

Harbour Healthcare 1 Ltd

Kingswood Manor

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?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on the 4 and 9 of November 2015 and was unannounced. The inspection had been triggered by information of concern. Kingswood Manor provided residential care and nursing care for up to 44 people. 40 people were living in the home at the time of our inspection.

The home required a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008

and associated Regulations about how the service is run. At the time of our inspection there was no registered manager but the home's manager had applied to become registered and was waiting for their application to be processed.

The home was a large detached Victorian building which was situated in its own grounds. It had recently been purchased and the new owners had renamed it as Kingswood Manor. The home was undergoing a planned refurbishment which included decorating throughout

Summary of findings

and installing new communal bathrooms and toilets, flooring and furniture. We saw that one large bathroom had been started and that the lounge had recently been completely refurbished, re-carpeted and decorated.

We found that generally people were safely supported with care and respect. People and their relatives told us they were happy with the home. Staff training was being updated and staff told us they felt supported.

We saw that medication recording had not been completed properly and that records were not kept in a secure place so that they remained confidential.

There had been some refurbishment work completed but some of the fire safety systems were not adequate, such as broken or badly fitting fire doors. The home addressed

these works as soon as we reported them to the provider. The home was in a transition period with catering and there were still improvements to be made the standard of cleanliness in the kitchen and the provision of suitable food which met people's needs.

The provider and manager were open and clear about the improvements still to be made to the home. Audits and checks to the home were inconsistently completed which meant that quality assurance was unreliable.

We have identified breaches of regulations relating to medication and record keeping, and the safety and the management of the home. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

The staff knew about safeguarding policy and procedures. Staff were mostly recruited appropriately.

Medication records were incomplete and inaccurate.

The home's infection control systems needed improvement

Requires improvement



Is the service effective?

The service was not always effective.

Staff received training for their roles.

The home was undergoing refurbishment but this had yet to be completed.

People had mixed views about the food. Some people had not been monitored properly in relation to their dietary needs.

Requires improvement



Is the service caring?

The service was not always caring.

We saw that people were supported appropriately and people told us they were happy with their care.

People's privacy was respected but their records were not kept securely and confidentially.

We did not see any records which told us how people's independence was to be promoted.

Requires improvement



Is the service responsive?

The service was not always responsive.

Records were informative but were not completely person centred.

There was no complaints policy readily accessible and relatives told us they did not know how to formally complain.

Requires improvement



Is the service well-led?

The service was not always well-led.

There was no registered manager in place at the time of our inspection. The manager had applied for registration.

We found the manager and the provider to be clear about the improvements they intended to make. People who lived in the home and staff told us that the home had improved and they thought the new manager was doing a good job.

Requires improvement



Summary of findings

However, there was inconsistent record keeping, audits and other quality checks on the home.

Kingswood Manor

Detailed findings

Background to this 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 was planned to check whether the provider was 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.

This inspection took place on 04 and 09 November 2015 and both dates were unannounced.

The inspection team consisted of three adult social care inspectors and one specialist adviser who was a trained and currently registered nurse who had experience of dietary needs and stoma care.

This inspection was triggered by information of concern from the community healthcare professionals in Liverpool. We spoke with them about their concerns. We reviewed information that we had about the service, and also viewed the HealthWatch (Liverpool) website. We also contacted Liverpool social services for their views on the service.

Before the inspection we had asked the provider to complete a Provider Information Return (PIR). This is a form

that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR had been returned to us, however it was incomplete.

We viewed nine care records held in the office, two care records held in people's rooms, six staff recruitment and training records and staff rotas for the previous four weeks and the coming two weeks. We also viewed the records relating to the running of the service and observed interactions between staff and people who used the service.

We spoke with four people who used the service, with two relatives and visitors, with the home administrator, with two registered nurses, the activities coordinator, five care staff, two chefs and one of the domestic staff. We also spoke with the manager of the home, the operations director and the quality assurance manager for the provider. We toured the building.

We used the Short Observational Framework for Inspection (SOFI) on two occasions during the course of the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

One person who lived in the home, told us, "They're very good on the medication side".

We looked at the medicines room, and this contained the medicines trollies, the drugs fridge, the controlled drugs cabinet and stored medication. The drug fridge temperature checks should have been recorded twice daily. The records showed that this was not being done consistently. When they were recorded they were within the required range. The medicine trollies appeared to be tidy and arranged well. We saw that some eye drops and an insulin pen did not display the date of opening. We observed that staff wore aprons and gloves when they administered it medication.

