

South West Care Homes Limited

Kenwyn

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 responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Kenwyn is a residential care home providing personal and care and support to 19 people aged 65 and over at the time of the inspection. The service can support up to 25 people.

Kenwyn is an adapted building with bedrooms and communal areas over two floors. There is a passenger lift to access the first floor.

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

People living in the home and their relatives told us they were happy and well looked after. People were safe. Since the last inspection the provider had made improvements to many aspects of the care and the accommodation. A relative told us they were, "Very happy, especially with how they've been about COVID. I've really felt like I didn't have to worry about mum. They took all the precautions they needed to". The home was clean, well maintained, and comfortable. The home was following government guidance to reduce the risk related to COVID-19

Safe systems were followed to ensure people's medicines were stored, administered and recorded correctly.

Sufficient staff were employed to provide the care and services people needed. New staff were carefully checked before employment to ensure they were suitable for the job.

People received effective care. The staff demonstrated a sense of pride in the home and their jobs. There was a strong sense of teamwork and a happy atmosphere. A member of staff told us, "I'm loving my job". Care plans provided good information on each person's health and personal care needs. People received care that was responsive to their changing needs. Care plans were reviewed and updated regularly. Records showed staff had provided the care and support people required. There was a strong emphasis on supporting people's well-being and happiness. Staff knew people well, understood the things that people were interested in, and supported people to participate in a range of group and one-to-one activities. People received personalised and sensitive care at the end of their lives. The level of training for staff had improved since the last inspection. The provider supported staff to gain relevant qualifications.

Staff worked closely with local health professionals to ensure people received treatment and advice promptly when needed. Risks associated with people's health were monitored closely, for example weight loss, skin damage and falls.

People had been consulted to ensure menus reflected their choices and nutritional needs. A range of healthy and appetising snacks were also offered.

The service was well-led. The provider had systems in place to monitor all aspects of the care and services and ensure the home was running well. The provider employed a team including training manager, quality assurance and a director of operations who supported and monitored the home through visits, telephone and video calls. The provider had sought the views of people living there, relatives and staff to ensure the quality of the service was constantly reviewed and improved.

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.

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

Rating at last inspection and update: The last rating for this service was Requires Improvement (published 21 November 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. We carried out an unannounced comprehensive inspection of this service on 9, 11 and 13 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the safe care and treatment, staffing and governance of the home.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kenwyn on our website at 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 safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Kenwyn

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Kenwyn is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 new manager in post who had not yet registered with the Care Quality Commission. The provider is 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.

During the inspection-

We spoke with the new manager, the previous registered manager, the nominated individual, the training

manager, the quality assurance manager, the wellbeing co-ordinator and two members of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with three people who lived in the home and two relatives.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider and manager to validate evidence found. We looked at training data and quality assurance records. We spoke with six staff and two relatives on the telephone. We also contacted five professionals who regularly visited the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection there were not always enough staff to ensure trained and competent staff were available to administer medicines. Since then the number of trained and competent staff in medicine administration had increased. This meant there were always sufficient staff on duty during the day who were able to administer medicines safely. Occasionally there had been some night shifts without a medicine trained member of staff on duty but on-call arrangements were in place for a senior carer or the manager to visit the home and administer medicines at night if needed.
- At the last inspection we found some gaps in the medicine administration records which meant we could not be confident all medicines had always been administered as prescribed. At this inspection we saw no unexplained gaps in the medicine records. There were systems in place to regularly check the records and make sure they were completed correctly.
- There had been some recent changes to the way creams and lotions were recorded. Paper records were no longer used and instead a record was made on the computer based daily records. However, these records did not contain specific details about the creams applied. During our inspection the paper records with body maps were re-instated for staff to record each individual cream and lotion applied. The manager also said they would consider changing the computer records to show individual creams applied, and to give an alert if these had been missed.
- Audits were regularly carried out on all aspects of medicine storage and administration to ensure safe systems were being followed.
- The home had good links with their local pharmacist. They had weekly on-line video calls with the pharmacist which allowed them to discuss any medicines issues arising. If necessary other professionals such as the community nurses or speech and language therapists (SALT) were included in these calls to discuss any individual medicines needs.
- Staff had access to information about each medicine prescribed to people which helped them understand what the medicines were for, any side effects, and any specific administration information they needed to follow. They also had information on medicines prescribed on an 'as required' basis, such as painkillers.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse because there were good systems in place to reduce the risk of abuse. We observed people looking relaxed and happy and interacting well with staff.
- All staff had received training on safeguarding procedures at the start of their employment and had regular updates. Staff confirmed they had received this training and felt confident they knew how to recognise and report signs of abuse.
- There was information on safeguarding and whistle blowing procedures displayed prominently in the home.
- People and relatives told us they were happy with the care and felt people were safe. A relative said, "I trust them."

