Livability

Kenway Court

Inspection report

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Date of inspection visit:
20 July 2016
22 July 2016

Date of publication:
07 September 2016

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

The inspection took place on 20 and 22 July 2016. Kenway Court provides accommodation which offers nursing and personal care for up to 24 people living with a diverse range of disabilities and complex needs. There were 22 people using the service at the time of the inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, 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.

Staff had good knowledge of their responsibilities and how to keep people safe. People were cared for by staff who had been recruited and employed after appropriate checks had been completed. Permanent staff and agency staff had access to personalised, up to date information about people's needs which meant they were effective in delivering appropriate care.

People were involved in the planning of their care and treatment which was delivered in a way that was intended to ensure people's safety and wellbeing. Developments were being made to document the inclusion of relatives in the review of care plans. Any errors were addressed by the service which ensured safe management of medicine administration and secure storage of medicines.

Effective care was provided by care staff. People's rights were protected because management and staff understood the framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Management applied such measures appropriately and liaised with appropriate external parties.

Staff had received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care. People had enough to eat and drink and staff understood, documented and met their specific nutritional needs. Staff and managers ensured access to healthcare services were readily available to people and worked with a range of health professionals to maintain good health of the people.

Privacy and dignity was valued by Staff were observed to be respectful and compassionate towards people and placed value on privacy and dignity. People had positive relationships with each other and staff who were supported to be as independent as they chose to be. People knew how to make a complaint and processes were in place to deal with them.

The registered manager had a number of ways of gathering people's views including talking with people, staff, and relatives. These methods were being developed to drive improvements for the individuals. They carried out quality monitoring audits to help ensure the service was running effectively.

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.

People's medicines were managed so that they received them safely.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Appropriate checks had been carried out to ensure a robust and effective recruitment process was in place.

Is the service effective?

Good

The service was effective.

Staff received an induction when they came to work at the service. People were cared for by staff who had the knowledge and skills required to meet their needs.

People were supported with their nutritional choices and dietary requirements.

People were supported to access healthcare professionals when they needed to see them.

Is the service caring?

Good

The service was caring.

People were happy with the care and support they received from staff.

People's choices were listened to and people felt able to express their views, wants and needs.

Privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People received care that was individual to them and personalised to their needs.

People lived full lives and were given the opportunity to partake in activities that interested them and suited their needs.

Is the service well-led?

Good

The service was well led.

Staff aligned themselves with the vision of the service.

The manager and provider sought the views of people who used the service.

The service had quality monitoring processes in place to ensure the service maintained its standards.

Kenway Court

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 was planned to check 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.

The inspection took place on 20 and 22 July 2016 and was unannounced. The inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the service. This included previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about. We also reviewed information received from a local authority.

During the inspection we spoke with nine people that used the service, two relatives, nine members of staff, the deputy manager and registered manager. We also spoke with external parties such as social workers, Court of Protection Officer, speech and language therapist, pharmacist and an aroma therapist who all work with the registered manager to meet people's needs.

We observed interactions between staff and people. We looked at management records including samples of rotas, five people's individual care plans, risk assessments and daily records of care and support given. We looked at five staff recruitment and support files, training records and quality assurance information. We also looked at the services arrangements for the management of medicines and reviewed people's medical administration record (MAR) sheets.

Good

Is the service safe?

Our findings

People consistently told us they felt safe using the service, one person said, "I am very happy, I wasn't before I came here but now I know I'm safe here." One relative told us, "I can leave here after visiting and I know [person's name] will be cared for safely."

Permanent staff had the information they needed to support people safely. Care plans had current knowledge of the person, current risks and practical approaches to keep people safe when they made choices involving risk. We saw risk assessments covering areas such as; care during the night, administering medication via peg line, finances, home environment, mobility and nutrition.

We saw that people's care plans and risk assessments were all created and stored on computer software, were up to date and reviewed monthly. Reliance was placed upon the computerised system and there was no contingency plan if the computerised system failed. Although the registered manager told us that had been identified and the provider was trialling a contingency plan at a sister service which would be rolled out across Livability services when successful.

There were sufficient numbers of suitable staff although documentation could not be provided which calculated how staffing levels were determined. However the registered manager and deputy manager advised us that staffing levels were in the process of being reviewed based on an assessment of support and care required for each individual and were adapted when a change in need was identified. The registered manager assured us that despite the lack of documentation staffing levels were reviewed when necessary and that if more staff were found to be needed they were recruited with the support of the provider. The registered manager had undertaken their own assessment of staffing levels in December 2015 and brought in two additional care workers. However no more productivity was achieved with two additional staff therefore it was not implemented and staffing levels were assessed as adequate. Care workers consistently told us that although some days are harder than others they felt there was enough staff to meet people's needs.

