

Barchester Healthcare Homes Limited

Kernow House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Kernow House is part of the Barchester Healthcare group of homes. It provides personal and nursing care to up to 98 people within three units. The service was supporting 80 people on three separate units on the day of our inspection. The service supports individuals with Huntington's disease, dual diagnosis, acquired brain injury, Dementia and mental health issues".

People's experience of using this service:

The service was short staffed and significant numbers of agency staff were being used to meet people's care needs. On the day of our inspection, in one unit, there were more agency staff on duty than employed staff and relatives told us, "I came to visit one day and the unit had all agency staff on it".

Staff told us morale was low and some were contemplating leaving the service. Managers recognised and accepted that the service was experiencing difficulties recruiting and retaining staff. A targeted recruitment campaign was underway and the provider was making additional arrangements to support the service with recruitment.

Where risks had been identified, staff including agency staff, did not always understand how to manage these risks. During the inspection an incident occurred as the staff member providing individual support for a person did not understand how to meet their needs. In addition, action taken in order to manage specific risks following incidents had not proved effective. Known changes in risks had not always been included in people's care plans and an equipment storage room was repeatedly left open and unattended during the inspection.

Recruitment procedures were robust and staff understood their role in protecting people from abuse. Medicines were administered safely.

Staff were sufficiently skilled to meet people's needs and their training was regularly updated. People's dietary needs were met and the service's kitchen had a five star food hygiene rating. One unit was tired and in need of redecoration and replacement carpets. These works were planned and in the process of being commissioned.

Manager and staff had a good understanding of the Mental Capacity Act and necessary applications to deprive people of their liberty had been appropriately submitted.

People's privacy and dignity was not always respected and staff did not consistently respond when people became distressed. During the morning staff were busy with limited time to provide individualised support.

Care plans were up to date and sufficiently detailed. The service was able to meet people's needs at the end of their lives and relatives had written to express their gratitude to staff.

The register manager had left the service and one of the providers operations managers had become the service's acting manager two weeks prior to our inspection. Staff were complimentary of the acting manager's approach and told us, "I am quite a fan [of the new manager]".

Complaints had been appropriately investigated and resolved and the service had systems in place to monitor the quality of support it provided. These systems had identified that staff recruitment and retention was an ongoing issue.

Some care records had not been fully completed and the service's recruitment records were disorganised.

Rating at last inspection:

Good (report published on 1 September 2018). The service had been rated requires improvement at a previous inspection in June 2017.

Why we inspected:

This inspection was brought forward in response to concerning information we had received about the service's performance. This included an incident that had been reported to safeguarding and the police.

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 effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Kernow House

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: Three inspectors and a specialist advisor who was a qualified nurse.

Service and service type: Kernow House 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.

The service is required to have a manager registered with the Care Quality Commission. A registered manager like a provider is legally responsible for how the service is run and for the quality and safety of the care provided. There was no registered manager in post at the time of this inspection.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority. This inspection was planned in part as a result of an incident that had been reported to safeguarding and the police. We used all this information to plan our inspection.

During the inspection we spoke with three people and eight relatives to ask about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with seven members of care staff, three nurses, two domestic staff, the clinical lead nurse, the deputy manager and the acting manager. During the inspection we spoke with two visiting health and social care professionals.

We reviewed a range of records. This included seven people's care records and a selection of medicine records. We also looked at three staff files around staff recruitment. Various records in relation to training

and supervision of staff, records relating to the management of the home and a variety of policies and procedures. We requested some additional information be provided by the acting manager following the inspection. This was provided in a timely manner.

Is the service safe?

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.