Assessing risk, safety monitoring and management

- Staff knew people well and understood the care and support each person needed to reduce any specific health and safety risks.
- Care plans provided information on any risks to people's health or personal safety and explained the actions needed by staff to reduce those risks. For example, the service used a recognised assessment tool to help them identify potential risk of developing pressure ulcers. Where a risk was identified there were measures in place to prevent pressure ulcers developing.
- Staff confirmed they had received training on topics relevant to people's health and safety, including moving and handling and pressure area care. We saw evidence of this in the service's training matrix.
- The maintenance person carried out regular checks on the equipment in the home to ensure it was working well and in good order. This included fire equipment checks, portable electrical appliance checks and window restrictors.

Staffing and recruitment

- Safe recruitment procedures were followed before new staff were confirmed in post. Staff records contained evidence of references taken up and Disclosure and Barring Service checks carried out to ensure staff were suitable for the job. Application forms were completed showing previous employment and experience. Copies of interview notes were retained on file.
- Staff rotas showed there were enough staff on duty to meet people's needs. Staff told us there was good teamwork and they all supported each other to make sure people received care at the times they needed it. Routines ran smoothly.
- A relative told us that when the call bell was pressed, staff came quickly. They told us, "I think they're doing splendidly."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There was an emphasis on being open and honest when things went wrong and learning from them. The manager told us incidents were discussed in handover sessions and staff meetings to look at what went wrong and what they needed to do to prevent things happening again.
- Staff confirmed they felt able to speak out when things went wrong and make suggestions about changes or improvements needed.

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 Requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were suitably trained and competent to ensure people's safety. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider employed a training manager who was responsible for overseeing the induction and training of the staff team. The training matrix showed most staff had received training and regular updates on essential health and safety related topics. Where there were a few gaps the manager explained the reasons why staff had not completed the training and the actions they were taking to address this.
- Some staff had also received training on topics relevant to people's health needs, for example continence care and pressure areas. Further training was planned for the coming weeks. Staff were also supported to gain relevant qualifications such as National Vocational Qualifications (NVQs).
- New staff received induction at the start of their employment to ensure they had the basic knowledge and skills to meet people's needs safely. New staff were supported to gain a qualification known as the Care Certificate which is designed for staff new to the care industry.
- Staff told us they felt the training was good. A member of staff said, "I love it – it's so interesting". Another member of staff told us they received reminders when training was due and said, "I like to keep on top of my training. It's really good training. Really helpful".
- Records showed that staff had received supervision several times a year. Due to the recent change of manager some staff had not received supervision for several months. However, the new manager was aware of this and had plans in place to address the backlog of supervision sessions overdue. The provider had systems in place to make sure this happened.

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

- People's needs were assessed before they moved into the service. Electronic care plans were drawn up and these were developed after people moved in and staff got to know them.
- Care plans gave good information about each person's needs. Staff had access to care plans through the use of hand-held devices. Care plans provided information about people's individual daily routines, their health and personal care needs, likes and dislikes and preferences.

- Daily records were completed by staff to show when tasks had been carried out. The electronic care planning system alerted senior staff if any tasks had been missed.
- The new manager ensured staff were kept fully informed of any changes to people's care needs through daily handover sessions and staff meetings.
- Staff told us about people's care needs and how these were met. For example, a member of staff told us, "We had oral care training last week. We are always checking their teeth."