We asked for the MAR sheets for the previous month. We saw that there a large number of blank signature boxes on the records, including those where insulin and steroids should have been given. A high number of these errors referred to eye drops. We could not find record of why these prescribed drugs should have been omitted. However, we did not see any records that any of these omissions had resulted in adverse problems to any of the people who they were prescribed for.

We discussed this with the manager who arranged for an audit by a pharmacist and for the pharmacist to give advice regarding medication administration training. The pharmacist visited the day after the second day of our inspection and reported to us that several improvements had been suggested to the manager and training had been arranged for the staff.

During our introduction meeting, we were initially informed by the manager that two people who lived in the home had skin damage caused by pressure. We were later informed by staff that a third person had a grade two pressure ulcer. Care plans confirmed that all three people were being nursed on appropriate pressure mattresses and that they had a positional change chart with position turning regimes. However we found that the chart for one person was incomplete and there was no record of when this person had had their position changed. This meant there was no record to show whether they had the care they needed to prevent pressure damage. Whilst reviewing a fourth person's care file, we saw that a health care professional had noted that this person had an

'un-gradable' pressure sore on their ankle. Staff told us how this was being treated which did not follow the advice of this professional. We were also concerned that the manager had initially told us that there were only two people who had pressure sores/ulcers, where we found that there were four. This meant that the manager was not aware of the situation in the home.

Previous to this inspection we had been contacted by the community dieticians who were concerned about three people in the home who had a percutaneous endoscopic gastrostomy (PEG). This was a tube which was inserted through a person's abdomen wall into their digestive system to provide a means of feeding, when their oral intake was not sufficient. The concerns were that the sites of these incisions were not receiving the specific care necessary, which included the cleansing of the PEG site daily and the rotating of the PEG tubes weekly. We reviewed the care files for these people. Staff had not documented that the rotation had happened although they told us that this had taken place. Again, we discussed this with the manager who told us that this would be addressed.

On the first day of our inspection, soon after we arrived, we toured the building and observed the communal toilets and bathrooms. There were some toilets with faeces in the pan and on the rim of the toilet. Many toilets did not have any paper towels or other hand drying facilities. We showed the manager one of these toilets. The manager told us that the cleaners had not yet reached the ground floor. On the second day of the inspection, but later in the morning, we found that some toilets were still dirty and did not have any hand drying facilities.

Overall infection control was discussed with the manager who told us an infection control report had been produced which would be sent to us. We were sent the results of an infection control audit which was completed by Liverpool Community Health NHS trust and dated November 2014 which referred to the home under its previous name. This gave an action plan to be achieved by the end of February 2015. We did not see any record that this had been completed.

We discussed a number of concerns regarding the premises with the operations director including fire safety concerns and refurbishment requirements in the building. The operations director arranged for immediately remedial action to be taken in response to the fire safety concerns.

Is the service safe?

Throughout the home, there was fire fighting equipment and fire evacuation equipment appropriately placed which had been serviced recently. There was a fire evacuation plan and we saw in the files that personal emergency evacuation plans (PEEPs) has been written. There were also copies of these in an 'emergency box' which would be used as a grab bag should there be an emergency.

We saw that the fire checking systems had omissions and inconsistencies. This meant that there was no accurate way to measure that the system was safe. We spoke with the manager about this who told us this would be addressed with the maintenance staff.

The kitchen had been rated as 'three' out of five, by the local authority environmental health department. The kitchen was very large with rooms off it. One of these rooms contained the fridges and freezers where food was stored. Temperature records recorded that one of the fridges was running above the recommended 5°C. We noted that these were recorded as being 14 and 15°. The operations director told us that a new fridge would be ordered.

In the kitchen, we found that the cookers and the deep fat fryer were in need of cleaning. On the second day of our inspection, we saw that some cleaning had taken place but that there was still residue on the equipment and on the baskets of the deep fat fryer. We also saw that there were cracked tiles and felt that the floor was sticky. In a corner of the kitchen, the floor covering was absent, exposing the rough concrete of the floor which would be hard to clean.

We saw there was poor record keeping in relation to cleaning tasks in the kitchen. One of the chefs commented that the cleaning records needed to be, "More specific" and agreed there was inconsistency in the cleaning of the kitchen and food areas.

These are examples of breaches of Regulation 12, safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We pointed these concerns out to the manager, the operations manager and the quality assurance manager. They also accompanied us to the areas of the home where we had identified issues. The managers assured us that these areas of concern would be addressed urgently and have confirmed that this is the case through submitting an action plan to us.

