

Kavanagh Place

Complex Needs Care Home



Enter and View Report, June 2024

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Introduction

What is an Enter and View visit?

Healthwatch Liverpool has powers to carry out what we describe as 'Enter and View' visits. These are visits to health and social care settings which help us in our role as the independent local champion for health and social care. Enter and View visits are carried out by small teams of trained members of our staff and volunteers to observe a health and social care service at work, for example at a GP practice, a care home, or a hospital. We only visit services that are publicly funded, e.g. through the NHS or via local authorities.

What happens during an Enter and View visit?

During an Enter and View visit we talk to people using the service, whether patients or residents, and to friends and relatives where appropriate. We also speak to staff to find out where they think the service is working well, and where it could be improved. We also observe the service. We write up our observations and the feedback we receive and publish it as a report. Our report is sent to the provider of the service, as well as to regulators such as the Care Quality Commission (CQC), the local authority, and NHS commissioners when appropriate.

If there are recommendations in the report, the service provider is asked for a response, which we later publish online alongside the Enter and View report.

Details of the Enter and View Visit:

Name of the service visited: Kavanagh Place Complex Needs Care Home

Address: 1 Rumney Road, Kirkdale, Liverpool, L4 1UB

Website address of Kavanagh Place: www.exemplarhc.com/care-homes/kavanagh-place

The Date and Time of the Enter and View Visit: Friday 21st June, 2:00 – 4:00pm

The names of the members of the Healthwatch Enter and View Team that undertook the visit were:

- Terry Ferguson, Engagement and Project Officer
- Claire Stevens, Engagement and Project Officer

This was an announced visit.

We would like to thank Kavanagh Place staff and residents for facilitating the visit and for taking the time to talk to us.

Why did we carry out this visit?

Enter and view visits can take place for a variety of reasons, for example to find out more about a particular service, or in response to public feedback.

The Enter and View visit to Kavanagh Place was to learn more about the service, and to find out from observations and speaking with people where the service appeared to be doing especially well, in addition to finding out if any improvements could be made. The visit was not in response to any prior feedback or concerns identified relating to the quality of this service.

Safeguarding

Healthwatch Liverpool Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies, and the Local Authority will be notified on the same day as the Enter and View visit.

There were no safeguarding concerns identified during this Enter and View visit.

About the Service

Background

Kavanagh Place is a specialist care home for adults living with complex needs. It supports adults living with complex mental health needs, physical disabilities and dementia, including people living with degenerative or life-limiting illnesses. e.g. Huntington's and brain injuries. Some of the residents have a learning disability as a secondary diagnosis.

The home has 42 bed capacity and 40 people were in residence at the time of our visit. The home includes 4 units. Abbey Road is male only; Penny Lane is largely for female residents but 2 non-mobile males were also living there when we visited. Strawberry Fields is the dementia unit, and Mathew Street is tailored towards people with Huntington's Disease although 2 non-Huntington's residents were also living there.

Kavanagh Place is run by Exemplar Health Care.

Discussion with the manager

When we arrived at Kavanagh Place we were met by staff and asked to sign in digitally. We met with Sarah Mckee (Interim Home Manager) who had worked at Kavanagh place for 8 weeks but normally works at another site on the Wirral. We also met with Debbie Tinnion (Clinical Manager) who had been in post for 8 months.

The home has links with Liverpool John Moores University and Edge Hill University (during our visit a Nursing Student from Edge Hill was present. She was doing her placement at the home and was starting a project to improve Easy Read materials, including Easy Read care plans.

Accessible menus and signage are in use across the care home (we were shown an accessible menu). Some patients already have 'This Is Me' style health/care passports.

Staffing

Kavanagh Place employs 157 staff in total and was fully staffed at the time of the visit. Management reported no difficulty in attracting staff and have regular recruitment drives. No staff had left in the current quarter, and they had recently taken on 12 new staff members. 3 were due to start work the following week.

Management felt that the staffing to resident's ratio is good and helps with retention of staff. Some staff had been in post for up to 15 years.

The turnover of staff is relatively slow, and the use of agency staff is generally very limited, except to cover nurses' annual leave. For instance, agency nurses are block booked for 6 days a week over the Christmas period.

Management work hard to support staff wellbeing, including regular Wellbeing Wednesdays and staff breakfasts (including night staff). Staff nominate each other via an app for Employee of the Month awards, and there was a recent Pizza Night for the team doing best with their e-learning skills.

Staff are encouraged to participate in training and apprenticeships, including sexuality and intimacy training. All complete a Care Certificate as part of their induction.

