

# Harbour Healthcare 1 Ltd

# Kingswood Manor

## 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Kingswood Manor is a large grade two listed building situated in Liverpool. The service supports older people, a few of whom are living with dementia and people with nursing needs. The service can accommodate up to 44 people. At the time of the inspection, there were 40 people living at the home.

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

We discussed with the registered manager that some of the care plans varied in their level of personalised information and consistency and were not always detailed with regards to people's specific needs. The provider had identified shortfalls in people's care plans and was in the process of implementing a new care planning system. We have made a recommendation about involving people in their care plans and reviews as this was not always evident.

Complaints were well documented and responded to, and end of life care was treated sensitively.

Everyone told us they felt safe living at the home. Medication was well managed, stored and administered in line with the legislative requirements. Risk assessments were in place and risks were assessed and reviewed. The environment was subject to regular checks, and staff recruitment remained safe. There were enough staff on shift to provide safe care.

The service contacted the GP and made referrals to ensure people's healthcare needs were taken care of. Staff were trained and engaged in supervision. 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. People's eating and drinking needs were assessed and where additional support was needed this was in place.

People's confidentiality was respected, and we saw numerous caring interactions between staff and people who lived at the home. It was clear people knew the staff well, there was good relationships between people and the staff. We received positive comments regarding the caring nature of the staff. People told us they were given choice and treated with dignity and respect.

There were effective systems in place to check the quality and safety of the service. Checks were in place that covered a range of key aspects they had identified within the care plans and management of medication. The registered manager was responsive to this and had implemented actions to address this. Positive feedback had been received regarding the registered manager and their ability to run the service.

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

The last rating for this service was good. (Published 19 May 2017).

### Why we inspected

This was a planned inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our findings below.

Good ●

### Is the service responsive?

The service was caring.

Details are in our findings below.

Requires Improvement ●

### Is the service well-led?

The service was well-led.

Details are in our 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 Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors 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.

#### Service and service type

Kingswood Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the Care Quality Commission. This means that both the registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We 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. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with three people who lived at the home and six relatives who were visiting on the day of our inspection. In addition, we spoke with seven staff, the registered manager, the area manager, the activities coordinator and the deputy manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records and spent time observing care. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and updated quality assurance action plans.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff knew the correct action to take if they felt people were at risk of harm or abuse. This included contacting the police, safeguarding authority or whistleblowing to the Care Quality Commission.
- There was a safeguarding adults policy and procedure available for staff, people who lived at the home and their relatives.

Assessing risk, safety monitoring and management

- Everyone we spoke with said they felt safe living at Kingswood Manor. Comments included, "I have no reason not to feel safe." Also one relative said they had "Peace of mind" knowing that their relative was in the home.
- Assessments of risks to people's health and safety were in place to minimise the risk of harm occurring and we saw some good examples of actions staff were to take to prevent harm occurring.
- There were some minor inaccuracies documented in relation to people's risk assessments, which had already been highlighted on an audit.
- Personal Emergency Evacuation Plans (PEEP)s were in place and were personalised depending on the person's level of need and evacuation requirements.
- Checks on the health and safety of the environment remained safe.

Learning lessons when things go wrong

- Lessons had been learned as a result of some recent safeguarding concerns. We saw evidence that recommendations had been discussed at team meetings.
- Some recent medication audits had highlighted the need for a change in the services approach to recording medications. This was in the process of being implemented.

Staffing and recruitment

- We observed there were enough staff in the home to support people and spend meaningful time with them. Rotas showed these staffing levels had been maintained over time.
- We checked recruitment files which confirmed that staff were still recruited and selected safely once appropriate checks had been carried out.

Using medicines safely

- Medicines, including controlled drugs, were stored and administered safely by suitably trained staff.
- Records such as medicine administration records (MARs) and those relating to room and fridge temperatures had been completed accurately.

- People who required slow release patches for pain relief, had them applied on alternating parts of their body, there was a record of this.

#### Preventing and controlling infection

- Staff had received training around good infection prevention and control and had access to relevant guidance.
- Staff had access to personal protective equipment (PPE) and hand sanitizer and were seen to use this appropriately.
- Hazardous waste was disposed of correctly.

# Is the service effective?

## Our findings

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

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

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 when this is in their best interests and legally authorised under the MCA.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had their capacity assessed, and DoLS were in place for those who needed them. Some of the assessments did not always reflect people's preferences for communication, which we discussed with the registered manager. They have since emailed us to confirm they have reviewed the form for MCA to encompass people's communication needs to demonstrate their involvement in the process.
- Best interest decisions had been completed for people for the use of bedrails and other complex decisions. Other medical professionals were involved in this decision-making process where appropriate.

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

- There was pre-assessment information in each of the care plans we viewed. These pre-assessments had been used to develop each person's care plan.

Staff support: induction, training, skills and experience

- Staff were trained in subjects deemed mandatory by the registered provider.
- There was a system in place to record and monitor which training staff had completed, so any refreshers due would automatically be re-booked.
- Staff told us they were supervised and had engaged in annual appraisals with the registered manager. There was a supervision matrix in place which recorded this.

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

- Where people required specific support with eating and drinking, or if they had an alternative regime for eating, such as a Percutaneous endoscopic gastrostomy (PEG), which is a tube surgically inserted into the person's stomach to help with eating and drinking. There was information recorded in the care plan with regards to how they were supported with this, however we did raise this information would benefit from being more detailed in parts.
- For people requiring specialist diets, these were also recorded in their plan of care and staff recorded what people ate and drank on their fluid balance charts and food diaries.
- People told us the food and drink were okay. Some people could not remember whether or not they got a choice of food. Other people, however, said the chef asks them what they would like.