We saw evidence that most staff had been recruited safely. The home obtained references for new staff including one from a previous employer. We noted that candidates completed a Disclosure and Barring scheme (DBS) in order to check for any criminal convictions and their proof of identity and right to work in the UK had been checked. These checks had been completed before new staff started caring for people. There was a signed document to show that each staff member had received a staff handbook, and a copy of the organisations' whistleblowing policy, at the start of their employment.

However, we saw that for one candidate, the manager had been the sole interviewer and also the main referee. We also saw that one new staff member had a start date two weeks before the date of their previous employer's reference. The manager assured us that the person was in training during this time and not providing direct care. There were no records to evidence this. We discussed with the manager, the current best practice in relation to recruitment, which recommended that there be two interviewers and at least two references. We saw records that the Nursing and Midwifery Council website had been checked every two months to ensure that the seven registered nurses employed at the home were able to nurse without restrictions. All the nurses at the home at the time of our inspection were deemed safe to practise.

We looked at the rotas for the home and saw that there appeared enough staff to support the people living in the home. There was a good mixture of registered nurses, support staff and domestic staff.

The provider had a safeguarding and a whistleblowing policy. The safeguarding policy was not obviously available to either staff or to people who used the service and their relatives. Staff told us the policy was available in the nurse's station. The staff we spoke with had a good and broad understanding of what safeguarding was. They told us they had had training in safeguarding. One staff member told us that, "We can all safeguard people ourselves".

The home had a call bell system which enabled people who lived there to summon assistance in an emergency. Whilst we were touring the building, we heard a bell used. The response to the bell was extremely quick and several staff members attended.

We saw that the appropriate checks on the gas, fire and electricity installations had been completed in a timely

Is the service safe?

manner and that the portable appliances had been checked annually, but we were concerned that the

Legionella checks had revealed that some actions had to be taken. We discussed this with the manager who later sent us confirmation that these actions had been completed.

Is the service effective?

Our findings

One person told us, "You can go out when you want to, I think".

We asked people about the food, one told us, "I won't condemn it; it's nice if you like pasties but I don't like pasties". Another told us that there was no choice for tea. They said, "It's always soup and a sandwich". A third person told us, "There's nothing wrong with the food".

Staff received an induction programme into their job and we saw signed off copies of the induction schedule in the staff files. Staff were employed initially, for a probationary period. We saw records that this probationary period was monitored by the manager through frequent meetings.

After their induction, we noted that staff received additional training relevant to their role. Examples of such training included dementia awareness, first aid, manual handling, health and safety, COSHH (care of substances hazardous to health), fire training, food safety, and infection control. The nursing staff received training in subjects such as medication administration, moving and positioning safely, end of life care and the use of feeding pumps.

The training session's learning had been checked by either knowledge tests or competency assessments at the end of each session. We saw these records were in staff files. This meant that the staff member's manager was able to check whether the staff member had benefited from the training. One staff member told us, "Three weeks ago, I did e-learning, with a test afterwards" and another said they, "Had loads of training". They went on to describe how they had, "Watched a video, had a group discussion and a debate, and then took a test". We were not able to see the training matrix which would show us when staff had been trained and when they were due for training; we were told this was due to the previous training provider removing this from the home. The home had since contracted with another training provider.

Staff told us that the new manager had been arranging and conducting supervisions with them. All the staff we spoke with had received one or two supervision sessions. Staff spoke positively about receiving this input from the manager.

People told us that the food was sometimes boring and tasteless, depending on the chef on duty. They and the staff

told us that one chef prepared food from fresh ingredients and took better account of peoples likes and dislikes, but the other used pre-prepared foods, such as bought in pasties which were the lunch on the first day of our inspection, when we sampled lunch. We observed one person being served pasty and chips for lunch and when the person said they did not like pasties and asked staff for it to be taken off the plate, they were left with just the chips for their meal. We were told by the manager there was always an alternative available, but one staff member joked with a person when they asked what they wanted for lunch. "It's pasty and chips or pasty and chips".

On the second day of our inspection there was a commemorative event taking place in the home to celebrate Remembrance Day. Another chef on duty had prepared appropriate snacks and cakes for the celebration and told us that they loved preparing good food for the people living in the home.

The manager told us that until a couple of months ago, meal provision was provided by an outside caterer. People did not like the food provided and so they had bought catering back in-house. We did not see any menus in the home, but on the first day of our inspection, we were shown a stack of menus in the manager's office. These were pictorial and in large print. They told us that these were about to be distributed and put on to the tables in the dining area. On the second day of our inspection, we found that this had not yet been done.