The registered manager ensured that staff present on each shift contained the right mix of skills, competencies, qualifications and experience. Teams were deployed effectively throughout the service to meet people's diverse nursing and care needs. One care worker told us, "We all work together well we are a good team."

The registered manager told us they frequently used agency staff to cover shifts and were currently in the process of recruitment for permanent care workers. One care worker told us, "Agency staff are used when we need them, like when we have hospital appointments to attend with people, agency cover our shifts." As agency staff did not have access to people's computerised care plans, the registered manager told us they provided agency staff with a document called 'Service Users at a Glance'. The document indicated people's individual wants and needs specifically designed for agency staff to refer to immediately. We spoke to one agency care worker who told us, "Everyone here has specific needs and I am given this easy read document with people's essential requirements on, like whether anyone is nil by mouth and how to move them safely."

People felt safe and there were plans in place to respond to emergencies. Each shift an emergency response team was allocated so all staff were aware of who should respond. In turn assurances were provided that everyone would be kept safe in an emergency. People told us, "If you push your buzzer you don't have to wait long, they come as quick as they can" and "I feel safe in my hoist and I never have two agency staff helping me together they always work with permanent staff. I'd say something if that happened but haven't had to."

People were protected from avoidable harm. The deputy manager told us of systems put in place which respected people's choice of privacy whilst protecting them from harm. People, relatives and management had discussed the use of audio baby monitors where appropriate which reduced the risk of harm when people wanted privacy within the service. We saw information was documented in people's care plans as to who had agreed to the use of it. If people were on bed rest they were turned and/or checked regularly where required and these were documented in people's rooms and in daily notes.

Equipment used by people, such as lifts and hoists, were serviced regularly to make sure they worked safely. Pressure relieving mattresses were at the correct setting to support safe care in preventing and healing pressure ulcers. Care workers recorded in daily notes to reflect that people's necessary equipment was checked and working effectively after personal care. Care plans clearly stated the exact equipment that was required for moving and handling people safely. The registered manager had procedures in place to identify and manage any risks relating to the running of the service. These included infection control, fire, personal emergency evacuation plans, water safety and the environment.

Staff received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and they knew how to protect people from harm and keep people safe. The service had a policy for staff to follow on safeguarding and whistle blowing and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and local authorities. One member of staff told us, "I haven't had to do it but I know who to contact if I needed to. I'd tell the nurse in charge or go higher to [registered manager's name] or social services." The registered manager and deputy manager had a good understanding of their responsibility to safeguard people and knew how to make referrals to the local safeguarding authority to investigate if they needed to raise concerns.

An effective system was in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). Staff we spoke to told us they had interviews and supplied all the relevant documents before starting work at Kenway Court.

People's medicines were managed so that they received them safely. People told us that they received their medication as they should and at the times they should. We found that daily medication administration records (MAR) were completed accurately. The deputy manager told us that people's individual medications were locked securely in people's rooms. One care worker who had the qualifications to administer medications told us, "Now the safes are in people's rooms you don't get interrupted which lessens the possibility or errors occurring." We saw MAR sheets signed immediately after administration which avoided administration errors. One person told us, "I like having the safe in my room, it makes taking your tablets more private."

A drugs audit was completed daily and monthly, however the registered and deputy managers told us modifications were being made to improve the robustness of monthly audits in order to analyse data more

effectively. The registered pharmacist who worked closely with staff at Kenway Court told us, "We deal with nearly 40 care homes locally and Kenway Court rates in our top three for professionalism and care. They are always punctual in repeat medication orders and their seniors are very much aware of any oversights or discrepancies attained by us or the surgeries."

Good

Is the service effective?

Our findings

People received effective care. We saw in people's care records that, when needed, the services qualified nursing staff attended appointments with people regarding their health needs. One person told us, "[Registered manager's name] came with me to my hospital appointment I was so grateful, she arranged travel so I didn't have to worry." The registered manager told us of an incident where one persons prescribed medication was having adverse effects on them. The registered manager told us how they liaised with various consultants to ensure the person's health improved. Care workers monitored people's health for example; weight, fluid intake and output and blood sugar levels. We saw correspondence within people's care records, such as advice from speech and language therapy (SALT) teams and peg nurses. A speech and language therapist told us, "Staff are pro-active and if they notice a problem with one of their residents' communication or swallowing they contact the department to request a review appointment or to make a referral." This demonstrated that people were supported to have their needs, preferences and choices met by staff who had the necessary skills and knowledge.

