

Parkhaven Trust

Kyffin Taylor

Inspection report

Parkhaven Trust
Deyes Lane
Maghull
Merseyside
L31 6DJ

Tel: 01515272822
Website: www.parkhaven.org.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Kyffin Taylor is a residential care home that was providing personal care and accommodation to 26 people aged 65 and over at the time of the inspection.

People's experience of using this service:

Following the last inspection, we met with the provider to confirm what they would do and by when to improve the key questions Safe and Well Led to at least good. We asked the provider to take action to make improvements to monitoring people's weight, and this action has now been completed.

We received positive feedback about the quality of care people received and the overall management of the service.

People told us that they felt safe living at the service. Care records provided detailed information around people's individual risks in order for staff to keep them safe from avoidable harm. Person centred care was delivered, giving people choice over their daily routines in line with their preferences.

Staffing levels were appropriately managed and people received care from consistent, regular staff. Enough staff were employed each day to meet people's needs and keep them safe. People and their relatives told us that care was provided in a safe and timely manner.

Recruitment processes were robust. The necessary pre-employment checks were completed and people received care from staff who were suitable to work in adult social care environments.

Processes and systems were in place to ensure people received their medicines on time from trained and competent staff.

People's overall health and well-being was effectively assessed and managed. Referrals were made to external healthcare professionals accordingly.

People received their medicines when they needed them from trained staff.

People made positive comments about the quality and standard of food they received. Menus offered a variety of home-made and fresh meals each day. People received support to eat their meals when required.

People were supported in a kind, caring and compassionate manner. Staff were familiar with the support needs of the people they were supporting.

The registered provider had a complaints policy in place. People and relatives knew how to make a complaint if they needed to. A recent complaint had been investigated in line with the provider's

procedures.

People were encouraged to participate in a programme of activities. Some people received support to attend church regularly.

The home was clean and hygienic. Health and safety measures were in place to ensure people lived in a safe, well-maintained environment.

More information is in Detailed Findings below

Rating at last inspection:

Requires Improvement (Report published 12 May 2018). At this inspection we found the overall rating had improved.

Why we inspected:

This was a planned comprehensive inspection based on the ratings at the last inspection. It is CQC methodology to re-inspect Requires Improvement providers within a 12 month timescale.

At the last inspection on 9 April 2018 we asked the provider to take action to make improvements for monitoring people's weight loss and this action has been completed.

Follow up:

No concerns were raised within this inspection. We will therefore aim to re-inspect this service within 30 months. We will continue to monitor the service through the information we receive. If any concerning information is received 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Kyffin Taylor

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Day one of the inspection was conducted by two adult social care inspectors and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. Day two of the inspection was conducted by one adult social care inspector.

Service and service type:

Kyffin Taylor is a care home. People in care homes receive accommodation and nursing or personal care. Care Quality Commission (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:

Day one of the inspection was unannounced and day two was announced.

What we did:

Prior to the inspection we reviewed the information we held in relation to Kyffin Taylor. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The provider did not complete the required Provider Information Return (PIR) for this inspection as they were not requested to. They had completed a PIR for the last inspection in April 2018. The PIR is information providers must send us

to give us key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

We also contacted the local authority to get their opinions of the service. We also considered any information received from the public and professionals. We used this information to plan our inspection.

During the inspection we spoke with the registered manager, three care staff, the cook, one domestic staff, five people who lived at Kyffin Taylor, and five visiting relatives.

We looked at three people's care files, three staff recruitment files, medicine administration processes, incident records and other records relevant to the quality monitoring of the service.

We undertook general observations of the home over the course of the inspection, including the general environment, décor and furnishings, bedrooms of some people who lived at Kyffin Taylor, bathrooms and lounge and dining areas.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- At the last inspection on 9 April 2018 we asked the provider to take action to make improvements to monitoring people's weight. This is because we found significant weight loss in a person was not identified and measures were not put in place to manage the risk. At this inspection we found everyone in the home was weighed each month and a Malnutrition Universal Screening Tool (MUST) was completed each month to identify any changes in weight and nutritional needs. Any changes in people's weight when required had been reported to the dietician. This action has now been completed.
- Individual risks to people had been assessed. Care records provided detailed information around people's individual risks in order for staff to keep them safe from avoidable harm.
- Regular safety checks were completed on the environment to ensure it remained safe.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to keep people safe from abuse.
- Staff had good knowledge of safeguarding, how to report concerns and how to keep people safe.
- People told us that they felt safe living at the service. Comments included, "It's the whole set-up here that makes me feel safe. At night the carers check on you, which feels nice" and "Of course I feel safe. The staff here make sure that everything is as it needs to be, so that we're all safe".

