

Valorum Care Limited

Kenmore - Care Home with Nursing Physical Disabilities

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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kenmore - Care Home with Nursing Physical Disabilities is a residential care home providing personal and nursing care to 20 people at the time of the inspection. The service can support up to 26 people. The building is a converted older house with two ground floor extensions built around a courtyard.

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

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. However, concerns around people being encouraged to go to bed before night staff arrived was identified during the inspection.

Improvements had been made in the oversight of the service, although the recording of capacity and consent required strengthening to ensure records accurately reflected people's needs. Communication between staff around people's physical rehabilitation required strengthening.

People and their representatives said the care provided was safe and people were protected from harm. Risk was monitored and addressed, however this was not consistent. Pressure mattress settings were not set correctly which placed people at risk. However, there was no evidence to show people had come to harm as a result of this.

We have made a recommendation about systems of oversight in gaining user voice, checking pressure mattress settings and MCA systems and processes.

Safe recruitment practices were being followed. There were sufficient numbers of day time staff to meet people's needs. Following our inspection, night time staffing levels were reviewed by the provider and increased to provide additional support.

Improvements were seen in the safe management of people's medicines. Infection prevention and control standards were being followed and the premises was found to be clean.

People were supported to access healthcare services when they needed this support. People received enough to eat and drink from a staff team who understood associated risks. Staff received formal support through training and supervision sessions.

People and their representatives were given opportunities to feedback about the running of the home. The provider notified us of events which are reportable to the Care Quality Commission. The service worked in partnership with healthcare and other professionals to meet their needs.

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 3 December 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We made recommendations about the safe management of medicines and systems used to oversee delivery of care to people. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last 3 consecutive inspections.

Why we inspected

We received concerns in relation to safeguarding people from abuse, meeting personal care needs and professional boundaries between staff and people. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained required improvement based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Kenmore - Care Home with Nursing Physical Disabilities

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 Health and Social Care Act 2008.

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 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

Kenmore - Care Home with Nursing Physical Disabilities is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kenmore - Care Home with Nursing Physical Disabilities is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who lived at the home, 2 relatives or representatives, the registered manager, the regional operations manager and 7 member of care staff. We observed care in communal areas, including mealtimes. We reviewed a range of records. These included people's care records, multiple medicine records, staff rotas, and documentation to support how the service is run.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant 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.

Using medicines safely

At our last inspection, we recommended the provider considered current guidance on managing medicines in care homes and updated their practice accordingly. Enough action had been taken in response.

- Medicines were managed safely, although a recording issue was identified.
- Staff told us 1 person sometimes needed their medicines given covertly, depending on whether they had capacity. This wasn't recorded in their care plan to indicate which medicines should be disguised and how they should be safely given.
- Most staff responsible for the administration of medicines had been assessed as competent within the last 12 months. Two staff needed their competency refreshed which the registered manager said they would address.
- People told us they received their medicines with comments including, "They keep feeding me and giving me my tablets" and "They are usually on time with tablets." One person said they wanted to have more control over their medication management. This was being followed up by the registered manager who had made a referral for assistive technology.
- Medication records showed people received their medicines as prescribed and the administration process we observed was safe.

Assessing risk, safety monitoring and management

- Some aspects of risk management required improvement
- Where people were at risk of pressure ulcers, airflow mattress settings were not correctly set based on their weight. For example, 2 people's pressure relieving mattresses were set to 150kg, despite their individual weights being significantly less. Settings for airflow mattress were not recorded on repositioning charts and not linked to monthly weight charts. This was addressed between days 1 and 2 of our inspection.
- We looked at certificates relating to maintenance of the premises and equipment. Some certificates were found to have expired, but this was being addressed before our inspection and was subsequently dealt with.
- Staff showed a good understanding of who was at risk and where people were prescribed thickeners, they clearly understood how much to use in drinks.

Staffing and recruitment

- There were sufficient numbers of day time staff who had been safely recruited.
- We observed staff had a visible presence in the home during our inspection. Concerns were raised by

people about night staff and care routines not being personalised. The registered manager followed up these concerns and following our inspection, they told us it had been agreed to increase staffing levels on night shifts.

