

## South West Care Homes Limited

# Kenwyn

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: Kenwyn is a residential care home that was providing personal care to 23 people aged 65 and over at the time of the inspection.

People's experience of using this service:

People said they felt safe and well cared for by a staff team who understood their needs. Staff knew people's needs, wishes and what was important to them. However, we were not confident they could always provide the right support safely. This was because there were significant gaps in staff training. The provider said this would be addressed as a matter of urgency. We have received confirmation some of this training has been booked.

Care and support were well planned and there were enough staff to meet people's assessed needs. People were treated with kindness and respect.

People benefitted from the food, drinks and snacks being offered throughout the day. One relative raised the fact that snacks were available but may not be accessible to everyone.

People's medicines were managed safely however some areas of medicines recording could be improved.

There were a range of activities which people enjoyed. This included regular visits from singers, arts and crafts and local ministers.

People were supported in the least restrictive way possible; the policies, systems and culture in the service supported this practice.

People said they were listened to and could make their concerns known, but these were not always recorded. Staff had raised some concerns which the providers quality assurance manager was in the process of addressing.

We have made a recommendation in respect of ensuring complaint investigations are fully recorded.

The provider own quality monitoring had identified gaps in training but this had not been robustly followed up.

Rating at last inspection: Requires Improvement – report published July 2018.

Why we inspected: This was a planned inspection to look at improvements the service had made following the previous rating. We did bring the inspection forward due to several concerns being raised to us about staffing and quality and quantity of food. We did not find anything to substantiate these concerns. We also brought the inspection forward due to some concerns raised and identified in the providers other services. We did however find improvements were needed in ensuring staff had the right training to keep people safe.

This is the third time the service has been rated requires improvement. We will be meeting with the provider to discuss their action plan to ensure this service improves to at least- Good.

Enforcement): Action we told provider to take. We have issued two requirements notice in relation to regulation 18- having sufficient and suitably qualified staff, and 17- good governance.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned based on the rating. If we receive any concerns, we may bring our inspection forward.

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 not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This planned inspection was brought forward in light of information of concern received. This related to staffing levels including management and the quality and quantities of food being offered.

#### Inspection team:

The inspection was completed by one inspector, an assistant inspector, a member of the medicines team 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:

The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

Kenwyn is a home providing accommodation and personal care to a maximum of 25 people. It is not a nursing home. At the time of the inspection there were 23 people living at the service. The service is provided in one adapted building over three floors.

The service had a manager registered with the Care Quality Commission. This means that they 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; no notice was given.

#### What we did:

Before the inspection we used information, we had received about the service since the last inspection to help us any key areas we needed to focus on during the inspection. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection we;

- ☐ Spoke with 14 people living at the service and four visiting relatives.
- ☐ Spoke with four care staff, the cook, cleaner, the manager and the registered providers quality assurance manager.
- ☐ Reviewed three care plans and daily records, including 15 records relating to medicines.
- ☐ Checked records of accidents, incidents, complaints and compliments.
- ☐ Reviewed three training and personnel records.
- ☐ Checked a sample of audits and quality assurance records.
- ☐ We received feedback from two healthcare professionals.



## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

### Staffing and recruitment

- Although there were enough staff for the number and needs of people, they were not always suitably qualified to ensure people's safety. This included more than half the staff team not having updated or initial training in fire safety, first aid, food hygiene, health and safety and infection control.
- The registered manager informed us there were plans in place to address some of these shortfalls in training, this included food hygiene and fire safety. However, their own quality audit completed in November 2018 showed training was less than 50% compliant with their own company expectations, so actions to address this have been slow.
- It was unclear whether all staff who completed the task of administering medicines had received medicines training. This was because the training matrix was not kept up to date. The deputy manager said most staff who did this task had received training. Not all staff who did this task had had their competencies checked in line with best practice guidance.

This demonstrates a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered provider gave assurances that all deficits in training would be addressed with an action plan to implement training ongoing, so staff did not have gaps in their skills.
- Recruitment processes ensured people were protected from the risk of unsuitable staff being employed.
- No records of interviews were kept, and so we were unable to ascertain if appropriate questions were asked to ensure people were suitable for the role.
- People said they were well cared for and did not indicate they had to wait long periods for staff to assist them.

### Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. Comments included "I feel very safe living here"
- Not all staff had received training in understanding abuse. Staff said they knew who they should report

any concerns to and there were policies to refer to.

- There had been two safeguarding alerts raised since the last inspection. The provider and registered manager worked with the local safeguarding team to provide information and work with them to reduce any risks identified.

#### Assessing risk, safety monitoring and management

- The gate at the top of the stairs was not always kept locked. The gate was in place to prevent people with dementia having falls. There were four occasions during the inspection this gate was not secured.
- Risks associated with people's care were assessed and recorded so staff could provide consistent and safe care to people. These included risk of falls, pressure damage, poor nutritional intake. One concern was raised in respect of risk of choking for a person. They had been assessed as requiring a modified diet to reduce this risk, but they did not follow this advice. It was not clear from their records that this had been fully discussed with them or that they had capacity to make an informed decision. This person was no longer at the service. There had been no training for staff on dysphagia and risks of choking. We established that at the time of this inspection no one had been assessed as having this risk.
- Where floors were wet from cleaning, the hazard was clearly indicated.
- Systems were in place to monitor health and safety, including checks of fire systems and equipment, water temperatures, odours and equipment such as air profiling mattresses and wheelchairs.
- Monthly checks were made to ensure emergency lighting, fire exits, and window restrictors were in good working order. In addition, monthly carbon monoxide and pest control checks were carried out.
- The maintenance file contained guides describing how health and safety checks should be carried out, this ensured that if the maintenance person was absent another member of staff could complete the checks.
- Contracts were in place to ensure lifting equipment was regularly serviced and maintained.

#### Using medicines safely

- Medicines were administered safely, and people received their medicines in the way prescribed for them.
- Where safe to do so, people were encouraged to manage their own medicines. This helped to promote their independence.
- Medicines were stored, ordered and disposed of appropriately. However, the lock on the medicine's refrigerator, which was stored in an unlocked office was broken. We were told this would be addressed as soon as possible and as the medicines were no longer in use, they would be moved immediately.
- Information was held to guide staff about people's medicines. However, some of these records needed reviewing and updating such as some protocols for 'when required' medicines and people's current medicines lists. We were told that some new improved paperwork was about to be introduced which would help keep these up to date.

#### Preventing and controlling infection

- Staff were supplied with personal protective equipment for use to prevent the spread of infections. Not all staff had received training in infection control. We were informed this was being addressed.
- The home was clean and free from odour. There were hand sanitizers around the service for people, staff and visitors to use.
- People and visiting relatives said the home was kept clean and tidy.

#### Learning lessons when things go wrong

- A system was in place to monitor and analyse falls.
- The regional quality assurance manager and providers had oversight of incidents within the service.



Shared learning was discussed with managers from their other services.



## 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- New staff undertook an in-house induction, and we saw two recently recruited staff had begun this, however training records showed 10 staff employed to provide care had not completed an induction.
- The care certificate was not being used for staff new to health and social care. This was company policy to provide this training.
- The majority of staff had received supervision in December 2018 and there was a schedule to ensure staff received regular supervision in place. It was hard to establish if regular supervision had been taking place prior to December 2018 due to a lack of records and, we were informed, a high staff turnover.
- The registered manager raised concerns about the effectiveness of the training provided by the company. This was primarily by DVD which they did not feel was sufficient.
- Not all staff had up to date training in key areas of health and safety. We were assured by the provider this was being addressed.

This demonstrates a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager followed the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations. Not all staff were aware of who was subject to a DoLS and not all had received training.
- Staff ensured that people were involved in decisions about their care and making everyday decisions, such as where they wished to spend their day.
- One relative said "I have seen some recent improvements such as the provision of fresh fruit and snacks for residents, but it feels a little superficial. I say this as my relative is immobile and therefore can't easily access the snacks by choice – rather they are dependent on being provided with them by request, and although I'm sure a carer would help if asked, it's the lack of independent choice that concerns me." We did observe staff asking people if they would like a snack or extra drinks throughout the day.
- Capacity assessments had been completed for people and decisions made in their best interests were recorded. This included use of bedrails and sensor mats.