Staff were supported to obtain the knowledge and skills to provide good care. Staff told us that they were supported to complete nationally recognised training courses. The registered manager also confirmed that suitable new staff would be enrolled on the Care Certificate. This is an industry recognised set of minimum standards to be included as part of the induction training of new care staff. The registered manager told us that existing members of staff updated essential training when required. One staff member told us, "We have refresher courses and receive training from local authorities too, we are trained to be able to care for people well." The training matrix indicated that staff were receiving training in the necessary subjects. We asked people and relatives if they thought staff had the correct training to do their job. One relative said, "This is the only place I've found where I feel they know how to manage [person's name] needs." One person told us, "The staff here know what they're doing, they're ace."

Staff undertook a thorough induction into the service before they started at the service. All new staff were always supervised and completed a minimum of three or four weeks shadowing with an experienced member of staff due to the complexity of people's needs. The registered manager told us that care workers were not allowed to assist with manual handling until they had received their training and if induction review meetings identified difficulties within their role extra support in various forms would be given. We saw documentation which reflected this. Recent supervisions had been documented and kept within staff support files. Care workers discussed various topics with their supervisors such as, issues with other people's performance, how to manage those situations and what is expected of staff to provide safe and effective, high quality care.

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.

Staff were aware that people had to give their consent to care and had the right to make their own decisions. Staff had undertaken online mandatory and refresher courses to update their knowledge of MCA and had a good understanding of how to support people in making decisions. Staff told us that they supported people in making day to day decisions and always offered people choice. We saw staff offering people choice. For example, we saw a care worker ask one person if they would prefer to eat their meal in the dining room or in their bedroom. Another person was asked what flavour dessert they fancied. We also saw one person had been asked if they wanted a shave and they were clearly happy with the result. We also saw in daily notes that care staff documented when they asked for consent to provide personal care. This told us people's rights were being protected.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Therefore we looked at whether the provider had considered the MCA and DoLS in relation to how important decisions were made on behalf of the people using the service. The registered manager assured themselves, that freedom was not being inappropriately restricted and applications for DoLS had been made where necessary. The registered manager told us they had involved the Court of Protection for people who lacked capacity to make decisions about their own finances. This demonstrated their knowledge and understanding of the MCA is current. The Court of Protection Officer expressed, "The staff are always conscientious of how my clients feel and are able to express each client in depth with regards to personal issues."

People were supported with their dietary needs. One person happily told us, "The food is goooood." Another person expressed how much better they were feeling now as since being at the service they had healthily lost four and a half stone. They told us, "I've been supported to independently change my diet." People who worked in the kitchen knew people well; their likes, dislikes and allergies. This information was also clearly displayed on documents within the kitchen so any agency staff were aware of peoples specific dietary requirements. One agency worker told us, "There are laminated documents at the drinks station so I know exactly what people can and can't have, what they like and don't like and also how they are able to drink it." Some people were peg fed and regimes were in place in people's bedrooms and within care records to ensure their specific care needs were clearly met. On the day of inspection the weather was extremely hot and care staff were mindful to administer and offer extra fluids which were recorded on peoples fluid charts where necessary. Electric fans were also placed near people to avoid heat exhaustion.

People had access to healthcare professionals. One person told us, "I have an appointment at the dentist today. I can contact them myself but if I need help I can ask staff here." A GP visited the service weekly to attend to people the deputy manager spoke of the importance of good communication and trust between the staff and the GP services to ensure people's medical needs were met. The pharmacist told us, "They [care workers] are competent in asking for and handling advice from our pharmacists."

Although the premises looked tired in places this was due to wheelchair traffic. People who were able to, mobilised around the service and in lifts safely. Some people we spoke to had been at the service a considerable time and told us, "I really love my room we can decorate it how we want" and "I have a beautiful room; it's kingfisher blue and decorated like Formula 1." A Court of Protection Officer told us, "Their rooms are personalised to suit each personality and their needs wants and wishes are always met."

Good

Is the service caring?

Our findings

People were happy with the care and support they received from staff. People told us, "The girls are special they really help you," and "Staff are respectful they don't rush you at all." One relative told us, "The staff are very friendly and respectful." Feedback from one persons completed questionnaire remarked, "I do live the life I want to lead." One person who provides aromatherapy to people at the service told us, "I always find Kenway Court friendly and welcoming when I visit. Staff are helpful and all service users seem happy."