Staff have a Buddy system to support new colleagues, and this is incentivised to encourage staff to take on the role.

There is a Huntington's specialist nurse who works across the company. They are also in contact with the Huntington's Disease Association.

Relationships with GP/Pharmacy/Dentists

The home mainly uses Westminster Medical Centre GP practice but not all residents are registered there, some prefer to remain with their own GP. At the time of our visit approximately 32 of the 40 residents were registered with Westminster. Managers would ideally like GPs to conduct a weekly 'ward round' which they have seen in other care homes, but Westminster does not provide this service.

Kavanagh Place has a positive relationship with Shiel Road Dental Practice. Dentists see residents regularly and will even come out to do home visits. Dental care is described as not being an issue. The specialist dental service is described as brilliant "we have had residents where we thought there was no way to get them to have a scan, but they do."

Staff described their 'Mouthcare Matters' approach to dental care with charts listing dental care for each resident filled in morning and night and residents given a new toothbrush every 4 weeks.

Working relationships with hospitals and trusts

There are bi-weekly Multi-Disciplinary Team (MDT) meetings with the North Liverpool Partnership to discuss e.g. medication issues and safeguarding concerns. This is the closest thing to a ward round that is available and provides access to social workers, a Learning Disability (LD) Community Nurse, physiotherapists, speech and language therapy (SALT) staff and a dietician. This is described as a positive as wait times for NHS services are very long. However, no GPs are involved.

Hospital discharges can sometimes be difficult. At the time of our visit a safeguarding issue was due to be raised with Liverpool University Hospitals NHS Foundation Trust (LUHFT). The resident in question was diagnosed with a heart condition whilst at Aintree but as this was not communicated to the care home, and no medication was provided on discharge the resident missed two days of the medication and this was only picked up when the GP opened the discharge summary.

Residents coming back without their DNAR forms was described as a regular occurrence.

Visitation and Activities

The care home encourages visiting whenever families and friends want, within reason. Mealtimes are protected as far as possible. Some residents have overnight stays and

multi-day leave from the care home. They often have birthday parties or other celebrations in the home for residents and relatives as it makes it easier for all concerned.

There is a large activities room on site as well as a sensory room next door.

Visitors/activities include sensory reminiscing and Animal Safari where they receive education about animals, and this always goes down well. Residents also attend activities at two local churches. They try to get people out and about as much as they can to help with normality and offer more choice. Friday is pub day for those who want to go.

“Wetherspoons and The Medlock are good with the residents and make good allowances for them.”

Managers described getting good feedback recently about how skilfully staff were able to deescalate a situation with a resident.

On the day of our visit residents had been taken to Crosby Marina using public transport. The return was complicated by the lifts being out of service in Kirkdale station and so the group had to go to a further station for the trip home. Escalators are currently not working in Moorfields station either inside or out at this time.

They have four Activities Coordinators, and the Physio also takes a lead in activities. They try to create activities that encourage “meaningful activation”. Activities focus on general and physical health and where possible residents are taken into the community for these activities.

Staff advised that they have a good relationship with Liverpool FC and Everton in the Community. They said that LFC recently provided tickets to residents, staff and family members and Everton donated a lot of football kits for residents. There are weekly bingo tournaments held at the stadiums.

Some residents attend Brain Charity events and management describes staff as taking a proactive approach to linking with other organisations.

Meals and food

Catering and menus are overseen by a chef, cook, catering manager and catering assistants. The chef had been training recently recruited staff. The menu is discussed and updated every 12 weeks – with input from residents and families – but can also be adjusted in between. The home is trying to include more healthy choices across the menu, and improved pudding choices for residents with Huntington’s.

No residents currently had religious dietary needs, but they can and have met needs for cultural diets. They have one vegetarian resident and multiple residents requiring thickened/pureed food or other diets for medical needs.

Menus are Easy Read and include both words and pictures to meet as many residents’ needs as possible.

Staff advised they have snack trolleys and on hot days they have ice cream trolleys.

A Food Hygiene certificate was on display, showing the standard to be 5 (Very Good).

The kitchen had an outside call bell for staff to make themselves known to prevent unnecessary coming and going and reduce cross-contamination.

Residents

Residents are often referred from social care services. On the day of our visit there were 16 residents funded by social services, 24 that were Continuing Healthcare (CHC) funded and a few paying top-up fees.

