

# Parkhaven Trust

# Kyffin Taylor

## Inspection report

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## Ratings

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



# Summary of findings

## Overall summary

We undertook an unannounced focused inspection of Kyffin Taylor on 7 December 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our April 2017 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service safe, is the service well led? This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Kyffin Taylor 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 home accommodates up to 29 people, the majority of whom were living with dementia in one adapted building. The building has 21 rooms on the ground floor and eight on the first floor. There is a passenger lift to the upper floor and an enclosed garden at the rear. There were 28 people living in the home at the time of our inspection.

There had been recent changes to the management at Kyffin Taylor. The last registered manager left in October 2017. The provider had begun the process to find a replacement. The deputy manager was the 'acting manager'. 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.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, Is the service Safe? And Is the service Well Led? to at least good.

In April 2017 we found that care records did not reflect current risk and people's care needs. They also lacked the detail required to inform staff how to meet people's needs. At this inspection we found that care records were regularly reviewed and support plans and risk assessments were updated to ensure the information reflected people's current care needs.

At the last inspection we found that regular quality assurance audits of care records had not identified the omissions, lack of detail and updates in care records or the failure to refer people to the relevant health care professionals in relation to falls. At this inspection we found that the audit was more robust and issues identified were highlighted to staff and the necessary action taken.



Care plans and risk assessments provided information to inform staff about people's support needs, routines and preferences. They had been reviewed regularly and reflected people's care needs accurately.

Medicines were managed safely in the home.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly.

There were enough staff on duty to provide care and support in a safe manner to people living in the home.

The provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable adults.

People living in the home and relatives were able to share their views and were able to provide feedback about the service. Feedback we received from people, relatives and staff was complimentary regarding the manager's leadership and management of the home.

Systems and processes were in place to assess, monitor and improve the safety and quality of the service.

We have made a recommendation about the completion of some risk assessments.



## 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.

We found that action had been taken to improve safety

Risk assessments had been undertaken to support people safely and in accordance with their individual needs. They were regularly updated to reflect any changes in people's needs.

Medicines were managed safely in the home.

The provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable adults. There were enough staff on duty to provide care and support to people living in the home.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly.

### Is the service well-led?

Requires Improvement 

The service was well led.

We found that action had been taken to improve.

The service was being managed by the deputy manager as the registered manager had recently left. Recruitment was underway to appoint a replacement.

Systems were in place to enable the manager and provider to monitor the quality and safety of the service provided were in place.

Risk assessment documentation was not routinely used by the provider for managing people's anxiety or behaviours they might display.

People living in the home and relatives were able to share their



views and were able to provide feedback about the service.

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# Kyffin Taylor

## 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.

We undertook an unannounced focused inspection of Kyffin Taylor on 7 December 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our April 2017 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service well led? is the service safe? This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

The inspection team consisted of two adult social care 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.

Prior to the inspection we collated information we had about the home and contacted the local authority commissioning team and Liverpool Community Health team to seek feedback about the home.

During the inspection we met and spoke with five people who lived in the home and five relatives. We spoke with three care staff, as well as the acting manager and the Chief Executive.

We looked at the care records for three people, as well as medication records, four staff recruitment files and other records relevant to the quality monitoring of the service. These included safety audits and quality audits including feedback from people living at the home and relatives. We undertook general observations and looked around the home, including bedrooms, bathrooms and lounges.



# Is the service safe?

## Our findings

At the last inspection in April 2017 we found the service in breach of regulations relating to safety. This was because we found care records did not reflect current risk and people's care needs. They also lacked the detail required to inform staff how to meet people's needs. We checked this during this inspection and saw that care records were regularly reviewed and support plans and risk assessments were updated to ensure the information reflected people's current care needs.

We asked people if they felt safe at the home and if they were ever frightened of anything or anyone. Everyone asked this gave positive feedback about the safety of the service. Comments included, "Yes; I think the safety's very satisfactory", "Yes I do [feel safe]. No [not frightened] and I've made some very nice friends", "Oh yes, [Name] is safe here", "Yes; general safety's fine" and "Oh yes, yes – it's a safe place."

We asked people if they felt there were enough staff to support them. Responses were mainly positive with some reservations about particularly busy times. Comments included, "They really are very good but I just wish they had some more [staff], if they [the home] could afford it because there are some very difficult people here. Yesterday it was like spaghetti junction – four or five hoists being used, helping to get people to bed", "A lot of the time, yes; sometimes they could do with more", "Yes; there's always someone you can ask", "I wouldn't think so; they could do with more", "Sometimes it seems there's not enough" and "I would say so, yes."

Some staff we spoke with said that because of the increase in people's dependency and requiring two staff to use hoists this was a difficult and busy time. On the day of our inspection we observed a person recently discharged from hospital requiring three people to assist them to transfer and stand.

We spent time in the lounge area. We observed that people with higher dependency and less mobility were mainly seated in the lounge and seating areas closest to the offices and central resources, which enabled staff to quickly respond to them when they needed assistance. Some people were able to move around freely in what is a relatively large building with corridors on either side of the lounge areas. In general, ancillary staff and carers were visible in these spaces and we saw that they stopped to speak to people if they needed support or reassurance. We spent time during lunch observing people. We saw people were assisted and supported in a timely way. We observed call bells being answered quickly. People we spoke with were confident that staff would help them quickly if they needed it. Relatives all said they noticed quick responses to call bells. One person told us, "You press the button and 'whoosh!' – yes! [Staff come quickly]. Another person said, "I fell out of bed recently; staff came quickly [didn't use call bell, staff heard the person fall, in upstairs room]. A relative told us their family member had a pressure mat by the bed; "If [Name] gets out (of bed), staff hear. When the 'alarms' are ringing, the staff go to them [people] quickly, yes."

There were 28 people living in the home at the time of our inspection. There were six care staff on duty. There were ancillary staff such as, a kitchen assistant, cook and domestic/laundry staff. We looked at staffing rotas and found there were consistent numbers of staff working each day, including at weekends. The deputy manager was currently the acting manager and worked as supernumerary in their managerial role



four days each week and was part of the staffing numbers at other times. Three care staff worked each night.

We discussed staffing numbers with the acting manager in light of concerns raised by staff. We were told that staff numbers remained constant and had not increased in line with the increase in dependency of people living in the home. An assessment tool was not used to determine the numbers of staff required dependent on people's assessed needs.

We looked at how staff were recruited and the processes undertaken to ensure staff were suitable to work with vulnerable people. We checked four staff files. We found copies of application forms and references and saw evidence that checks had been made to ensure staff were entitled to work in the UK and police checks that had been carried out. We found they had all received a clear Disclosure and Barring Service (DBS) check. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

During this inspection we saw medicines were administered safely to people. Staff who administered medicines had received medicine training and had undergone competency assessments in 2017 to ensure they had the skills and knowledge to administer medicines safely to people.

We found medicines to be stored safely and securely when not in use. Some medicines need to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. If not stored at the correct temperature they may not work correctly. The temperature of the drug fridge was within the recommended range and was recorded daily. This helped to ensure the medicines stored in this fridge were safe to use.

Controlled drugs were stored appropriately. Records we saw that showed they were checked and administered by two staff members. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act 1971 legislation.

We checked the medicine administration records (MARs) for each person in the home and found staff had signed to say they had administered the medicines. We found records were clear and we were easily able to track whether people had had their medicines; this included the application for creams which were applied appropriately. We checked a number of medicines, including a controlled medicine and found the stock balances to be correct. People told us they received their medicine when they needed it.

We saw other relevant information was kept with the MARs, such as a list of staff signatures to recognise which staff had administered the medication. People had individual support plans for taking their medication. However, one person who was prescribed medication PRN (as required) for agitation did not have written protocols for this medication in their file. We discussed the person with the senior carer; they knew the person and when they would administer the PRN medication. We informed the acting manager of the missing documentation at the inspection. They have now replaced the document in the file. Written protocols are important as they provide consistent guidance for staff when administering PRN medication.

We looked at a number of care records which showed that a range of risk assessments had been completed to assess and monitor people's health and safety. We saw risk assessments in areas such as mobility, falls, nutrition, mental health, and pressure area care.

These assessments were reviewed each month to help ensure any change in people's needs was reassessed to ensure they received the appropriate care and support. For example a person who was at risk of falls had



their support plan updated following two falls providing guidance for staff to monitor for further falls. There was also evidence that measures had been put in place to alert staff to any issues. For example, motion sensors had been placed by their bed to alert staff at night if they got up or fell. Some people had a support plan which highlighted the behaviour challenges identified. The support plan provided good guidance for staff.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to senior managers. Training records confirmed staff had undertaken safeguarding training and this was on-going. Staff were aware of the term 'whistleblowing' and told us they would not hesitate to report any concerns.

We found the home to be clean and tidy with no unpleasant odours. We visited people's bedrooms and communal living areas and bathrooms. Bathrooms and toilets were very clean and contained hand washing and drying materials. Feedback about the cleanliness of the home was very positive from people and their relatives. Domestic staff completed cleaning checklists which showed the work they had carried out. Disposable aprons and gloves were available for staff to use, and were used throughout the day. People who lived in the home told us their bedrooms were cleaned every day. A relative said, "Oh yes [clean] and there's always someone walking round with a cleaning trolley." An external audit (check) had been carried out by the Infection Prevention Control team in 2017 and the home was compliant.

Arrangements were in place for checking the environment to ensure it was safe. Health and safety audits were completed on a regular basis. Examples of these were for the water temperatures, safety checks for smoke detectors and carbon monoxide alarms and window restrictors, as well as weekly checks around the home environment, including the bedrooms. Fire checks were carried out each week to help ensure doors, fire alarms, emergency lighting and fire fighting equipment were in good working order. The home had a process in place to attend to repairs, to keep people who lived in the home safe and ensure the home was in a good condition. Any repairs that were discovered were reported to the maintenance person employed by the provider. We saw the general environment was safe.