Staffing and recruitment

- ☐ Recruitment processes were safe and ensured people were protected from the risk of unsuitable staff being employed.
- ☐ Staffing levels and the retention of staff was a significant and ongoing challenge at Kernow House. Managers told us, "Staffing is a big issue" while staff said, "There are an awful lot of agency staff but they are here regularly and they know the [people]".
- ☐ The service was attempting to meet people's needs through the use of agency staff and internal reports showed over 1000 hours of agency support was regularly used each week.
- ☐ On one unit, on the day of our inspection, there were more agency staff on duty than employed staff. During the day four employed staff and an employed nurse were supported by six agency staff and an agency Nurse. The night shift was due to be completed by one employed member of staff with support from five agency carers and an agency nurse. Relatives said, "I came to visit one day and the unit had all agency staff on it".
- ☐ Staff reported that low staffing levels had impacted on people's care and said, "If we had more staff we could provide a better quality of care" and "Some [People] have not had showers for months. They are the ones not visited, so it goes by the board".
- ☐ Professionals were complimentary of the service's employed staff. They told us that some staff had recently left and moved to a nearby service where they had impacted positively on its performance.
- ☐ The acting manager recognised that the service was understaffed and arrangements had been made by the provider to give the service additional support with recruitment. A staff referral bonus had been introduced and a targeted recruitment plan was underway.

Assessing risk, safety monitoring and management

- ☐ Known and identified risks were not always managed safely and relatives told us that the lack of staff consistency impacted on the quality of support people received.
- ☐ Staff providing individual support in order to manage known risks did not always understand how to meet people's support needs. During our inspection an incident occurred while a member of agency staff was providing individual support. Following the incident, we spoke with the staff involved and it was clear they did not fully understand the person's needs.
- ☐ Where significant incidents had occurred these had been investigated and some actions taken to prevent

similar incidents from reoccurring.

- ☐ One person had been moved to another unit within the service to manage risks following a serious incident. A further incident had occurred involving this person which demonstrated the measures taken had not fully mitigated this risk.
- ☐ Where changes were identified in levels of risk, care plans had not been consistently updated to ensure all staff were aware of people's changing support needs.
- ☐ Throughout the day doors to equipment storage rooms were not always secured while unoccupied.

Identified and known risks had not been appropriately managed. This meant the service was in breach of the requirements of regulation 12 of the The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ Risks in relation to pressure area care had been appropriately managed.
- ☐ Emergencies had been well planned for. The service had a grab bag which included personal evacuation plans and other essential equipment. Staff responded well when the fire alarm sounded during our inspection.
- ☐ Lifting and fire fighting equipment had been regularly serviced and all necessary checks had been completed to ensure the safety of the environment within the service.

Systems and processes to safeguard people from the risk of abuse

- ☐ Managers and staff had a good understanding of local safeguarding procedures and knew how to report safety concerns.
- ☐ The service's procedures for reporting and reviewing safety incidents had recently been updated. All incidents were now discussed with managers during the service's daily communication meeting each morning.
- ☐ Relative told us, "I think people are safe" and "The staff are very diligent and keep an eye on everyone." Staff said, "I go home at night and I know everyone is safe" while professionals commented, "The home is not unsafe".

Using medicines safely

- ☐ Medicines were managed stored and administered safely and staff were appropriately trained to support people with their medicines.
- ☐ Medicines records were audited each night and action was taken to address and resolve any issues identified.
- ☐ Some people who lacked capacity regularly refused their medicines. Appropriate best interest decisions had been taken for some medicines to be given covertly. Where this was necessary staff followed current best practice.
- ☐ There were protocols in place to support staff to understand how and when as required (PRN) medicines should be used. However, a health professional told us staff were not confident with the use of PRN medicines and this meant sometimes these medicines had not been used appropriately.

Preventing and controlling infection

- ☐ Staff had received training in infection control and were supplied with appropriate equipment to manage infection control risks.
- ☐ Spillages were dealt with effectively and the service was clean.
- ☐ The three domestic staff on duty were busy throughout the inspection and reported that keeping the service clean was challenging.
- ☐ We noted two incidents where appropriate infection controls practices were not followed during this inspection.