Staffing and recruitment

- Enough suitably qualified and trained staff were employed each day to meet people's needs and keep them safe. Current vacancies were in the process of being filled. Vacant shifts were being covered by agency staff.
- Recruitment was safely managed. All necessary pre-employment checks were carried out. People were receiving care from staff who had been deemed fit to work with vulnerable people.
- People and their relatives told us that care was provided in a safe and timely manner. Comments included, "There's always somebody in and out of my room. You don't wait very long for staff to come [if I use the call bell over my bed]. Sometimes they're short-staffed so it takes longer; it doesn't happen often", "The staff will just call in and say, Do you need anything at all?" and "There's a call bell in my room and I use it at night, it doesn't take too long at all [for a carer to come]".

Using medicines safely

- Medication processes and systems were in place. Staff received the necessary training and regularly had their competency assessed.
- Medication was safely stored in locked cabinets, were administered in conjunction with guidance and instructions; medication administration records (MARs) were appropriately completed.
- Routine medication audits were completed. Audits ensured that medications processes were assessed and

areas of risk were identified and improved upon.

Preventing and controlling infection

- Domestic staff worked each day to ensure the home remained clean.
- Staff had received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control. Staff used personal protective equipment (PPE) where required.
- The home appeared clean throughout, including equipment such as walking aids and wheelchairs. Ensuite bathrooms in bedrooms were clean, and stocked with soap and towels. Everybody was happy with cleanliness of the home.

Learning lessons when things go wrong

- Records were kept of any incident or accidents that occurred and were reviewed regularly to identify any patterns or trends. The information was used to re-evaluate people's assessed needs.

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

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

- Assessments of people's care needs were completed in good detail and included people's needs and choices. A comprehensive assessment was completed prior to people receiving support and used to help plan effective care for people.

- Care records were reviewed and updated following a change in need, for example, following a fall or deterioration in physical health.

- Staff knew people well and how to best meet their needs.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Newly recruited staff completed a comprehensive induction which included shadowing other more experienced staff. This gave them the opportunity to get to know people's needs and behaviours before working with the person.

- Training was provided for staff throughout their employment to maintain up-to-date skills and knowledge.

- Staff they told us they felt supported on a day to day basis by the registered manager and senior staff. A carer told us, "There is always someone available to talk to in the office." Staff received regular supervision and an annual appraisal.

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

- People were supported to maintain a healthy balanced diet and were provided with regular food and drinks throughout the day. Staff were knowledgeable of people's individual dietary needs and preferences and meals and snacks were provided accordingly.

- People were protected from risks associated with poor nutrition, hydration and swallowing difficulties; such as weight loss, dehydration and choking risks. Meals were served to meet their needs. For example, pureed, fork mashed and fortified with butter and cream.

- Staff supported people who needed assistance to ensure they ate meals and drinks. Support was given with respect and close attention to the person. Staff spoke kindly and encouragingly.

- Everyone were served their meals and drinks on crockery, in support of the people living with dementia so not discriminate between people who had and didn't have these needs.

- The menu was displayed in pictorial form in a dining room. A person who had their meals in their room said, "We don't get a menu but we get told at the meal time [about choices]" We told the manager who said they would let people have a copy the week's menu in advance.

- People appeared to enjoy their lunch and those we asked said they did. People were broadly satisfied with the food and drinks provided and most said they could have an alternative meal or snack to the one offered.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- We saw that staff responded promptly to people's changing needs. Records showed staff had engaged well with health and social care professionals to ensure that people's needs were met as effectively as possible.
- Information was shared with other agencies if people needed to access other services such as GPs, district nurses and community psychiatric nurses.
- People told us they were kept informed about their relative's health and welfare. Comments included, "They notify me if [my relative] is ever unwell; they've called the doctor [in given examples]", "The district nurse comes twice a week, to see to my [relative's medical issue]" and "[My relative] has had a couple of chest infections and the staff have got the doctor, and they've had antibiotics. They'll always tell me – 'your [relative] has got a bit of a cough'".

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

- The home was well maintained. The home was decorated throughout with contrasting, calming colours and plain flooring, to assist people living with dementia.
- People could safely and independently mobilise throughout the home. Adaptations, equipment and handrails were available in bathrooms and bedrooms to assist people and keep them safe.
- Some signage was visible in the home. A board was maintained to show the date and weather. However, the clock was not showing the correct time, as it had been broken by someone in the home and was waiting to be fixed.
- Some people had 'memory boxes' outside their bedrooms to help people to identify them. People's bedrooms were personalised with photographs and personal items.

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.

- People's level of capacity was appropriately assessed. Staff ensured that people were involved in decisions about their care.
- Applications had been submitted to the local authority for assessment to deprive people of their liberty.

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

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 were familiar with people's needs. They were attentive, responsive and provided support and care in a respectful manner.
- People were treated with care, compassion and kindness. Feedback from people and relatives confirmed this. Their comments included, "All of the staff are very kind, I must be honest; and they do listen to you. They try to comfort me when I'm a bit down", "The staff are absolutely marvellous: they care; things matter to them. They are so caring", "The staff are very kind, I think; they're caring. People are always supported in a nice manner" and "I find the staff quite caring – the majority seem concerned about the people here. They are getting to know [my relative]."