Regarding communication needs, all residents have communication care plans in place. Nobody was using digital assistive technology, although staff were looking at how best to use technology to assist some residents, and some residents did use Augmentative and Alternative Communication (AAC), picture boards and cards. All residents are assessed thoroughly before they move in, and their likes and dislikes are discussed to ensure that they will fit with the home's community. The therapy team also complete an assessment and draw up individual plans. The resident's current GP also provides a summary.

Residents' interests and needs are established during their initial assessment, which can take place in a variety of settings. Staff meet them to establish their likes and dislikes, wants needs and also to make sure the resident will fit into the existing group of people in the care home. Managers said staff also speak to the family, the potential residents wider therapy team and request a patient summary from their GP.

Staff said that individualizing residents' rooms helps with settling in and they encourage family and friends to have input where appropriate. This can include wallpaper and or colours.

Two residents act as spokespeople for their fellow residents, and they attend the regional Service User Council as well as in-house family and residents' meetings. We spoke with one of the spokespeople, Resident A, who was watching her TV when she invited us into her room to see how it had been decorated to her taste. The room was generally in good condition with lots of family photographs and personal items, including certificates/awards for her work as a spokesperson. However, her chest of drawers was missing the front of one drawer.

We also had brief looks at rooms belonging to Resident B which had been freshly wallpapered the previous day, and Resident C, a resident who was due to have his room colours muted due to the overstimulation effects of the existing colours.

There are no particular items that go missing regularly and knowing the residents and understanding which residents may be more at risk of misplacing items helps to keep this from happening (another benefit of permanent staff over agency).

Smokers have access to a smoking area with large ashtrays and a new bandstand shelter was ready to be installed by maintenance staff. This is wheelchair accessible. Some residents can smoke as they please whilst some need one-to-one support and can be given smoking aprons to protect them and their clothes. Residents do need to get a lighter from staff and give it back for safety.

Observations

Observations on arrival

The external entrance was well maintained and looked pleasant with hanging baskets of flowers on display as well as maintained trees, bushes and plants. There was an external bench for staff, residents and family to use at the front which was installed following a request from staff.

Upon arrival at Kavanagh Place, we were met by the manager Sarah McKee. The entrance had a digital sign-in and out service and our identities were checked. This also has a function for staff on clocking out to record their feelings. The ratings have recently increased from 74% to 84%, according to data displayed on the walls. There were signs up for podiatry/monthly barbershops/hairdresser every 4 weeks and the family survey results.

The reception area was decorated with a football theme to tie in with the Euros tournament which was happening when we visited. We also saw rainbow flags to mark Pride month. There were notice boards displaying e.g. feedback from family members, information about a service users' meeting and information about complaints and compliments. Care Quality Commission (CQC) information about the home, including service user survey results was also available. A range of other useful information and leaflets were on display, but the Service User Guide was currently being translated into Easy Read format so was not on public display.

Observations of the building and facilities

We were shown around the home by Sarah McKee and Debbie Tinnion.

Corridors and shared areas

In a corridor we saw a Governance notice board, and some 'You Said, We Did' information which we also saw elsewhere on the premises. Requests that had been acted upon included: putting a bench outside, improvements to the sensory room, Infection Control boards on display, the introduction of bike parking. We also heard that there is a weekly Concerns Group for staff to raise issues with management. We saw data showing that 84% of staff are 'Happy' at work, which represents an increase on previous months.

There were boards including staff feedback, CQC information and safeguarding and complaints policies.

There was further complaints information including the Manager's email address for people to contact and also information on contacting Liverpool City Council (LCC).

More notices included information on audits and actions, lessons learned, improvement and complaints and compliments. There is a See-Hear initiative to encourage staff to

Speak up. There were the results of a colleague survey and staffing levels were listed. Management advised they focus a lot on maintaining staff wellbeing.

All the communal areas seemed to have the same grey wood effect linoleum floors. Staff advised some of this would be getting replaced as it was looking worn and scuffed from foot traffic and wheelchairs. We saw no flooring that looked like a trip hazard.

Walls in some areas were relatively bare and not as personalised as others but staff advised they have recently been redecorating and painting and this is why. They said they had ordered a lot of frames for pictures to be put up (these were later shown to us). Doors leading to stairways were locked with keypads to prevent residents accessing them.

Staff advised they have regular drills for fire safety and weekly test of the alarm during the day. They mostly do drills because of the complexity of the residents' conditions and to prevent upsetting and alarming them unnecessarily.

Staff facilities

Staff have changing rooms. The staff room is a reasonable size and has a kitchenette and sofa. However, given that so many staff work at the home it is not a particularly spacious facility. Managers acknowledged this but said that many staff live locally and choose to go home during their lunch breaks.