Learning lessons when things go wrong

- ☐ All accidents and incidents that had occurred had been appropriately investigated. Where any trends or patterns were identified action was taken to minimise future risks.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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 acting manager and senior staff had a good understanding of this legislation.
- ☐ Capacity assessments had been completed for people and decisions made in their best interests were recorded.
- ☐ Necessary DoLS applications had been submitted and conditions complied with.
- ☐ Staff ensured that people were involved in decisions about their care.
- ☐ Staff sought people's permission before providing support.

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

- ☐ People's needs had been appropriately assessed to establish that the service was able to meet those needs.

Staff support: induction, training, skills and experience

- ☐ Staff were sufficiently competent and skilled to meet people's needs.
- ☐ There was system in place to ensure staff training was regularly updated and staff told us, "The training over all is very good".
- ☐ There were appropriate systems in place for the induction of new staff in line with nationally recognised best practice.
- ☐ Nursing staff told us they were supported to complete specialist clinical training to ensure they could

provide safe care.

- Staff had received regular supervision and annual appraisals. However, staff reported that they were not always given opportunities to discuss issues important to them and felt management were just been going through the motions. One staff member commented, "I want more than just a quick telephone supervision".

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

- The service's kitchen had been awarded a five star, very good food hygiene rating.
- Staff were aware of people's special dietary requirements.
- People were offered choices at each meal and one person choose to decline both main courses options preferring to have two puddings instead.
- People were regularly offered drinks and snacks throughout the day.

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

- The service was well adapted to needs of people who needed support to mobilise and was a purpose build care facility.
- Further improvements to the environment of the service had been made since our last inspection and most areas of the home were now well decorated.
- However, one unit looked tired with carpets that were worn. We discuss this with the acting manager who told us improvement works were planned for this area and contractors were in the process of being appointed.
- There was limited signage available to help people to living with dementia to orientate themselves within the service.

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

- Staff worked closely with health professionals to ensure all aspects of people's care needs were met.
- Records showed appropriate and timely referrals had been made to health professionals and advice provided had been acted upon.

Is the service caring?

Our findings

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence

- ☐ People privacy was not always respected. Doors to people's bed rooms were routinely left open and on one occasion staff failed to protect a person's dignity while using the toilet.
- ☐ At meal times there were occasions where people's meals were removed without conversation and staff did not always respond promptly when people became distressed.
- ☐ At other points during the inspection staff were overheard loudly discussing people's support needs in communal areas.
- ☐ People were supported to maintain their independence and staff enabled people to make decision and choices throughout the inspection.

Ensuring people are well treated and supported; equality and diversity

- ☐ Relatives were complimentary of the staff team and told us, "All the staff are wonderful" and "You could not ask for better staff they are just so kind." People said, "Staff come when I need them."
- ☐ In the morning staff were busy and some of the care provided was task orientated. Relative told us, "Staff do their best but there isn't enough staff on duty".
- ☐ In the afternoon, staff had more time and were able to provide personalised support at a more relaxed pace.
- ☐ Large numbers of agency staff were on duty and these staff did not always fully understand how to meet people's support needs.
- ☐ Equality and diversity issues were well understood. People and staff were valued as individuals.

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

- ☐ People were able to make decision in relation to their needs and staff sought people's consent before providing support.
- ☐ Where people lacked the capacity to make specific decisions relatives had been appropriately involved in best interest decision making processes.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People's care plans were sufficiently detailed and informative. They provided staff with enough guidance to ensure the person's needs were met.
- Care plans had been regularly reviewed and staff told us they accurately reflected people's current needs. Staff told us, "Given the [People] we look after and their level of needs and complexity, I think we do a better job than most places do".
- Relative told us they had been involved in the care planning process and were regularly updated when changes in people's needs were identified.
- 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 had met this standard.
- The service employed a team of three activities co-ordinators who was supported by a number of volunteers.
- There were a range of activities available for people to participate in if they wished. A minibuss and company car were available to support people to access the local community.
- Records showed recent activities had include; musical events, coffee mornings and visits by community groups and school children.