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

- A number of changes had been made since our last inspections to make mealtimes more of an enjoyable experience. The dining room had been moved to a more suitable room, and the room had been redecorated, tablecloths and finishing touches added to make the room appear homely and inviting.
- Menus had been drawn up and designed according to individual preferences and choices. The menus had been discussed with people in resident's meetings and adjusted through listening to people's comments. Daily menus were displayed on a blackboard in the dining room. People also had paper copies of the menus. The staff had taken care to make sure the menus included each person's choices. For example, croissants, bacon sandwiches and egg sandwiches has been added to the breakfast menus.
- A well-being assistant was employed to support people with their social needs and well-being. An important part of their role was to support people at lunchtime and ensure their meal was a pleasant experience. This included making sure people had the support they needed, check they were sitting with people they could socialise with and making sure they were enjoying their meals. A relative told us, "[Person's name] seems to like the people with whom he sits for meals".
- If people did not like the choices offered, they could request something different. For example, one person liked sour dough bread and Chinese meals, and these were provided for them.
- People's weight was monitored, and actions taken where risks were identified. For example, a snack trolley had been introduced and extra foods were offered mid-morning and mid-afternoon to help people maintain a healthy weight. Snacks included healthy options such as a selection of fruit, vegetables and fruit 'smoothies', as well as biscuits and cakes.
- Staff had access to individual dietary needs and preferences in the care plans. The new manager had recently installed a white board in the kitchen to be used to clearly display individual dietary information.

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

- Staff worked closely with other local professionals to ensure people received the care and treatment they needed. A health professional told us, "I have over the last year been very impressed with the care and attention given to a couple of residents by senior carer [name]. I thought she was very professional, responsive, patient centred and caring".
- A relative told us, "They've been very vigilant when she's had medical problems, very prompt medical attention. They always call and inform me. So, I have peace of mind that they will be in touch".
- Staff had sought advice and treatment promptly when needed. Health and social care professionals recently involved in people's care included speech and language therapists (SALT), bowel and bladder specialists, community nurses, physiotherapists and occupational therapists.

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

- Since the last inspection a programme of redecoration had taken place. People had been involved in choosing the colour scheme for their bedrooms and the communal areas. A person very proudly showed us their bedroom and said how much they loved the colour of the room. Another person told us they loved yellow and said their bedroom and some areas of the home had been decorated in yellow with co-ordinating furnishings, which made them feel happy.

- When new people move into the home a budget was in place for their room to be re-painted and new furnishings purchased to suit the person's colour preferences. We heard a person had said their favourite colour was green. The maintenance person had researched paint colours to find a shade of green that was calming for people living with dementia.
- The manager told us they were aware of the need to improve signage to help people with dementia find their way around the home. They hoped to start this soon. Some bedroom doors had been personalised to help people find their rooms.

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.

- Applications had been submitted to legally restrict people's liberty where this was required.
- Assessments were in place to identify those people who were unable to make decisions about their daily lives. Information was provided to staff to help them understand how to support people to make decisions, or where 'best interest' decision making processes needed to be followed.
- Staff had received training on the MCA and DoLS legislation.

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 Requires improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

- Computerised care plans gave staff personalised information about all aspects of care each person required. Staff told us the recording systems had been improved since the last inspection. Comments included, "Better recording systems are in place now" and "Everything I need to know is on there (computerised care plans)".
- Since the outbreak of the COVID 19 pandemic activities involving visitors and trips into the community had been severely affected. However, staff had made a special effort to make up for this in other ways. Staff spent time sitting and talking with people. They also supported people to keep in touch with friends and family through other methods such as social media. A relative told us, "They talk to him nicely, they don't talk down to him, they talk to him like a proper human being."
- A well-being co-ordinator was employed. They were enthusiastic and described how they supported people to lead interesting and active lives. Group activities were offered on a daily basis following discussions with people to find out what they were interested in. There was also a focus on supporting people on a one-to-one basis, especially those who preferred to remain in their rooms. A member of staff told us, "I like to sit and chat with them. When I go home, I like to know they are all happy".
- We heard about a wide range of activities including gardening, games, music, armchair exercises, arts and crafts. In a secure area of the garden seedlings were ready for people to plant into pots. They were in the process of providing a sensory area with scented plants, water feature and pagoda. They had provided colourful plants and bird feeders outside some people's bedroom windows.
- Staff knew people well, and knew the things they were interested in. For example, they were planning to create a football montage in the bedroom of a person who loved football. Staff were encouraged to read the football results out for football fans. One person loved garden gnomes and staff were planning to create a gnome garden outside their bedroom window.
- A relative told us about a person's love of music. They had discussed this with staff who had asked, "Can we put [the person's] records in the dining room so he can choose what to play?" The relative heard his favourite music playing when they visited recently and told us they thought this was lovely.
- The home had good links with the local community, including local bookshops, charity shops, supermarkets and the library. The home had a selection of books, newspapers and magazines for people to read.
- The local vicar visited regularly and provided spiritual support to those whose wanted this.