Nurses, care workers and agency staff knew people who used the service well, including their life histories and their preferences for care. We observed that care staff recognised people's needs and acted as quickly as possible to meet those needs. We saw kind and patient interactions between people and care staff. One person told us, "The staff are always running around busy but always get me everything I need." We asked one person with communication difficulties their opinion of the care workers, their response was a double thumbs up.

Staff and people had positive relationships with each other. People were also supported to be as independent as they chose to be. Staff treated people as individuals and knew for example that although one person had difficulty communicating they were aware of the choices made by their facial expressions and eye blinking. Other people liked to be involved with the daily activities of the service which supported and provided a purpose for people and addressed their positive wellbeing.

People were encouraged to maintain relationships with their friends and family. This included supporting trips home and encouraging families and friends to visit their relatives at Kenway Court. A relative of one person, whose birthday it was, visited during the inspection. We saw care staff celebrate the person's birthday with them and provided a birthday cake and singing.

People's privacy was respected. One person told us, "I'm independent and enjoy spending time in my room, people here know that and knock before they come in." Another person told us that there were plenty of lounges to use if family and friends visit and you want some privacy.

People and their relatives were actively involved in decisions about their care and treatment and their views were taken into account. One social worker told us how the registered manager and deputy manager were always very helpful in their interactions regarding peoples care. When people needed additional support with making decisions the registered manager requested an advocate for people. People who used the service needed varying degrees of support which was identified in care plans and reviewed monthly or when a change in need was identified. One person expressed, "People listen to what I'm saying here."

Good

Is the service responsive?

Our findings

People received care that was individual to them and personalised to their needs. Before people came to live at the service their needs were fully assessed by the registered manager and the deputy manager to see if they could be met by the service and at the premises. During this meeting the manager gained the information needed to understand people's personal histories, their preferences for care and how they wanted to be supported. The registered manager spoke of the importance of the transition period and invited people to stay overnight or for a day visit dependent on the person to help people make informed decisions. From this information care plans were devised. Where possible, people and their relatives told us that they were fully involved in this initial process.

People were supported to have care plans that outlined how they liked and needed to receive care. The registered manager told us how care plans and risk assessments were continually updated when people were new to the service to reflect each person's rapidly changing needs whilst the person was settling in to their new environment. One care worker told us, "Although only the nurses update the care plans monthly we contribute by reporting back anything we think needs changing." One person told us, "The staff here ordered me a new sling because of the amount of weight I've lost." The person's care plan indicated that a new sling had been ordered and interim interventions had been put in place which ensured personal care was delivered safely.

The registered manager told us care plans were reviewed bimonthly and/or if additional needs were identified. We saw that the computerised care plans had been reviewed and authorised regularly and as and when required. One person told us, "They [care workers] talk to me about my care plan about every six weeks." Another person told us, "They speak to me when they need to about my care plan and if I need anything I can speak to [key workers name]."

Although people knew about their care plans, relatives told us that they were contacted if anything was wrong or changing but they were not spoken to regularly about their relatives care plans. The registered manager and deputy manager told us that involvement of relatives was welcome regarding people's care plans and that they do give copies of care plans to relatives to review. However they reported that they don't always get feedback from relatives. Due to the computerised nature of Livability's care plans it was apparent that difficulties had been identified with the ability to record when the inclusion of relatives occurred. The system did not allow staff to document where relatives had been involved in care plan reviews. We also saw that the design of the computerised system prompts staff to record the same information in several places which staff reported wasted time and increases the potential for discrepancies within the care plans. The registered manager told us that they feedback to the provider, problems that their computer software causes.

End of life care plans were not in place for all people, however people were receiving good end of life care and their general care plans clearly indicated how they wished to be cared for. The registered manager told us that one nurse and two care workers had received training in end of life care as they had shown a particular interest. The registered manager was considering making someone a champion of end of life

within the service. They had also identified the need for end of life care plans to be implemented and had plans to arrange discussions with people, lasting power of attorneys, social workers and relatives where appropriate. Thereby ensuring the service would be able to provide effective support to people and their relatives during a difficult period.

Nurses and care workers understood people's more complex needs. Staff told us how they had access to a sensory room within the service for sensory stimulation. It was used to help people manage their behaviours, partake in different therapies such as reflexology, aromatherapy or listen to music and relax. Staff at Kenway Court also understood and addressed people's communication needs. Staff were aware to support one person by using closed questions and eye pointing tools. The registered manager and staff supported this person who was developing communication skills by using new eye gazing technology. Care workers were aware to ensure the technology was charged and placed appropriately to enable optimum usage.

