

# Harbour Healthcare 1 Ltd

# Kingswood Manor

## Inspection report

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Date of inspection visit:  
21 September 2020

Date of publication:  
20 October 2020

## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Kingswood Manor is a care home providing accommodation for up to 44 older people, including people living with dementia. At the time of the inspection there were 41 people living at the home.

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

We inspected the home on 21 September 2020 to see how care was being provided against information of concern we had received.

Staff were not always deployed in the most effective way. Whilst staff rotas and staff dependency tools showed there were enough staff, people told us that staff were often busy and there wasn't always enough of them.

People told us this meant they could not always have a shower when they wanted as the staff "didn't have time." Some people told us they did not always have a choice in what time they got up and went to bed, as again this depended upon how busy staff were.

We have made a recommendation about the deployment of staff.

Medications were not always administered in a safe way. Some people told us that staff who gave them their tablets, left them with their medication, as "staff knew they were able to take it themselves."

We have made a recommendation about the management of medicines.

Whilst most people told us staff were kind and caring, some people told us some staff were more caring and compassionate than others. People told us they were not always supported to have genuine choices about their care and support as "staff were rushed off their feet."

People told us there wasn't always enough to do during the day but they appreciated that "staff tried their best."

The registered manager was working closely with the area manager team to address staff deployment and recruit an activity co-ordinator to facilitate both activities and communication between people and their loved ones during periods of restricted visiting.

We found people were protected from the risk of acquiring infections such as Covid-19 and the service was clean. Personal protective equipment was readily available to staff and all staff were following the latest guidance.

### Rating at last inspection

The last rating for this service was Good (published 31 October 2019).

#### Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in response to concerns received about staff deployment, unsafe administration of medication, concerns about people's care and dignity and governance. A decision was made for us to inspect and examine those risks.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about.

Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. We found no evidence during this inspection that people were at risk of harm from these concerns.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively. Please see the safe section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingswood Manor on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

Inspected but not rated.

**Inspected but not rated**

### **Is the service caring?**

Inspected but not rated.

**Inspected but not rated**

### **Is the service well-led?**

Inspected but not rated.

**Inspected but not rated**

# Kingswood Manor

## Detailed findings

### Background to this inspection

#### The Inspection

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.

This was a targeted inspection to check the specific concerns we had about staffing deployment, administration of medication, care and dignity and governance. We will assess all of the key question at the next comprehensive inspection of the service.

#### Inspection team

This inspection was undertaken by two inspectors.

#### Service and service type

Kingswood Manor 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 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.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed feedback received from people's relatives. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 13 people who used the service about their experience of the care and support provided. We spoke with the registered manager, deputy manager and area manager.

We undertook a physical inspection of the home and observed the delivery of care and support throughout the day. We also reviewed various documents including health and safety records and medication administration charts.

After the inspection

We continued to seek clarification from the provider to validate evidence found and reviewed various documentation including staff rotas and audits. We reviewed additional documents and spoke with three members of care staff and two members of nursing staff.

# 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 Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about. The purpose of this inspection was to explore the specific concerns we had about Kingswood Manor. We will assess all of the key question at the next comprehensive inspection of the service.

### Using medicines safely

- Medication was not always administered in a safe way. People told us that nursing staff did not always stay with them until they had taken their medication. Some staff told us that they had found tablets on the floor and had to intervene to prevent people from taking another person's medication, one member of staff told us, "Yes, I have seen people left with medication." One person told us, "Staff leave me to take my medication on my own, they leave it in a pot." This meant that people were at risk of not having their medication administered in a safe way.

We recommend the provider revisits medication training and best practice guidance on administering people their prescribed medication and take action to update their practice accordingly.

- For people who were prescribed PRN medications (as and when required medications) such as painkillers, PRN protocols did not always contain sufficient detail. This meant that staff did not have the information needed to guide them on how to use the medication in the most effective way. We spoke with the registered manager about this who advised that PRN protocols would be updated to include improved guidance for staff.
- People told us they felt safe living at the service. One person told us, "Yes I feel safe here, I can talk to staff if I have any issues, they make me feel at ease."
- As we had received concerns that people were not being given sedative medication as prescribed, we checked people's MAR (Medication administration records). We did not see any evidence that prescribed sedatives had been administered to people inappropriately.

### Staffing and recruitment

- Although there were enough staff available, they were not always deployed in the most effective way to ensure that people's needs were met in line with their choices and in a timely way.
- We had received concerns that people were not being supported appropriately with their personal care needs. During our inspection we observed that people appeared well presented and appropriately dressed. However, some people told us although they "got a good wash from the care staff", some preferred a shower which wasn't always possible as "staff were too busy."
- People's personal care records showed that for those who received a shower, this was weekly and that most people were assisted daily with a wash by staff. One person told us, "I don't have shower, but would like to, I do have a good wash, the staff are rushed off their feet."
- Some people also told us they could not always get up or go to bed when they wanted as the staff were

again too busy. One person told us, "I don't always get up when I would like to get up, I get up when staff are not busy." Another told us, "Staff do their job and their best, but there's not enough staff."