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.

- Care plans contained a section on communication, setting out each person's communication needs and preferences. Care plans explained people's ability to communicate verbally, any sight or hearing impairments, and how they preferred to have information given to them. This included information on how they wanted staff to speak with them.

Improving care quality in response to complaints or concerns

- People had been given information about how to make a complaint, including Information prominently displayed in the home.
- There were low numbers of complaints since the last inspection. A record had been maintained of any complaints showing these had been taken seriously, investigated and actions taken where needed.
- A relative told us they had never had to make a complaint. However, they had been kept informed about an incident that had occurred in the past and said they were, "Very pleased with the way they dealt with that".

End of life care and support

- Care plans included some information on each person's end of life plans and wishes. People and their next of kin had been consulted about their wishes for their care and the end of their lives. Some plans were very brief, indicating the person's next of kin should be contacted for any end of life decisions. The manager told us they were aware this section of the care plans needed to be improved to give greater information about individual preferences.
- Staff knew people's end of life preferences and had taken care to make sure people received personalised care when their health began to fail. For example, one person who was confined to bed loved listening to music. Staff had set up sensory lights in their room and made sure they were listening to their favourite music.
- Treatment escalation plans were in place where required which showed people's wishes for any medical interventions and the end of their lives. A relative told us they had discussed the person's end of life plans with their GP.
- The home had received thank you letters and cards from friends and relatives, praising the staff for the care given to their loved ones at the end of their lives. Staff always attended funerals. A relative had recently posted a review on a national care homes web site following their loved-one's death. They described the manager as "kind, caring and supportive during this difficult time". An obituary in a local paper quoted a family member who praised the staff and said, "He was very much loved, and the care was excellent".

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 Requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the provider had failed to ensure their quality monitoring processes were robust. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A few weeks before this inspection took place a new manager had been employed. An application for registration had been submitted and was being processed. The previous registered manager had worked alongside the new manager for several weeks to provide a thorough handover. Staff told us they liked both the previous manager and the new manager and praised them both. Comments from staff included, "It runs really well".
- Regular checks and audits were carried out by staff, managers and the provider's quality monitoring team. These included medication, nutrition, cleaning and infection control.
- The provider had systems in place to make sure staff received training and supervision in accordance with their policies and procedures. The quality assurance manager had digital oversight and monitored this monthly and quarterly.

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

- Staff were enthusiastic and positive. They told us they enjoyed working at Kenwyn. Comments included, "It's a really nice place to work"
- A relative told us, "Overall I can't speak highly enough of them".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider has notified CQC of any significant incidents or events.

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

- People, relatives and staff had been consulted about the care and services provided. Their views had been listened to and acted upon to make improvements to the service. Relatives had been involved as much as possible, although this had been limited over the last year due to Covid restrictions. A relative told us, "Were more involved pre-lockdown, [staff member] was surveying relatives re what they thought would be good". Residents' meetings were held to keep people informed and enable people to make choices about daily life in the home.
- There were good links with the local community, although visits to and from the community have been significantly restricted since the COVID 19 pandemic. Staff had acted as 'go-betweens' with the community by passing on messages or visiting local shops and services on people's behalf. They had plans to resume links with the community as soon as they are able.

Continuous learning and improving care. Working in partnership with others

- There was an emphasis on learning and constantly seeking ways of improving the care and services people received. Staff were encouraged to gain relevant qualifications. A training manager was employed to ensure every member of staff received training that was relevant to their role.
- The staff had worked closely with local health and social care professionals to ensure people received good care and support. A social care professional told us, "Recent experiences have been good". They described staff as open and approachable.