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

- People were supported to make decisions about their care and staff ensured people were provided with 'choice' on a day to day basis.
- Staff were familiar with the level of care and support people required as well as being familiar with their likes, dislikes and preferences.
- People and family members had been given the opportunity to share information about their life history, important relationships and in completing care records.
- People told us, "I stay in my room by choice and I'm quite contented" and "I get up when someone comes to get me up but that's fine. [The staff] say 'do you want this; do you want that?' [when giving support]. I do what I want in the day, [and] go where I choose". A family member said, "If [my relative] doesn't want to go to the dining room they can stay in the lounge. The staff can usually persuade them to go [into the dining room] though."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and their independence was promoted. Staff were observed knocking on people's doors and wait before entering.
- Care records recorded when staff needed to ensure people wore their spectacles and hearing aids to be able to communicate effectively.
- People were supported to remain as independent as possible. Mobility aids were used when it was safe to do so; staff supported people to move safely around the home.
- People appeared well presented and appropriately dressed for the time of year. A family member told us, "They look after [relative] well and they always look clean and smart."
- Feedback from people was positive. Their comments included, "The carers always make sure the blinds are pulled in the en-suite. They always knock on the door before coming in", "The staff always knock on the door from what I've seen" and "Everything's done privately".

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The care people received was person centred and based on their individual needs. Staff knew people's likes, dislikes and preferences and used this knowledge to care and support people in the way they wanted, such as, how they preferred to spend their time.
- Care records were detailed and contained all relevant and up-to-date information regarding people's needs. The service ensured that all relevant records were completed in a timely manner when people's needs changed so that staff had access to the most up-to-date information.
- People were supported to access a range of activities on a regular basis. Activities were planned based around people's needs and preferences. People comments included, "I know there are activities, but I choose not to take part. I'm happy here in my own room", "The carers come for me when there's something on, to see if I want to go to it", "Another lady (activities coordinator) has just started. [With the previous activities coordinator] we have made bangles, things with beads. Relatives said, "The [activities] calendar's just been updated and if I see something I think [my relative] will like, I'll ask the staff and they come for them. They know [my relative] likes the music" and "My relative is not a 'joiner-in' but the staff try to encourage them. They like sitting looking out at the garden and I think when it's summer, they will enjoy going outside".

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure which was made available to people.
- People and family members were confident that any complaints they made would be listened to and acted upon. A person told us they had made a complaint and was fully satisfied with the response. Another person said, "I would go to [the manager] or one of the seniors. They are all approachable."

End of life care and support

- At the time of our inspection, the service was providing end of life care to a person and were working in conjunction with the person's GP and the district nursing team. Staff showed good knowledge of the processes and procedures required.
- Staff had attended the 'Six Steps' 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection on 9 April 2018 we asked the provider to take action to make improvements to the auditing of care records as the current process was not operating effectively. This is because the significant weight loss in a person was not identified during the auditing of the person's care record. At this inspection we found audit processes had been made more detailed to identify any future issues. Checks now included individual weights and MUST assessments. This action has now been completed.
- There was a registered manager in post, who had the support of the registered provider.
- The registered manager was aware of their role and responsibilities, including what events they needed to notify CQC about. They had submitted notifications in line with legal requirements and displayed the rating of the last inspection.
- Staff received supervision and support to develop their practice.
- Information related to people who used the service was stored securely and treated in line with data protection laws.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service was run by a registered manager, deputy manager and the provider. Both were clear about their individual roles and worked well together to provide high quality care for people.
- The provider promoted a positive person-centred culture. Staff were positive about the management and leadership of the service and told us they were well supported. One staff said, "[Registered manager] is very supportive; they have achieved a lot since coming to Kyffin Taylor."
- People and family members spoke highly of the management team. Comments included, "I know [deputy manager] and she's lovely, absolutely wonderful. I could trust her to sort out any problem and she'll explain things to me if I get the wrong end of the stick" and "[Name] is the manager. I could speak to them, or one of the other [named senior staff] if I needed to. They're all approachable".

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

- People voiced their opinions and the management team responded to comments and suggestions made. The cook told us suggestions had been made regarding the menu, which they had responded to and included in the meals provided.
- The registered manager had an open-door policy and people came with their individual matters directly.
- Feedback was sought from people in the home and/or their family members each year. Feedback from

2018 survey was positive in all aspects of for care, food, activities, the staff and communication. Responses from the 2019 had not yet been published.

Continuous learning and improving care

- There was an effective system in place for checking on the quality and safety of the service and making improvements.
- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team and human resources team.

Working in partnership with others

- The registered manager and staff maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals.