Abbey Healthcare (Westmoreland) Limited

Kendal Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**

Overall summary

We carried out an unannounced comprehensive inspection of this service on 8, 9 and 12 February 2015 at which breaches of legal requirements were found that had an impact on people living in the home. This was because the registered provider had not always made sure there was the right mixture of staff skills and experience on all shifts or that training and staff support was monitored so people could be sure staff had the right skills and experience to support them.

Following the comprehensive inspection in February 2015 the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. They sent us an action plan setting out what they would do to improve the service and meet the requirements in relation to the breaches and when this would be completed by.

After the inspection in February 2015 we received concerns from other agencies and individuals in relation to the levels of suitably qualified staff being deployed in the home to meet people's needs and to provide individual support where it was needed. As a result we undertook a focused inspection on 2 June 2015 to look into those concerns. This report only covers our findings in relation to staffing. We have not revised the rating for this key question as it would require a longer term track record of consistent good practice across all aspects of the safe domain. We will review our rating for safe at the next comprehensive inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kendal Care Home on our website at www.cqc.org.uk

Kendal Care Home provides nursing and residential care for up to 120 older people, some of whom are living with dementia. On the day of the inspection there were 82 people living there.

The home is on three floors and has a passenger lift for access to these. There are three suites in the home for people needing nursing care, residential care and for people living with dementia. All of the bedrooms in the home are for single occupancy with ensuite shower and toilet facilities. All the three suites had communal dining and lounge areas for people to use. There is a cinema room for people to use. The home is set back from the main road, with level access grounds. There is ample car parking for visitors.

Summary of findings

The service did not have a registered manager in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. The registered manager had resigned their post in March 2015. The registered provider had since recruited a suitable person who was in post and in the process of registering as the manager with CQC.

We found on the day of our visit, 2 June 2015, that there was an adequate level of staff on duty to meet minimum requirements and provide the personal and nursing care and support people needed. However at times the nursing support available to people did not reflect an emphasis on person centred nursing care but more on completing nursing care tasks.

We found that staff and the new manager were working hard to try to maintain a safe service and to recruit and retain suitable staff. We could see that the use of agency staffing was decreasing.

Summary of findings

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 in regard to the levels of staffing.

There were adequate numbers of staff available to meet people's physical nursing and care needs.

This meant that the provider was meeting minimum legal requirements. We have not revised the rating for this key question as that would require a longer term track record of consistent good practice across the safe domain.

We will review our rating for safe at the next comprehensive inspection.

Requires improvement

Kendal Care Home

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 this unannounced focused inspection of Kendal Care Home on 2 June 2015 after we received concerns from other agencies and individuals in relation to staffing of the home. This focused inspection was done to look at how the registered provider was assessing and managing staffing levels and skill mixes on the different suites in the home. We checked to make sure there were enough suitably trained and experienced staff available to meet people's individual needs.

The focused inspection was carried out by an adult social care lead inspector and an adult social care inspection manager. We visited all suites in the home .We inspected the service against one of the five questions that we ask about services: is the service safe. The concerns raised related to the staffing levels covered with this domain. We did not look at other characteristics of this domain.

We made an early evening visit to the home to see how the units were being staffed on day and night shifts and to speak with people living there and the day and night staff. We spoke with eight people who lived in the home. We spoke with staff coming on and going off duty. These were 4 registered nurses and eight care staff. We observed care and support in communal areas during the evening. We also looked at staff rotas for the service for the last eight weeks. We spoke with the new manager, the home's administrator and the Regional Manager for Abbey Healthcare who was in the home to help and support the new manager.

Before our inspection we reviewed the information we held about the home, the concerns that had been raised with us and the action plans sent following our previous inspection. We also had contact with the local authority quality management team and health care professionals who provided care and support to people living there.

Requires improvement

Is the service safe?

Our findings

People we spoke with who lived at Kendal Care Home told us that they felt safe living there and made positive comments about the staffing within the home. We were told, "There are plenty of staff about" and "They're [staff] a good lot, they come when I need them" and " The staff are alright" and also "Enough staff I think, get giggles and laughs with them".