Staff told us they wanted to improve the quality of the food and the eating experience for people. One staff member said that there was a, "Lack of organisation at lunch time". Another said the, "Food can be tasteless" and told us the catering staff did not use special food shaped moulds for soft food. They said, "Fish has to look something like a fish". One staff member commented, "[catering staff] don't make it look appetising". We discussed this with staff and on the second day of our inspection, we saw that soft food had been presented with the use of moulds. The chef explained to us how it was a priority for them to make sure that any special dietary requirements resembled as much as possible the main meal option.

One relative told us that they had concerns that their relative's dietary needs were not being met. They told us they had chosen the home because it had advertised that they specialised in caring for people with special dietary needs. They went on to tell us that the fluid and nutrition

Is the service effective?

charts were not completed and staff were unable to tell them how much this person had eaten, on a daily basis. Their relative had had lost weight. However they did say that since the new manager came into post, weekly weighing had been implemented. We spoke with the manager about this who told us they would obtain information about the person's preferred foods from the relative.

On reviewing the weight charts we noticed significant weight loss for two people. Two people had had significant weight loss during the preceding month. The manager reported that she was not aware of this but was not concerned as both people were eating and drinking normally. We discussed this with the manager who arranged for both people to be reviewed by their GP.

The home was an old, mansion type property listed as having historic interest. The manager told us that there was an extensive refurbishment programme underway and we saw that the large lounge had recently been completely refurbished. Chairs were grouped in fours or fives with a small table in the centre of each group. This provided a very homely and friendly experience for people using the lounge. There was a lift to the other floors and we saw that a large communal bathroom was being converted into a wet room. We were shown a room which had been redecorated whilst it was vacant. Other areas were awaiting attention but we saw that there were some areas which could be made better immediately. For example, in the second-floor shower room we saw that there was an upholstered chair and that the drain cover was opened. The room smelt malodorous. These were issues which should have been addressed irrespective of the planned refurbishment.

There was appropriate emergency exit signage in the building. When we asked about the lack of notices, for instance regarding safeguarding or activities, or signage

such as appropriate room identification signs, the manager told us, "[Name] wants to keep it looking normal with no notices". There were several people in the home who were living with dementia type conditions. Appropriate signage and environmental design would help them navigate around the home.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty, were being met. We saw records that nine applications had been made to the 'supervisory body' for a DoLS and that at the time of our inspection, one of these had been returned as authorised.

The manager told us that, "DoLS was the first thing that we did [when the home was purchased]".

Staff we spoke to had an understanding of mental capacity and how this affected people's ability to make decisions. We saw that consent forms had been signed either by the person themselves or their relatives and where bed rails were in use, consent to these had been obtained specifically for these.

Is the service caring?

Our findings

One person told us, "There's nothing wrong with it here". They went on to say, "I don't spend time with staff apart from one who tells me what's going on".

People and relatives told us that the home had improved since the new owners and the new manager had taken over. One person said, "It's a lot better".

When we asked staff if they would be happy for one of their relatives or friends to be cared for at Kingswood Manor, they all replied, "Yes". One staff member told us, "Yeah! There is a good team here".

We observed that the staff did take the time when they were able to stop and to chat with the people living at Kingswood Manor. One staff member told us, "I do enjoy chatting with the residents". Another staff member told us that, "When jobs are done, I chat with people. Some people like football and I have football banter with them." The staff member added that, "I have to make sure that people like a joke and not assume". One of the nurses told us, "I love to care here and I love my team".

We saw that staff were generally caring and that they mostly treated people with respect and dignity and ensured their privacy if they wanted that. An example was that we observed one person being spoken to with dignity, respect and warmth by a staff member and the manager, when this person was upset.

However we did see another person was being supported to have their lunch. The member of staff who was supporting them, talked with another staff member frequently and not to the person themselves.

We saw another person, who had been asleep in a chair, being woken up by staff, in order for them to be transferred into a wheelchair and wheeled across to the dining table for lunch. The person was roused enough to cooperate with staff to enable the transfer but the person was not given adequate time to wake up properly before joining the other diners for lunch.

During lunch, when we were conducting our SOFI, we saw that staff appeared disorganised whilst serving the meal. Staff were also very task orientated. We observed many

times when people were not listened to. One staff member walked past a table and asked, "So you all want soup?". They didn't stop or wait for any answer in return. One person asked for juice but received water.