Residents' rooms

Some doors are personalised.

One resident had an extensive tea set on display in their room. Staff advised residents can decorate their rooms to their own personal tastes.

One resident had new wallpaper that had been put up in their room and their own TV. There were pictures on the wall of family and friends.

Mental Health

Mental health and health promotion boards were on display in the corridors. There is information on further training for staff and staff are trained for a care certificate as part of their training. Staff are trying to create Easy Read versions of these mental health leaflets as they come from other organisations that are targeted at more neurotypical clientele.

Assisted bathroom

The bathroom had an accessible bath, sensory lights, facilities for music to be played and was very spacious. It had an Easy Read sign outside and looked smart inside due to the tiling. However, the toilet seat was broken and came away when staff closed it.

Abbey Road Unit

This is a male unit with 10 residents. We saw a games room with a pool table, overlooking the outdoor area which was also used by residents in other units. There was a comfortable chair and fridge in the room.

Furniture in the unit was due to be replaced in July (the following month). There were two lounges, one was for people wishing to be quiet, the other was noisier and also served as a cinema room. We were told that residents have a say about how the unit is decorated, including the pictures on display, and had been involved in the choice of new furniture.

We saw the menu in the kitchen/dining area and noted that residents' birthdays were listed. We also saw an Infection Control Board. This area had large windows to let in natural light, a large notice board with information for staff and reminders regarding residents' meals. Staff advised that residents preferred to eat in their rooms or in the lounges and this is their choice. The kitchen also had all equipment needed for residents to make their own meals; cooker, fridge microwave blender etc.

The unit had an Activities Board listing activities every morning, afternoon and evening throughout the week. Pictures representing the activities were also shown for those who preferred this method of communication.

Penny Lane Unit

This unit was largely for female residents although two non-mobile males were also currently housed there. We were told that nobody was allowed off the unit without an accompanying staff member.

This unit was similar to the previous one with a kitchen/dining area and two lounges – one of which was possibly due to be turned into a salon.

A Health Promotion board included information about menopause, bowel screening, and the Samaritans.

Staff advised that downstairs units are not mixed due to challenging residents. The units doors are kept locked.

Strawberry Fields Unit

This is a Dementia Unit, similar in layout to the other units, with good clear signage/pictures and contrasting colours. New notice/activity boards were on display but not yet in full use as only recently installed.

The lounge has a big TV, couches and window but there did not seem to be much decoration or material for stimulation (this might be because of residents' needs/preferences, we did not manage to ask). There were specialist chairs for residents to keep them comfortable.

The dining room had a large window with a large painting on the wall. There were some other pictures on display, but it did feel a little sparse. However, we noted that new framed pictures were in the process of being hung throughout the home.

The furniture in the sitting rooms looked older. The rails were painted in a lighter contrasting green colour to the darker green walls which according to staff was done to meet dementia guidelines on best practice.

Mathew Street Unit

This unit is specifically tailored to residents with Huntington's Disease. There was a new Easy Read board in the corridor listing activities for the week featuring pictures as well

as words (this was filled in all the way for mornings, afternoons and evenings and was in full use).

The dining room is larger than on the other units with more decorations and more pictures. The cupboards in this room look more homely than the others and the large windows gave the room a nice airy feel. There was a radio playing in the room at an appropriate volume.

The living room had a large TV and the same comfortable but worn looking sofas. There were no CDs/DVDs or books on display. We asked staff if these were available and they advised that most residents used their smart televisions in rooms to access media. They advised that books could be sourced from the community library which was described positively.

Physio Room

This room was well equipped and maintained. Hydrotherapy is also offered off the premises. The home has a minibus (with two named drivers) to transport residents to activities and treatment, but staff will also accompany residents on public transport.

Equipment included transfer bards/mirrors. Th room was unlocked when we went in but a physio popped in halfway through our viewing.

Garden

The garden has patio furniture, grassy areas and a smoking area.

Observations of the kitchen and catering area

We did not enter the kitchen for health and safety reasons and cannot comment on it. We did not enter the kitchen for health and safety reasons and cannot comment on it. There was a button for staff to ring to contact the kitchen outside rather than going in to prevent cross-contamination which seemed like excellent practice.

Observation of activities

Activity Hub

This large room is available to all residents and has lots of large windows creating a well-lit area. The linoleum floor is in good condition and there is much more decoration in this room and pictures of activities on the walls. There is a staff area in the corner that they are looking at separating into an office. Activities available in this room include arts and crafts and karaoke.