People told us that there were staff that "Do crafts with us" and "Bring my dinner". The home had four activities coordinators who supported people with an organised activity programme during the week and at the weekend. There were also hostesses on the suites that served meals and drinks and cleared after meals so staff could spend their time with people who needed support at mealtimes. Laundry staff also now worked until 9pm to make sure there was no backlog of washing and it was all done before night staff arrived.

At the last comprehensive inspection 8, 9 and 12 February 2015 we had found that there were sufficient staff available to meet people's needs but that staffing levels could still fluctuate, despite the use of agency staff.

We found at this responsive inspection 2 June 2015 that staff levels and skill mixes on the suites were sufficient to meet the needs of the people who were living there. We spent time on all the suites and in the areas used by the people who lived there. We saw that there were nursing and care staff available to support people with personal and nursing care.

We also found that the use of agency staff had decreased but staffing levels still fluctuated, at times, from those planned on the rotas. This was because at times staff had needed to move to cover for staff absences on other suites. This was to help maintain an appropriate level of support to meet the different needs of people. We could see that there was a system in place to monitor levels of staff on shifts and to check the actual staff levels not just the levels forecasted on the rotas.

The registered provider was actively trying to recruit staff to permanent roles and was recruiting staff abroad as well as locally to increase the staff establishment. Nurse recruitment remained difficult but the registered provider had just recruited three new care assistants. The regional manager told us that the management of sickness and absences had become more focused to monitor and take action with staff where an absenteeism problem was identified. We found that a deputy manager had been recruited to support the new manager.

On the residential suite there were 18 people living there and we saw there had been two care staff on duty across the day and the unit manager. The rotas indicated that three staff had originally been rostered on the morning shift for the week. The third care assistant had been moved to work on another suite for the week to cover sickness. There was however a hostess on the unit to assist with meals and also an activities person during the day to support people with interests and creative activities. The level of people's dependency on the suite was monitored and currently the 18 people did not have high dependency needs.

The residential suite was calm and quiet and we spoke with day and night staff. They told us they did extra shifts sometimes to cover but that staffing was "A lot better now, dependency is low". Staff told us, "A few weeks ago we had higher needs people; we had three staff on then". The staff told us people whose needs had increased had been reassessed and as a result moved to live on the nursing suite. We were told "It's much better now and we are OK with two". Staff told us they were "flexible" and realised that they would need to move to other suites where people needed more support from "time to time".

On the nursing suite there were two registered nurses on duty until 2pm after which this dropped to one nurse. On the day we visited there had been six care staff on duty as well supporting the 33 people living on the suite. We could see from care plans and observation that some people had a higher level of dependency. This included insulin dependent diabetics, people with palliative care needs and those who had been transferred from more acute settings and needed nursing interventions.

We found that until recently there had been two nurses all day and they had used agency staff to do so if needed. This was because as numbers of residents had gone up dependency levels had required two nurses on the unit during the day. We were told the suite "ran smoothly" with two nurses on duty all day.

From what we saw and staff told us we could see that people's support and nursing needs were being met. However we could see that the demands on the one registered nurse during the late afternoon and evening

Requires improvement

Is the service safe?

period meant that their focus needed to be on tasks rather than individualised person centred care. This was in order to make sure people received the care and treatment they needed in the time available to them rather than being truly person centred. We could not see why the nursing levels had been reduced in the evenings as occupancy levels had not dropped.

On the other nursing suite where people were living with dementia there were 32 people living there. We found there was one nurse on all day when we visited and six care staff supporting them, one of whom was a senior carer. Staff told us that there had been two nurses on duty at times but not recently. The rotas we saw indicated only one nurse on duty. The senior carer had received training to assist the nurse with giving out medicines. The regional manager confirmed to us that their present role was to assist the nurse in this task not administer themselves.

From what we saw on the suites, speaking with staff and looking at the rotas we found that staff levels were adequate to meet people's personal care and nursing needs. However, the levels, especially of nursing staff, were at the minimum level required to deliver a safe level of care. People were receiving the levels of support and nursing care to meet their assessed physical and nursing needs. However, at times during the day the nursing support available to people did not reflect that an emphasis was being put on person centred nursing care but rather on completing nursing tasks.