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

- The registered manager said they always completed a pre-admission assessment of potential new people, so they could be assured they were able to meet their needs.
- Staff spoke about how they ensured people had choice and that care was delivered in line with their needs and wishes. For example, one person preferred to get up later.
- One relative said "I don't think my relative has much choice when it comes to food. The quality and quantity of what's provided is really good, but I don't know how residents choose their meals. My relative doesn't complain, but for example, when lunch is served today, they will be presented with a meal they haven't chosen and expected to eat it, with no alternative available." We were informed staff did check with people each morning what they would like for lunch. We saw that in each room there was a four-week menu and there were alternatives offered if people did not like what was being offered as the main meal of the day. Not everyone would know or remember to check this information in their room however. There was no pictorial menu to help people choose for those who may struggle to read.
- Care plans included important detail of how staff should support people in line with best practice and with considering individuals' preferred routines.

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

- We had received two complaints prior to the inspection concerning the quality and quantity of food being offered. On the day of the inspection, the main meal was attractively presented, and people were offered seconds.
- One person said, "I like the food here, there's always plenty though I'd prefer we had more choice about what goes in to the sandwiches for tea." Most said they enjoyed the meals.
- People's weight was being monitored and the cook knew how to ensure food was high in calories for those who required this. This included using extra cream and butter.
- During lunch, those who needed assistance to eat were helped with dignity. In the dining room tables were set with cutlery, crockery and glassware. A choice of drinks was offered, and indeed was available throughout the home during the day.

Staff working with other agencies to provide consistent, effective, timely care

- The local authority quality monitoring team raised a concern about the registered manager not providing clear information about one person they were trying to check was in receipt of the right care and support. The registered manager did not work in a collaborative way or share the right information, which in fact they did have.

- The community nurse team said the service did refer to them appropriately and listened and acted upon their advice.
- When people needed a hospital admission staff could download a hospital pack which detailed the person's most current needs, how they communicated, what medicines they were on and any recent history such as falls. This helped hospital staff better understand the person and their current needs.

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

- The design and layout of the service had been adapted to meet people's needs. For example, signage to orientate people around the building and to know where toilets were. There was a lift to rooms on the first floor.
- The provider was looking into making more outside accessible space. Since our last inspection they had improved one small space for people to use and ensured this was fenced to be secure for people who may be at risk if they left the home unescorted.

#### Supporting people to live healthier lives, access healthcare services and support

- Care files showed there was good liaison with GPs community nurses and the hospital.
- People said they were able to access their GP if needed.
- Relatives said their family member's healthcare needs were being met but one raised the fact that they did not always ensure their hearing aids were fitted each day.

## Our findings

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

Good:  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 said the staff treated them with kindness and respect. Comments included "I feel they do a marvellous job here for us, all so caring" And "There's nothing I'd want to change about things here, everything is fine and everyone very caring."
- Relatives said staff were caring and considered people's dignity and respect. One said "My relative has been here for three years, and I feel always had exceptional care. The home is always clean and tidy."
- Care plans were written in a way which directed staff to respect people and treat them as individuals. For example, one care plan had "I need staff to respect my decisions even if they are not wise decisions and to direct me in a positive manner without patronising me."
- Staff spoke positively about people, showed they understood what and who was important to them.
- People's diversity was considered within their care plan. For example, who they wished to be cared for by, any religious beliefs, what they enjoyed doing prior to admission.

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

- The registered manager said care plans were updated taking into account people's views, although this consultation was not always recorded.
- One relative said that although they had Power of Attorney, they had never been consulted on their relative's care plan. We were unable to establish if their powers did include care and welfare and whether the person needed their relative to be involved in this aspect of their life.
- People were encouraged to personalise their own bedrooms and were consulted on any changes to communal areas.