Staff had little time to talk with people and we noticed that one person asked for something but never received it. However, after the meal was served, staff interacted more with the people in the dining room.

We asked staff, how they knew they were doing a good job. One staff member told us, "When people's families are happy". Another said, "When people tell us". One staff member described how they had been asked to help carry a few people's coffins over the years and they described this as a privilege and a sign that the families thought they did a good job caring for their loved one.

The door to the outer medication room did not have a lock. The door was also left open without staff being present in the room. Within this room were confidential records which should have been kept in a secure place. These records and files included the medication administration record (MAR) which were personalised accounts of people's medication needs and record of the administration of the drugs they required. This meant that people's confidential information was not stored appropriately.

We discussed this with the manager who instructed the maintenance crew to place a lock on the door. This had been completed by the time we finished our inspection.

We saw a file which contained notes of meetings that had been held with relatives since the new owners have taken over the home. There had been a several months gap between the first few meetings. There had been a meeting in October 2015 and it had been noted that there had been a lack of meetings because of the work being done in the house. Within the notes for this meeting was a comment that, 'All present agreed that they are happy with the care of their loved one is receiving'.

The 'general homes audit' of June 2015 had noted that, 'culture, religion and gender was not robustly covered in care plans'. However, we noted that there were people of different cultures living in the home and we saw that staff treated them with equality and that they respected any cultural differences.

Is the service caring?

We did not see any reference in the records which told us that people's independence was promoted and we did not see that any positive interaction by staff with the people they supported in this respect apart from the work of the activities coordinator.

One person who was receiving end of life care. We saw that they had the appropriate documentation in place and the end of life care plan was being followed. They had been moved to a room which was near the manager's office and the medication room which was more suitable to their needs.

Is the service responsive?

Our findings

We noted that people's choices were respected. People told us they could go out whenever they wanted.

A staff member told us, "[Name] has been recommended to have a soft diet. They have capacity to choose and make the decision and they choose to have a normal diet. The care plans have been altered to say this".

One staff member told us that nurses organised the care plans and the support workers had information from the nurses. They described how they met regularly with the nurses to discuss people's particular needs. One of the nurses described the pre admission process, telling us that the questions they ask are, "Are we able to meet their needs?", "Do we have the right equipment?" and they told us, "If we haven't got it we can't support them".

Person centred care recording was variable and a consistent approach had not been adopted. Some of the care files we saw contained a lot of information about the individual person. However a lot of the care files we saw did not contain a photograph of the person they were about, although they did have people's emergency contacts recorded. Because of the design and use of the records, it was difficult to get a sense that they were actually person centred. An example was that each identified care need within the care plan was given a standard review date of one month rather than personal and individualised review dates. Some individualised comments recorded in the care files were, 'Feels safe in bed knowing they are in place' about the bed rails they had and another care file recorded that the person, 'Likes to go out shopping and go to the pub'.

We were told that there was a 'resident of the day'. This person would be discussed and reviewed by the staff. We did not see evidence of this. The general homes audit of June 2015 had noted that, 'person centred planning was not delivered'.

When we looked at the care files and pressure care charts, we were concerned because some important information was not being recorded in these appropriately. An example was that one person's care plan had been reviewed in February 2015 but subsequently at some point they had developed a pressure ulcer. We had not found this

information in the care file. When we discussed this with the manager, she told us that there was another file which was kept separate from the main care file. This system required staff to cross-reference information in both files.

We were told by staff that one person had an indwelling urinary catheter, but did not have a catheter care plan within their care file. Staff said they would address this immediately.

The manager told us that a new daily observation chart was being trialled and saw a copy of this. The manager said this was to try and achieve consistency in nursing and support staff's recording.

People were able to personalise their own bedrooms and in many cases chose to have them redecorated as the opportunity arose. One person told us that they had been able to bring their fish tank into the home and it was now placed in the main reception area where they could see it each day.

There was a full-time activities coordinator employed for the home. On the first day of our inspection, we were met by 'Elvis'. This performance artist impersonated Elvis and entertained people who lived in the home and we saw that a lot of people appeared to enjoy the entertainment.

On the second day, a celebration of remembrance was held. We saw that great efforts had been made to transform the lounge into a street party scene and that people and staff had 'dressed up', accordingly. The chef had provided refreshments, an entertainer provided music and singing and generally everybody appeared to have a good time with most people joining in to the singing or obviously enjoying it. Visitors were included and equally appeared to enjoy themselves.