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

- Each person was registered with a doctor and dentist surgery. Care plans contained robust information around peoples oral healthcare needs in line with new guidance.
- Care plans viewed held records of professional's visits.
- Information within care plans evidenced that referrals had been made appropriately to various health professionals.

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

- The environment was clean, clutter free and decorated nicely in accordance with people's needs and choices.
- There was plenty of space for people to mobilise around the home, and bathrooms and bedrooms were bright, spacious and adapted were needed to support people's mobility needs.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. People used word such as "Fantastic" and "Wonderful" when they described the staff to us. One person said that the staff "Always come around and help me."
- We observed people and their interactions with staff. Some of our observations were made at lunch time, and we saw people being treated with dignity and respect. This included staff asking people what drinks people wanted and offering a choice of food.
- We observed staff helping one person to transfer from one place to another using their hoist. Staff clearly explained to the person what they were doing and spoke to them with reassurance throughout the process.

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

- Staff asked people what they would like to watch on television and whether they would like to chat.
- People were involved in choices and asked about their care and support. We heard one staff member asking one person if they would like help making their bed.
- People told us they were consulted with around menus and activities. Some of the care plans we viewed contained examples of where people or their relatives had been consulted with around their care plans. Others lacked evidence of involvement and personalisation which we discussed with the registered manager.

Respecting and promoting people's privacy, dignity and independence

- Confidential information was stored securely in a lockable room when not in use.
- We did not hear staff discussing any personal information in the communal areas, and our conversations with staff demonstrated they knew how to maintain confidentiality and privacy. One staff member told us they always encouraged people to do as much for themselves as possible.
- We observed staff supporting people to look after their personal items, such as their laundry and jewellery.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place for people. However, they varied in their presentation of personalised information such as weights for people and Malnutrition Screening Tool (MUST) scores. For example, one care plan had some inconsistencies around how to support the person manage their PEG which meant it was not always clear what supported they needed. Also, there were some gaps in peoples reviews and weights had not always been recorded in care plans. The provider had identified shortfalls in the quality and accuracy of the information in some peoples care plans. Plans to bring about improvements were in place but had not yet been fully implemented.
- The level of person-centred information presented in care plans varied but were in the process of being rewritten. Newer versions contained a lot more information about people's backgrounds and life history.
- Some care plans contained evidence that people had been consulted but others did not. When we asked people about their care plans they could not recall being involved in them at all.

We recommend the registered provider seeks guidance from a reputable source about involving people in care planning and takes the appropriate action.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was a menu available in pictorial format to help people's understanding and promote their choice, however there was limited other information available to view.
- The registered manager did assure us that if someone requested information to be made available in different formats this would be done, and the service user guide to home confirmed this.

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

- There were events which had been organised within the home which included the local school and community.
- People were encouraged to forward ideas and take part in various projects, such as the garden, as well as choosing décor and furnishings for the home.
- Visitors came and went throughout the duration of our inspection, and we saw from peoples care plans, important relationships were documented.

- The structure of the new care plan's explored people's diverse needs in more detail, and we saw how one person's hobbies had already been implemented in their daily routines.

#### Improving care quality in response to complaints or concerns

- There was a process in place for dealing with and responding to complaints and concerns.
- We discussed some of the concerns we had been made aware of with the manager as we wanted to be sure they were taking action to be responsive to complaints and safeguarding's raised. Outcomes had been discussed during team meetings and action had been taken to learn from any complaints.
- People told us they knew how to make a complaint.
- The registered manager assured us, and we saw that all concerns the service were aware of had been addressed and responded to.

#### End of life care and support

- Staff had undergone training to them to support people in their last days.
- Some of the records relating to end of life planning were in place. Some people chose not to discuss this, and this was recorded in their care plans, however others had basic information which would require further development with the person or their family.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Audits took place in areas such as medication, staff recruitment and the environment. Care plan audits were in place and had already highlighted some areas of improvement in relation to person centred care. Medication audits had highlighted the need some improvements to be made to ordering and checking of medication, which had already been implemented.
- The registered manager had been responsive since our inspection and has sent us documentation to assure us some of our feedback regarding the MCA and people's involvement in care plans has been actioned.

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

- The registered manager was available throughout the duration of our inspection and was supported by a deputy manager and the area manager.
- The registered manager had notified CQC of specific events they had to tell us about by law. We did see one notification which had not been sent. We discussed this at the time with the registered manager who said it was an oversight on their behalf.
- Staff we spoke with said they felt the home was well managed and were positive about the new manager.
- We received feedback from a health and social care professional who advised they did not have any current concerns.

Continuous learning and improving care

- We discussed some recent notifications we had received with the manager and they described how the staff had learned from these, and what they would do going forward.
- The service had made changes as a result of their own internal auditing system.

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

- People were invited to 'residents' meetings' and we saw examples of some minutes of these. People told us they felt they could approach the staff and the registered manager and there were no concerns raised around this.
- Staff meetings took place; A record was made of the issues discussed and made available to staff.
- Feedback was sent out to people, families and staff to ask for their input into the service. We saw that no

concerns had been raised from feedback.

Working in partnership with others

- The service had relationships with the Local Authority and the GP surgeries to ensure good communication. There was also links with the local school and the community.