Improving care quality in response to complaints or concerns

- Relatives knew how to raise complaints and told us, "Any little niggles get sorted quickly" and "I have no complaints at all".
- There were systems in place to ensure all complaints received were investigated and resolved.

End of life care and support

- The service was able to meet people's needs at the end of their lives.
- Care plans included some information about how people wished to be supported at the end of their lives.
- Where people had chosen to decline specific aspects of care this had been appropriately recorded.
- Relatives were grateful for the quality of end of life care the service provided and regularly wrote to

express their gratitude to staff. A relative of someone who had recently died in the service commented, "They are good at looking after us to."

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

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; and how the provider understands and acts on duty of candour responsibility

- ☐ The service's registered manager had resigned shortly before this inspection.
- ☐ At the time of our inspection the service was being led by an acting manager who was one of the provider's operations managers. The acting manager had been based in the service for two weeks and intended to apply to become registered until a permanent management appointment was made.
- ☐ Staff were complimentary of the acting manager's approach and their comments included, "I am quite a fan [of the new manager]", "She is good, she has a brain like a computer" and "In the two weeks she has been here she has made a huge difference."
- ☐ The provider was giving additional support to the service during this period of management change and a divisional director was visiting the service to support the acting manager on the day of the inspection. Staff told us, "The provider has been very present, we have had lots of support", "The divisional director is here every two weeks" and "We asked for help and it has been given".
- ☐ The service had also lost two of its administrative support staff and this had impacted on nursing and managers workloads. They told us, "We were very dependent on [the administrative staff] and I think that was a huge mistake".
- ☐ The lack of administrative support had impacted on the quality of the service's recruitment records and professionals commented on difficulties they had experienced in relation to the service's administration.
- ☐ Replacement administrative staff had been appointed by the time of our inspection and arrangements made for additional administrative support to be given by the providers other local services.
- ☐ Managers and staff spoke candidly and openly with us about their concerns in relation to the high level of agency staff usage within the service.

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

- ☐ The roles of and responsibilities of managers, nurses and care staff were well defined and clearly understood.
- ☐ A variety of regular audits and internal and external performance assessments had been completed to monitor the service's performance. Where issues were identified action plans were implemented to make

improvements.

- ☐ These reports had identified and acknowledged the ongoing issues in relation to staffing levels within the service.
- ☐ Agency staff had been appropriately used to ensure there were sufficient staff available to meet people needs. However, as described in safe and caring the current high levels of agency staff usage had impacted on the service's overall performance.
- ☐ The service had so far been unable to successfully and permanently resolve these difficulties in relation to employed staffing levels which had been raised in previous inspection reports.
- ☐ Staff morale was low. Comments received included, "We are doing lots of extra hours, no appreciation. We do not feel valued", "Lots of staff have left because of being under appreciated" and "I am thinking about leaving".
- ☐ Records of the support staff had provided had not always been consistently completed and information about people's back ground and life history had not always been recorded. Staff recruitment files were disorganised.
- ☐ The provider had displayed their assessment rating at the service and on their website, as they are required to do.
- ☐ Notifications were submitted as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- ☐ Handover meetings were now held each morning involving all of the service's departments to enable information to be rapidly shared when necessary. The acting manager told us, "The confidence is improving and nurses are becoming more outspoken in morning meetings which is good". Staff meetings however, were held infrequently.
- ☐ People and their relatives were asked for their views of the service via questionnaires and residents and relatives meetings were held regularly.
- ☐ Where appropriate, relatives were invited to care plan reviews to help ensure people's voices were heard and respected.
- ☐ All significant incidents had been investigated and any learning shared with staff.

Working in partnership with others

- ☐ The service worked collaboratively with health professionals to ensure people's needs were met.

This section is primarily information for the provider

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 12 HSCA RA Regulations 2014 Safe care and treatment All reasonably practicable actions had not been taken to manage identified risks.