- People said their call bells were answered in a reasonable period of time. One person told us, "They (staff) come when I press. They are a bit short sometimes."
- Staff files we looked at showed safe recruitment practices were followed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- One person told us, "Yes, I feel safe here, they (staff) know what they are doing."
- One person described safeguarding concerns which we shared with the registered manager who took this seriously and reported it to the local authority. They carried out follow up investigations and ensured this person was safe. We were assured this person was not being harmed.
- Staff we spoke with were trained in safeguarding people and were able to describe different types of abuse, how to identify harm may be occurring and knew how to report this.

Preventing and controlling infection

- Suitable infection prevention and control practice was being followed.
- At the time of our inspection, the provider was following current government guidance and had determined the wearing of face masks was optional.
- The premises were found to be clean, although clinical waste was seen to be overflowing outside the home. This had been identified by the provider beforehand and by day 2 of our inspection, a contractor collected this waste.

Visiting in care homes

People were able to have visitors to the home when they wanted them. Their visiting rights were being upheld.

Learning lessons when things go wrong

- Examples of lessons learned were seen.
- Before our inspection, concerns had been raised about the gifts policy not being followed. In November 2022, staff meeting minutes showed staff were refreshed on this guidance and their responsibilities.
- We looked at a document which had been written in response to safeguarding concerns about 1 person's care. This was a candid record showing where concerns had been raised and included lessons learned to reduce risks moving forwards.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The recording of capacity and consent required improvement.
- One person had an authorised DoLS which stated a MCA assessment should be put in place for the use of covert medication. This was not in place when we inspected. This person was recorded as having a representative who said covert medicines could be administered. However, when the registered manager checked this, this relative did not have legal responsibility for making such decisions. Consent around the use of covert medicines when they lacked capacity was not recorded in their MCA assessment. The provider said they would take action to address this.
- Staff demonstrated a good understand of MCA and DoLS.

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

- People's healthcare needs were being met, although information sharing required improvement.
- A physiotherapist was employed by the provider to support people to maximise their mobility. Staff told us they did not get updates from physiotherapy sessions, which was important to enable them to support people in the most appropriate way. We fed this back to the management team who said they would address this.
- People felt confident their healthcare needs were being responded to appropriately. One person commented, "They (staff) tell my family if I'm not well."

- Care records we looked at showed appropriate action was taken in response to an indicator of ill health for 1 person. Staff worked with healthcare professionals in sharing information needed to help ensure suitable treatment was provided.

Staff support: induction, training, skills and experience

- Staff received an induction and ongoing formal support.
- One person expressed concerns about their support and felt staff weren't trained to meet their needs. We looked into these concerns and were given assurances about the training staff received in order to deliver their care.
- A staff member told us they were not allowed to provide care for people when they started until 38 training courses were completed. High training completion rates were noted in the November 2022 staff meeting.
- One staff member said they had received 2 to 3 supervisions in the last 12 months. During the flash meetings we attended, supervision support was discussed. By the end of January 2023, half the staff team were to have received their latest supervision session and the remainder would be completed by the end of February 2023.

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

- People's needs were assessed and care was delivered in line with recognised guidance.
- On the second day of our inspection, staff were preparing for a new admission to the home. The registered manager effectively led the admission and ensured staff understood and could meet this person's care needs.

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

- The home had wide, open spaces which people could use and lounge areas where people could spend time. Bedrooms appeared comfortable and personalised.
- One person's bedroom was being redecorated by the maintenance team. The person who lived in this room was fully involved and chose their preferred colours.

