding to emergency situations such as a fire or flood. In discussion with us it was clear that both the staff and the manager understood their role in relation to these plans and had received the training they needed to deal with situations which may occur.

We saw records of working partnerships with, for example, GPs, district nurses, dieticians, opticians and advocates. All of which was based on assessed individual needs. This assured us that the home was effective in meeting people's needs and requested advice from specialists in response to people's changes in needs. Professional we contacted prior to our inspection confirmed that they worked closely with the staff in order to ensure tailored individualised care and treatment was provided to people living at the service. One person who lived at the home commented; "They are really good, if I say I'm not right they call the doctor, if I feel down they get my CPN, I'm really well looked after."

The registered manager and the provider carried out regular checks of care records, care practices and the

premises. Incidents such as accidents and falls were reported each month to the provider's quality assurance team for analysis. Records showed that the provider and the registered manager used this information to make sure people's care plans and risk assessments reflected these events, and that referrals to appropriate health care services had taken place.

During our inspection visit we were shown details of a family support group which held their meetings at Kavanagh Place. Records confirmed that the group met regularly to offer support and information to families who had received a specific diagnosis. Following on from our inspection we contacted a member of the support group who confirmed that the registered manager supported the group by ensuring that the groups meetings could be held at Kavanagh Place.

From our observations and speaking to staff, relatives of people using the service and people currently living at Kavanagh Place, we found that the culture within the home was person centred and open. Through listening to people's views we were able to establish that the leadership within the service was clear and consistent. In discussions with us the registered manager placed a clear focus on continuity of staffing and the delivery of supervisions and support to staff that incorporated the values expected by the provider. One person commented; "You only have to say if you're worried about something, and he [the manager] will do his very best to help. I would have been lost without him."