People lived full lives and were given the opportunity to partake in activities that interested them and suited their needs. However two people and relatives reported that these opportunities and activities weren't available to them every day. One person reported, "I'm not able to get involved with all the activities now." When we spoke to people it was evident that, due to the diversity of individuals living within the service, activities were also required to be diverse to cater for individual needs. The lifestyle worker told us that they attempted to address this by holding residents meetings once a month to discuss activities that people would like to do in groups. They also spoke to individuals personally and dedicated one on one time to fulfil the needs and wishes of people.

We observed a group of people being transported to a music activity in the community. People told us about the activities they do with the lifestyle workers. One told us, "I go with [lifestyle workers name] to the high street, shopping, which I love." Two other people told us that they were supported to bake pizzas and cakes or go to the pub to watch football. Fitness sessions and art sessions were held for people once a week who were able and wished to attend. We saw the art work that people had produced. Two people told us that their relatives visited regularly and would do activities such as London shows or football matches. Another person explained how they are supported to attend the local leisure centre and participate in a cycling activity for people of all ages and disabilities. They told us, "I feel like I'm in a formula one car, I love it!" Other people chose to watch TV, read, listen to audio books and use the computers to look up things on Google earth.

The layout of the ground floor allowed for a natural inclusion for people to be involved in conversations if they wished. We saw visiting relatives chatting with various people and it appeared that they knew each other well. This helped in the avoidance of social isolation.

The provider had a complaints process in place. However the complaints book had recently been misplaced so we were unable to review any complaints records. The registered manager told us that any complaints that were not resolved within 24 hours were reported to the provider. The registered manager and the provider regularly gathered people's views on the service by talking with them. People told us that they felt comfortable to speak with the staff or manager if need be. One relative told us they had raised a health concern on the day of inspection which staff had addressed immediately. Staff knew how to support people in making a complaint should they wish to make one. We saw documents explaining the complaints processes within people's rooms. One person told us, "I don't and never have had a complaint."

Good

Is the service well-led?

Our findings

The service had a registered manager. People were very complimentary of the manager and the service. The registered manager was very visible within the service and spoke of a transparent and open relationship with the provider. People approached the provider and registered manager with ease and we saw regular and consistent friendly interactions.

The service was led and managed effectively by a registered manager who delegated work to supportive staff. In addition to the registered manager the service had a deputy manager who was heavily involved in the running of daily operations. The registered manager and deputy manager had both worked at the service together for close to a decade, had developed systems and processes together and knew the premises extremely well. This shared knowledge proved effective whilst managing the service together.

The service clearly displayed their vision to strive towards a transformational society where disabled and disadvantaged people can live life to the full by achieving choice, independence and opportunity. Staff shared the manager's vision to provide good quality care and support people to meet their individual needs. One member of staff said, "We are trying to help people achieve independence and have a happy life here." Another care worker told us, "We are trying to improve people's lives, I want to give more than just personal care, and I try to help people achieve their goals."

The registered manager, provider and care staff strived to deliver quality care. Nurses told us that they had handover meetings every shift to discuss people's immediate support needs and to share any important information. The registered manager had regular meetings with the provider to discuss the effective running of the service. Quality assurance processes were in place and the registered manager undertook regular audits of health and safety, medication, resident's finances, and produced monthly manager's reports of which the provider monitored and reviewed completion of tasks. However the deputy manager and registered manager were keen to make improvements and develop processes to allow for robust quality monitoring of the service. Particularly surrounding management of medicines, analysing falls audits and incidents and accidents and complaints.

The registered manager promoted an open door policy for people and relatives. The provider used questionnaires to gain feedback on the services from people. The registered manager advised that they felt 2015's annual report produced from questionnaire responses of people provided a narrow account of people's experiences living at the service. Therefore the registered manager contributed to this year's drive to gain feedback and introduced more specific questions, tools such as pictures and games. Additionally feedback allowed for staff familiarity when helping people complete their forms. The questionnaires were sent to people, relatives, health care professionals and other appropriate external parties. The registered manager told us that there will be an action plan to address and findings and to drive improvements.

This was not the only means of gathering people's views. The registered manager also gathered people's views on the service through monthly staff meetings, regular monthly residents meetings and through daily interactions with people. Minutes of the residents meetings were detailed and clearly showed that

management monitored whether improvements could be introduced. For example, minutes from the meeting in May 2016 identified that people requested new activities in the form of cycling for people with disabilities at the local leisure centre. This was achieved in June and plans were in place for the activity to be continued regularly. This showed that although quality monitoring processes were being developed, there was an open and inclusive culture in which people felt comfortable expressing their views to staff in order to continue enjoying where they live.