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

- People were supported to have enough to eat and drink.
- Before our inspection, concerns were raised about people not being able to access snacks in the evening. People we spoke with during the inspection clarified this was not the case. One person said, "I could ask for toast in the evening, and they (staff) would bring it."
- People's dietary needs were clearly recorded and understood by kitchen staff. Where people required a modified diet, the cook took pride in presenting people's meals in an appetising way. A person identified they had special dietary needs. Staff purchased specific options to meet their requirements. Diabetic friendly choices were made available.
- People were able to make their own arrangements if they wanted. One person told us, "I had an Indian takeaway for tea last night, we had it delivered for 3 of us."
- Fluid charts we looked at showed people were supported to have enough to drink.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as care plans contained conflicting information and daily records of care interventions showed a lack of consistent care recording. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

At our last inspection, we recommended the provider assessed the service provided to identify where improvements were required and support the management team to improve the quality and safety of the service. Action had been taken in response, although further improvements were still needed.

- Gaps were found in identifying shortfalls in some quality standards.
- Care plans were consistent in recording the care people needed. However, improvements were still needed to some repositioning records.
- We found there was insufficient oversight of the process of recording people's capacity which had not been identified before our inspection.

We recommend the provider continues to improve oversight and ensures audits are fully effective in gaining user voice, checking pressure mattress settings and MCA systems and processes.

- On both days of our inspection, we attended a 'flash meeting' which brought together department heads to discuss matters for that day. This was an effective way to share key information between staff.
- The regional manager produced a record of their visits and provided support to the registered manager. Spot checks had been completed on a quarterly basis throughout 2022.

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

At our last inspection the provider was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Registration Regulations 2014, as the provider had failed to notify CQC of incidents as required by Legislation. Enough improvement had been made at this inspection and the provider was no

longer in breach of regulation 18.

- Notifications were received by the CQC in response to notifiable events at this service.
- During our inspection, we reported concerns about night care practices to the registered manager. They responded appropriately to this and created actions needed to tackle concerns. People were at the centre of this process and had been asked for their feedback.

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

- The working culture in the home required improvement to make this more consistently person-centred.
- Three people and 2 staff members brought concerns about night care routines to our attention. One person said, "We have to be in bed before the night staff come on." Another person told us, "It would be very hard to go to bed late here." Some people also expressed night workers were unhappy when they pressed their call bell for assistance. We spoke with the registered manager who conducted a detailed investigation into these concerns and took suitable steps to address aspects of person-centred care and a lack of effective team working between shifts.
- One person said, "It's brilliant here. The staff and nice and very kind." Another person said, "I've definitely improved (here)."
- Feedback we received about support from the registered manager was positive. One person told us, "(Registered manager) is magical." A relative said, "(Registered manager's) office is always open and you can see her anytime." Staff said they were given opportunities to feedback, but some did not feel that action was taken afterwards.
- We observed positive interactions between people and staff. We overheard a staff member asking a person if they wanted more lipstick putting on and went on to help them with this. Good natured humour was shared when a staff member who was doing some baking asked a person, "Do you trust my cooking?" We observed people were comfortable in the presence of staff and took the lead on their day to day routine. One person said, "I sometimes have a day in bed. They (staff) support that." Another person was asked by a staff member which type of sheets they wanted for their fresh bedding.

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

- One person proudly told us they attended a group which supported and promoted their sexual preferences. A staff member told us the registered manager was supportive and interested in their wellbeing, in part because of their protected characteristics.
- Recruitment records clearly showed people who lived at this home had been part of panels which interviewed potential new recruits. Their feedback was recorded and clearly showed they were a valued part of the process.
- A relative told us they were kept updated about their family member and said there was also a communication book which staff completed. Residents meetings had taken place in August and November 2022 and showed people were engaged in a wide range of activities and events. Staff meeting minutes were regularly taking place.
- In October 2022, satisfaction survey feedback was sent to the provider who produced a company-wide overview. It was not possible to see what people said about this service and also prevented the service from providing feedback to people who completed the survey. The regional manager said they would look into this.
- During our inspection, we observed a touching tribute to a well-respected person who had sadly died. This gave people a chance to share their grief and showed respect to the person's memory.

Working in partnership with others

- The service worked in partnership with others.
- One person had specific communication needs. The registered manager worked with a service in South Yorkshire to obtain equipment for people who required assistive technologies to communicate.
- A group of volunteers were working in the home to assist people and help to keep them company. Two of these visitors were relatives.