Respecting and promoting people's privacy, dignity and independence

- People confirmed their privacy and dignity was upheld at all times. For example, staff knocking on their door before entering.
- When people needed support, staff did this in a caring and respectful way, making sure they were aware of what was happening and checking they were happy.

- At lunchtime we saw staff acting in a very caring way as they assisted people to eat, and on more than one occasion, we observed people being treated with care and dignity when they were made comfortable in their arm chairs and provided with drinks and snacks.

### Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- When we last inspected this key area, we identified there was still a need for improvement in ensuring people's social needs and interests were being met. This had improved with singers, arts and craft sessions and ministers visiting to give people communion.
- People said there was enough for them to do and keep busy. They had been out on a few trips. One person said, "We have quite a lot to keep us busy, you know, with the Craft Lady here this morning, or the singer who comes in" Another said "I think there's quite a lot of things we can do to fill our time, I'm quite satisfied about that"
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service were in the process of meeting this standard. For example, including details with care plans about people's needs in terms of use of hearing aids and glasses. Information could be produced in large print if people needed this. Some improvements such as having pictorial menus would further assist people. We were told this was work in progress.
- Care and support were well planned because people were asked about their preferences and interests. This was then included within their care plans.

Improving care quality in response to complaints or concerns

- Regular meetings were held with people, to gather their views on the service. There was however no record of what had been done about issues raised, such as issues people raised about the laundry. We were assured this had been responded to.
- There was a complaints log, however it had not been completed to indicate how long it had taken to respond to the three verbal complaints recorded during 2018. There had been no complaints logged in 2019.
- In a separate folder we found two formal complaints made by people who lived at the service and one addressed to the provider from a family member, none had any details of a response. We were assured these had been investigated and resolved or in the process of being looked at.
- People said they could raise concerns if needed.

We recommend that the service follows best practice in ensuring they record how complaints and concerns are investigated and resolved.

#### End of life care and support

- At the time of the inspection there was no one receiving end of life care.
- Care plans contained a section for people to record their end of life wishes. Not everyone had chosen to do this.





## 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- When we last inspected this key area we found quality audits and checks were being completed but not fully embedded. At this inspection we found the audits had picked up on the lack of essential training in November 2018, but this was still not addressed by March 2019.
- Staff did not always feel valued or listened to by the registered provider.
- There was a separate file containing complaints from staff. There were in excess of ten written complaints from staff received in recent months. These included complaints about people living in the service, other staff members, issues with food preparation and a complaint written directly to the provider and signed by 12 staff members. There was no record of what action had been taken in response to these complaints. The quality assurance manager said she had met with staff to discuss their concerns and she was still taking actions to look at resolving the issues identified.
- Several complaints alleged that staff were rude to each other or ridiculed in public.
- The registered manager told us they did not feel well supported by the provider. They had given their notice to quit. The provider said they felt this was an unfair statement as their own quality monitoring team had been providing a high level of support to the manager.

This demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Despite knowing staff were not in receipt of the essential training the registered manager did little to improve this situation. He said he did not believe the training provided was effective, but he did not look for an alternative solution to ensure staff understood their role and risks. The registered provider also failed to follow this up despite knowing in October that there were significant gaps in training for staff.

- Assurances were given by the registered provider that these areas were being addressed as a matter of urgency, so people were no longer at risk.
- Notifications were being submitted in a timely way.
- Systems were in place for management to use to check a wide range of both care and operational standards. These checks had been regularly completed.

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

- Regular meetings were held for people who use the service to view their opinions and suggest any changes such as what activities they would like to do. For example, going out on trips
- Regular staff meetings were held, and there was always a discussion about safeguarding to protect people.
- One visiting pastor said that some staff were more welcoming than others. They had to constantly ask for their service to be promoted after lunch and sometimes found the room was not ready and their equipment was not out such as the organ. This delayed their service.

Continuous learning and improving care

- Staff training had not always been seen as a high priority which meant some staff did not have the key skills to keep people safe. We have been assured by the registered provider this was being addressed.

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The registered providers quality monitoring was not robust and failed to follow up on the gaps in staff training in a timely way, to ensure people's safety. |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Staff were not always suitably trained and competent to ensure people's safety.   |