- During the inspection we observed staff responding to call bells appropriately, however, some people told us they sometimes could be kept waiting for staff to answer their call bell or had to wait for staff assistance to go to the toilet. One person told us, "I'm often told to wait for the toilet."
- We observed that staff took breaks together leaving fewer numbers of staff "on the floor" which affected the care and support people received. We spoke with the registered manager about this.

We recommend that the provider deploys staff in an effective way to meet people's needs in a person-centred way and to reflect people's own preferences and choices.

- We did not look at staff recruitment on this targeted inspection. However, on previous inspections no concerns had been identified in this area.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections, meeting shielding and social distancing rules, admitting people safely to the service, using PPE effectively and safely and 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, making sure infection outbreaks can be effectively prevented or managed and that the infection prevention and control policy was up to date.
- It was recognised that staff had worked extremely hard to keep people safe from the risks of Covid-19.
- Staff told us they felt safe working at the home and had sufficient supplies of appropriate PPE.



# 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.

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about. We will assess all of the key question at the next comprehensive inspection of the service.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were not always treated with dignity. People's choices about their own care and support were not always respected. People told us they couldn't always get up when they wanted as staff were too busy, meaning that people's autonomy was compromised.
- People spoke positively about the staff but some people commented that some staff were nicer than others. During our inspection, we observed positive interactions between people and staff.
- Some people told us that staff didn't always answer their call bell right away and so they could be left waiting. People told us they were not always assisted to the toilet when they wanted as they had to wait until staff were free to provide support. This meant that people's needs were not always met in a timely and compassionate way and people could be left in undignified situations.
- We discussed this with the registered manager who confirmed that staff would be utilised in a more effective way to ensure person centred care was maintained. There were also plans to install a second toilet facility on the ground floor to avoid congestion when waiting to use the toilet.

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

- We had received concerns that people were not supported appropriately to communicate with family members and friends when the home was in 'lockdown' due to Covid restrictions. People told us that although they missed seeing their loved ones and the physical contact, they were supported to make telephone calls to help maintain external relationships and friendships.

# 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 Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

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

- We had received concerns that relatives were not being involved with their loved one's care and support and had been prevented from visiting the home.
- At the time of our inspection, the home was on lockdown due to Covid restrictions, the registered manager had made this decision based on recent Covid test results of staff. The manager's rationale for closing the home was to minimise the risk of people being exposed to the infection.
- The service had developed specific risk assessments and policies which were specific to Covid. The service also adhered to government guidance and other best practice guidance from reputable sources.
- We discussed the need to balance the risk of exposure to the virus with the risk of people's mental and emotional well-being deteriorating as a result of withdrawal of physical contact with loved ones. We also spoke with the registered manager about adopting innovative ways of permitting safe contact between people and their loved ones.
- The service allowed physical visits from relatives where people were receiving end of life care or were significantly suffering with ill health. Relatives were permitted to drop off any parcels for loved ones at the external porch of the service.
- The registered manager had introduced regular Zoom meetings with relatives who were invited to contribute to the agenda of meetings. Window visits had also recommenced shortly after our inspection.
- Although staff told us they didn't have regular meetings, they told us they felt completely supported by the management team and felt comfortable to approach them with any concerns or feedback.

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

- We had received concerns about the manager's style of leadership and presence within the home. There were also concerns that managers did not keep people's relatives informed about their care and support. Relatives told us managers were not always open and able to provide reassurances to them, and that the approach to sharing information was limited.
- The managers corresponded with people's relatives via email. We looked at staff rotas and saw that the managers worked Monday until Friday, this meant that a clinical lead nurse managed the service for part of the weekend. When the clinical lead was absent, a nurse was in charge of the home. We spoke with the managers about their accessibility. They told us they were always available on the telephone, even at weekends to deal with urgent matters and queries.
- The registered manager also ran the sister service located next door and spent part of the day based there. Some people told us they knew who the manager was but others did not.

- The deputy manager had the day to day responsibility of managing Kingswood Manor. They completed a walk around of the home each morning, but the majority of their time was office based. We spoke with the managers about increasing the frequency of physical walk arounds of the home to ensure a more active role in the oversight of the shifts, to lead by example and ensure quality of care was being delivered and people's choices were genuinely met.
- Positive outcomes for people were not always achieved as people told us there wasn't always enough to do during the day. The service had recently lost an activities co-ordinator but told us another had been recruited and was due to start in the next fortnight.
- The registered manager explained that the role of the new activities co-ordinator was to provide therapeutic based activities for people both in groups and on a one to one basis. There were also plans in place to devote protected time to facilitate audio and video calls and window visits between people and their loved ones.