A fire risk assessment had been carried out. We saw personal emergency evacuation plans (PEEPs) were completed for the people resident in the home to help ensure effective evacuation of the home in case of an emergency. A copy of the fire risk assessment was available at the front door. This made the information readily available for staff and the fire service when evacuating the building in an emergency.

We checked safety certificates for electrical safety, gas safety, legionella and kitchen hygiene and these were up to date. The kitchen had achieved a five-star (very good) rating, the highest achievable rating. This helped ensure good safety standards in the home.



## Is the service well-led?

### Our findings

At the last inspection in April 2017 we found the service in breach of regulations relating to governance. This was because we found quality assurance procedures were not in place to help prevent people from being exposed to potential risk. We checked this during this inspection and saw that the registered manager had introduced a new auditing system of people's care records which helped ensure people received support which met their needs and kept them safe. Care records were now checked each month and any issues clearly identified in the action plan. The manager then informed the relevant staff member responsible and gave them a short period of time to make the necessary changes. During the inspection we saw this system in operation and working effectively.

At this inspection we found the provider's documentation for staff to complete did not include a risk assessment for anyone who could display behaviour that challenged. This meant that whilst risks were identified and monitored on an ABC chart recording severity, the risk was not formally analysed and reviewed. We found the provider had completed risk assessments in other areas, such as mobility, skin care and falls.

We recommend that the provider seeks advice and guidance relating to risk evaluation in relation to the specialist needs of people living with dementia.

A number of audits were completed to monitor quality and drive improvement of the service provided. These included audits for medication, falls, incidents and accidents, cleaning and infection control and the manager's monthly health and safety audit which looked at the premises, staffing and care documents. The services at Parkhaven trust were overseen by a board of trustees. The trustees visited the home regularly and reported on their findings.

All accident and incident reports were seen by the operations manager and Chief Executive and we saw the reports were signed as seen by them and suggestions made. This helped ensure that the management of the home were kept fully aware of the care and welfare of people living at Kyffin Taylor.

External audits had been carried out by, for example, the Clinical Commissioning Group (CCG) Medicines Compliance team in August 2017 and a Pharmacy audit in March 2017.

There had been recent changes to the management at Kyffin Taylor. The last registered manager left in October 2017. The provider had begun the process to find a replacement. The Chief Executive told us they "hoped to be in a position to appoint someone soon". In the meantime the deputy manager was managing the home. 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.

People living in the home and relatives we spoke with said they knew the manager and said they found



them approachable. Comments included, "Very good", "Approachable", and "Yes – if I had any problems, I'd go to them." A newsletter was sent out every three months to keep people informed and report on events that had taken place.

Staff we spoke with said the home was very professionally run, there was a good atmosphere, all staff got on well and there was good teamwork. Staff confirmed that regular staff meetings took place at times for everyone to attend.

Surveys were recently sent out by Kyffin Taylor, 46% were returned and the results showed a positive response. We saw the results were displayed on a noticeboard. The majority of people living in the home were "happy with home life". Most agreed that the all areas of the home were clean, tidy and well maintained. Family members who had completed a survey said they were made to feel welcome, that staff listened and they care and communicate effectively. Most stated that the food was good. Comments included, "I feel the service is great and [staff] do very well", "How can you improve on perfection?" and "Difficult to improve, already very good."

Staff had completed a satisfaction survey in 2016 and the results published in 2017. 90% of staff said they enjoyed working at Kyffin Taylor; 89% said that senior management was approachable, an 8% increase on the previous year.

Staff were supported and kept informed by regular meetings. Staff we spoke with confirmed these meetings took place and were held at times suitable for most staff to attend. The last meeting was held in July 2017; we saw minutes of the meeting which confirmed this.

The staff at Kyffin Taylor worked in partnership with other agencies may help improve the quality of care provided. These included the 'Tele Meds' Service and Care Home Innovation project (CHIP). CHIP is a programme, launched by NHS South Sefton Clinical Commissioning Group (CCG) that offer care homes a comprehensive package of support to look after their residents' health care needs. The Care Home Innovation Programme (CHIP) brings together several initiatives to improve the quality of care homes such as community matron visits, standardisation of protocols, a bi-monthly quality improvement collaborative meeting and training for care home staff. Being a member of this group gave the staff access to immediate professional support and assistance when someone was unwell or had had a fall. The deputy manager informed us that the 'falls protocol' developed by the CHIP often meant that unnecessary trips to A&E and the staff were advised what signs and symptoms to look out for.

The service had sent us notifications of incidents and events which were notifiable under current legislation. This helped us to remain up-to-date with what was happening at the service and monitor its performance.

Providers must ensure that their ratings are displayed conspicuously and legibly at each location delivering a regulated service and on their website, when they have received a CQC performance assessment for their regulated activities. We found that the rating from the last inspection was displayed in the home and on the provider's website.