

Harbour Healthcare 1 Ltd

Kingswood Manor

Inspection report

Woolton Road
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Liverpool
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Ratings

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

Summary of findings

Overall summary

About the service

Kingswood manor provides accommodation and nursing and/or personal care to up to 44 people, some of whom are living with dementia. At the time of our inspection there were 36 people living in the home.

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

Risks to people's health, safety and well-being had been identified through assessments and detailed care plans provided staff with the relevant information and guidance to help support people safely. People's medicines were managed safely by staff who had the relevant skills, training and experience to safely administer prescribed medicines.

Staff received safeguarding training and were able to explain what action they would take if they had any concerns. People told us they felt safe living at Kingswood Manor. Accidents, incidents and safeguarding concerns were acted upon appropriately and the registered manager reviewed incidents to look at ways to prevent them in the future.

There were enough staff on duty to support people safely. Newly recruited staff were subject to a range of pre-employment checks to ensure they were suitable to work for the service.

The home and equipment used to support people with their mobility needs was clean and hygienic. Staff responsible for the cleanliness of the home kept detailed records of the tasks they had completed.

People received care that was person-centred and based on their individual needs and choices. Staff knew people well and how to support them in line with their needs and preferences. People had access to a range of activities and were supported to maintain contact with those important to them.

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.

Governance systems were effective at identifying issues and driving improvements to the overall safety and quality of the service provided. Staff spoke positively about the registered manager and the increase in staff moral and support since they were recruited.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 October 2022) and there was a breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the

provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about the standard of care people received. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe, responsive and well-led only.

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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, responsive and well-led sections of this full report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

This service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

This service was well-led.

Details are in our well-led findings below.

Good ●

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by an inspector, nurse SPA consultant and 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

Service and service type

Kingswood Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kingswood Manor is a care home with nursing care. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 27 April 2023 and ended on 5 May 2023. We visited the location's office/service on 27 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 8 family members about their experience of the care provided. We spoke with 4 care staff, a domestic staff member, a nurse, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at 7 people's care plans and associated records and medicine administration records for 6 people. We looked at 4 staff files in relation to recruitment and a range of other records relevant to the overall management of the service.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection, the provider had failed to ensure safe infection prevention and control practices were followed and were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer on breach of this regulation.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visits to home were conducted in line with current visiting guidance.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to safeguard people from abuse and learn lessons when things went wrong.
- Staff had received safeguarding training and knew what action to take if they had any concerns.
- People told us they felt safe living at Kingswood Manor and knew who to speak to if they had any concerns.
- Accidents, incidents and safeguarding concerns were recorded and acted upon appropriately to keep people safe. This included referrals to relevant health and social care professionals.
- Accidents and incidents were subject to review and analysis to look for patterns and trends. Information was used to learn from incidents and prevent them occurring in the future.

Assessing risk, safety monitoring and management

- Risks to people's health safety and well-being had been assessed and staff had access to information and guidance to support people safely.

- Where people required some aspects of their care and support to be monitored, such as risk associated with malnutrition, dehydration and poor skin condition, charts were in place to evidence how these were monitored and managed.
- Staff demonstrated that they knew people's individual needs and identified risks well and how to support them safely.
- Regular safety checks were completed on the environment and equipment people used to support with their mobility to ensure it remained safe for people to use.

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.

Staffing and recruitment

- Observations showed there were enough staff on duty to support people safely. During our visit, staff responded to requests for support in a timely manner.
- People and family members felt that whilst there were enough staff on duty, some told us staff often appeared rushed. One person said, "Sometimes I have to wait [for support] because they [staff] are so busy."
- The registered manager told us they had recently recruited new staff who were currently awaiting relevant pre-employment checks and induction periods to commence.
- Safe recruitment processes were in place. A range of pre-employment checks were completed to make sure new applicants were suitable to work for the service.

Using medicines safely

- Medicines were managed safely. Staff responsible for medicine administration had received relevant training and had their competency levels regularly checked.
- People received their prescribed medicines at the right times and in line with prescriber guidance.
- Where people were prescribed 'as required' medicines, staff had access to information and guidance to ensure these medicines were only administered when needed.
- Fridge and room temperatures were regularly checked to ensure medicines were stored within safe temperature ranges.

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 good. The rating for this key question has remained 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; End of life care and support

- People received care that was person-centred and based on their individual needs, wishes and preferences.
- People were given choice and control over how they wanted to spend their day.
- People's wishes and preferences for end-of-life care were considered as part of the care planning process and where permitted, these were recorded in people's care plans.
- The registered manager showed us examples of where the care and support people on end-of-life care had received, meant their health had improved and they no longer needed this level of support.

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's communication needs were assessed, and staff had access to information about how to communicate with people effectively.
- Information was available in different formats, such as large print, to enable people to access it in a way they would understand.

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

- The service employed an activities co-ordinator who provided a range of activities for people living in the home.
- People spoke highly of the activities co-ordinator and the positive impact they had on their day.
- People were supported to maintain contact with family members and those important to them.

Improving care quality in response to complaints or concerns

- The registered manager kept a record of any complaints received about the service or standard of care delivered. Records showed complaints were dealt with appropriately.
- People and family members told us they knew who to speak to if they had any issues or concerns.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Governance systems were effective at driving improvements to people's care.
- Audits, checks and reviews were completed on various aspects of the service. Where issues were identified, action was set to implement necessary changes and improvements.
- The provider had a detailed action plan in place to show what areas of the service had been identified as requiring improvements and how they planned to address this.
- The registered manager understood their role and what was required to ensure people received high quality, safe care.
- Staff spoke positively about the registered manager and felt supported in their role. They told us moral had improved since the registered manager had been in post and they felt their concerns would be listened to and acted upon.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager promoted a culture that was person-centred and inclusive, and which achieved good outcomes for people.
- People received care that was person centred and care plans contained information that was individual; including information about people's life histories and what was important to them.
- We received positive feedback from people and family members about the service they received. Comments included; "I'm allowed to bring my little dog in which he [relatives] loves. I think it's okay here he seems much better. The staff are good" and "I'm fine here, they [staff] do a good job."
- Staff spoke fondly of the people they supported and told us they enjoyed their job. One staff member said, "I haven't been here long but I love it. I love the [people] and the other staff are lovely too."

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

- Regular meetings were held with staff to allow the registered manager to share important updates and give staff the opportunity to give their views.
- Meetings were held with people and family members to gather feedback about the service. Feedback received was used to improve people's experiences of the service they received.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The provider understood their legal responsibility to be open and honest when things went wrong.