Other activities that people were able to do throughout the week included going to the shops and to the pubs, hairdressing, games and outings. One staff member told us that those people who had wanted to go, had enjoyed a recent trip in a mini bus to Blackpool, to see 'the lights'. They told us that, "Things like that haven't happened in a long time", adding that people generally were doing a lot more.

We saw that there was a complaints policy but did not see this displayed anywhere in the home. The manager told us it was available in a small file which was attached to a wall in the reception area. This file was not very obvious. This

Is the service responsive?

was a concern as when we spoke to people and their relatives, they did voice some concerns on the day of the inspection. When we spoke with the manager and they told us they were not aware of these concerns. This demonstrated that there was no readily available or publicised process in place for people to raise concerns.

One staff member told us how they had emailed the provider with a concern and hadn't expected a response. They were happy when they got a reply and how the matter was dealt with. Another staff member told us the providers were, "Genuinely interested in people's lives".

Is the service well-led?

Our findings

When we spoke with staff they told us that the recent change in management was a positive move. One staff member told us the manager, “Is reassuring to staff and listens to people, she’s really caring”. Another staff member told us that the manager, “Does take time to know the residents”. Another told us the manager, “Always says ‘thank you’ after something is done”. One staff member, who had worked at the home for fifteen years, said “Staff morale is now better’.

The current manager of the home was not registered with the CQC at the time of our inspection. They told us that they had completed the application for registration and were awaiting the outcome.

The manager, the operations manager and the quality manager were very frank about the work that they had to do to bring their home up to a good standard. They were open and transparent and recognised that the home needed to improve and that they were committed to the work required. A staff member told us, “I can only praise the new owners for what they are doing”.

The manager told us that there was a sister home on the same site, which they were also responsible for managing. This caused us to be concerned because the provider had identified that this home also had to make improvements. This meant that the manager had to split their time between the two homes and we discussed whether there was adequate time to devote to managing both homes and in particular, Kingswood Manor in view of the problems we saw and highlighted .

The staff told us about the new manager’s methods for sharing information, in particular the procedure of holding a meeting every day at 10am chaired by the manager or deputy manager. This was attended by at least one carer, a nurse, one of the administration staff and a maintenance person. In this meeting staff were asked their views on the people using the service and used this information to set the priorities for the day. Staff told us that they viewed this as a positive move in helping them in their roles.

We raised concerns about the security of records in the home and the inconsistent recording of issues relating to care records and fire safety check records. We were also concerned that although audits had been completed, they

did not reflect what had actually happened or had not actually addressed the issues which had been found by them and which we had identified during the course of our inspection.

An example was that when we discussed the medication audit with the manager and the quality manager, they reported that the last medication audit report had concluded with the outcome of ‘no issues’. On discussing this and the errors we had found, they told us that they felt that this issue required a full internal investigation. Another example was that people’s PEG care had been incompletely recorded. Also, a further example was that as previously mentioned, we had found that there were multiple errors in the MAR sheets. We also discussed that these medication errors should have been notified to the local authority and CQC.

We were concerned that the manager was unaware of some of the failings we identified, until the day of inspection. The manager told us that the home’s deputy manager had responsibility for many of the audits. Although the manager had delegated these responsibilities to the deputy manager of the home, it was still the manager who was actually overall responsible for the home with the provider ultimately responsible.

The home had policies which were related to the running of the home. Several of these policies were out of date and inadequate. One example was that we were told that the home’s medication policy was being reviewed. We saw that that the current policy referred, very briefly, to controlled drugs. We were told that this would be addressed in the review. Another example was that the infection control audit of over a year previous had not been either reviewed, actioned or that a further infection control audit had been planned or carried out.

These are examples of breaches of Regulation 17, good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the manager at the beginning of our inspection, what they were proud of and what they thought they were doing well. The manager told us, “Lifting the standards; we’ve brought systems into place. They listed the things which had been put into place and told us, “There were no audits, no guidance, but now we have a good support network. We have regular provider meetings and a senior manager has just signed a lot of things off. The estate

Is the service well-led?

manager checks the maintenance". The manager went on to tell us, "The company are investing; we have done the lounge and we are now doing the bathrooms. As bedrooms become vacant they have been redecorated".

Overall, whilst we acknowledged that some work had been done to improve the service and that plans had been made

to ensure that the service improved and was well led, there were still improvements needed to ensure that systems and procedures were in place to provide good quality care to people who lived in the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had not taken proper steps to ensure that people who used services were provided with safe care and treatment.

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use services and others were not protected against the risks associated with lack of established systems or process's that were effectively operated to ensure compliance with the requirements.