We met the Activities Co-Ordinator who had been on a trip to Crosby Marina with residents using public transport, as mentioned above.

There is a mobile sensory trolley with sensory equipment so residents can enjoy this in other environments.

Staff advised they have ordered a Tiny Tablet which is a larger iPad style tablet that functions as a portable table. One of the planned uses is for reminisce exercises showing maps, pictures and locations.

Staff advised they are trying to create a sensory garden as well and this equipment is on order.

Observations of the how Kavanagh Place engages with friends, family and residents.

We did not directly observe staff engaging with family or friends of residents, but we did see positive feedback from relatives posted on display boards.

Staff engagement with residents seemed very positive. Staff were on hand in lounge areas and interacted well with residents in all areas. We did not observe anything that gave us cause for concern.

Feedback from residents, relatives, and staff.

Healthwatch spoke with 4 staff and 3 residents on site



"I requested to come here on placement. The staff are lovely."



Student Nurse

Personal story: Resident



"This is my forever home"

Feedback from resident

"I'm dead happy here. It's fine. It's my forever home. The staff are great, Denise is lovely. I have my room looking as I want it. My husband dies last year but I've settled in and made friends here. My sons come to visit when they can. Last year we went to Prestatyn, we do loads as a family."



Summary and recommendations

Summary

Kavanagh Place appeared clean and well maintained with recent efforts clearly being made to make it feel more homely, personalised and cheerful. The outdoor areas and dining areas were reasonable but could perhaps have been more welcoming. The few residents we spoke to seemed happy with both the food and activities on offer, they appeared well cared for, clean and well-presented, and the new activities boards/weekly calendars of activities demonstrated the variety of activities and opportunities on offer to residents.

Overall, we observed that Kavanagh Place appears to be a warm, inviting, and well-run care home which is investing in its staff to encourage retention and commitment to the home and its residents, and which is involving residents and families in ongoing discussions about day-to-day matters and ongoing improvements.

Recommendations

We make the following recommendations in relation to Kavanagh Place:

- We are impressed by the amount of planning and work going into making then environment at Kavanagh Place more welcoming such as the new pictures art and furniture that is planned to be installed. We would like to be updated when this is in place so we can see the changes and credit the staff for the hard work.
- The Easy Read activities boards on the various units looked great and seemed like they will assist in residents being able to engage with the activities on offer. We understand that they are new features but as only one unit at the time of our visit had it updated fully, we would like to see this fantastic accessibility aide used to its full potential across the site.

Positives and good practice

We found during our visit examples of positives and good practice which included but were not limited to-

- The service seemed to be functioning smoothly with an interim manager in place and there was evidence of multiple positive changes to the environment and new plans for activities and ways of working. This reflects well on the efforts made by staff and leadership at Kavanagh Place.
- The service was linked in well with groups in the community that support their residents from The Huntington's Disease Association, The Brain Charity to local pubs where the residents can enjoy their independence. This commitment to collaboration with partnerships includes the cities universities and seems to be strengthening practice and helping facilitate new way of working.
- Staff at Kavanagh Place discussed how they work hard to get residents out and about in the community and we saw this during our visit. Residents and staff discussed their days trips to Crosby Harbour and their upcoming pub trips. Staff took residents on public transport to trips which is a great way of maintaining independence for residents who can take part in this. We also saw multiple residents in the local area being supported by staff outside of the care home.

Appendix

Healthwatch Liverpool – Powers to Enter and View Services

Healthwatch Liverpool was established under the Health and Social Care Act 2012 and came into being in April 2013. We work to give local residents a stronger voice to influence and challenge how health and social care services are provided.

We enable people to share their views and concerns about local health and social care services, helping build a picture of where services are doing well, and where they can be improved. Enter and View visits are undertaken in accordance with the remit of Healthwatch Liverpool, and assist us in carrying out our statutory functions under the Health and Social Care Act 2012.

Enter and View visits are not designed to be full inspections, audits or an investigation of the service, rather they are an opportunity for us to get a better

understanding of the service by seeing it in action and by talking to staff and service users.

We aim to identify and share good practice wherever possible. However, if during a visit we identify any aspects of a service that it has serious concerns about, then these concerns are referred to the appropriate regulator or commissioners of the service for investigation or rectification.

Any safeguarding issues identified will be referred to the Local Authority for investigation. Addressing issues of a less serious nature may be done directly with the service provider.

For more information about Healthwatch Liverpool, please visit our website www.healthwatchliverpool.co.uk or contact us using the details at the end of this report.



healthwatch

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