

Amara Homes Limited

# Kelstone Court Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Kelstone Court Nursing Home is a care home providing personal and nursing care for up to 28 people. At the time of our inspection, there were 26 people using the service. The service supports older people living with dementia and having nursing needs. The home is arranged over three floors, with the lounge being on the ground floor and shared by all people living at the home.

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

Although risks to people's safety were managed appropriately, the care records did not always reflect this support. We made a recommendation about this.

Staffing levels were adequate to ensure people's safety but limited the flexibility people had to move around the home and choice of activities. Staff felt well supported in their role but the provider had to ensure they also observed staff on the job as necessary. The home environment was not always dementia friendly. Issues we identified during the inspection had been promptly addressed by the provider.

People, their family members and healthcare professionals were happy with the care delivery and had no concerns about safety. Staff understood policies and procedures of safeguarding people and followed safe infection control practices. The provider followed robust recruitment procedures to ensure they employed suitable staff to work with people. Staff had a good understanding of the Mental Capacity Act (2005) and the support people required to make decisions and choices. People received their medicines as prescribed. Information was shared by the staff team to learn from safety alerts and incidents.

There was a stable staff team in place with shared responsibilities to support the service delivery. The registered manager had developed good relationships with people and their families which ensured that the concerns were addressed as necessary when things went wrong. The service supported people to contact the healthcare professionals when they needed. Quality assurance processes were in place to assess and monitor the care provision as necessary.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last overall rating for this service was good (published 07/08/2018).

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

### Why we inspected

This was a planned inspection based on a review of the information we held about this service and when the service was inspected last.

This was a focused inspection and the report only covers our findings in relation to the Key Questions Safe and Well-led. 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.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.  
Details are in our well-Led findings below.

**Good** ●

# Kelstone Court Nursing Home

## **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.

#### Inspection team

The inspection was carried out by two inspectors, a specialist advisor and Expert by Experience. The specialist advisor was a nurse. 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

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

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 our last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed intelligence information we held on our system including notifications about important incidents.

### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We also spoke with the registered manager and nine staff members, including nurses, care assistants and activities co-ordinator. Where people had limited verbal communication, we observed their interactions with support staff.

We reviewed a range of records. This included people's care records, medicines management procedures and staff files in relation to recruitment data. A variety of records relating to the management of the service, including audits and policies were also reviewed.

We contacted four healthcare professionals to find out their experiences of working with this provider.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Assessing risk, safety monitoring and management

- People received the care that they needed to ensure their wellbeing.
- People felt they were well looked after by the staff who knew them well. One person said, "I think we are all well looked after. I see how others are cared for while sitting here... Some [staff] have been here for years so I imagine they must be happy working here and they know everyone. They do chat with me and listen. I'm well cared for... It's perfect here. Nothing else is needed."
- Healthcare professionals told us that risks were managed appropriately, with one of them commenting, "Staff here are very good at picking up any potential issues."
- However, people's care records did not always contain appropriate risk assessments to guide staff on how to manage potential risks to people's safety. Although people had recently been seen by the dentist, their care plans did not include an oral health assessment. We saw one person who had difficulties swallowing food being appropriately supported and professional visits were arranged by the service as required but the risk management plan had not been updated to reflect the care provided. Risks in relation to people's mental health, falls and open access to staircase were also not always appropriately assessed.
- Fire drills and fire safety equipment checks were completed and staff were aware of the procedure they had to follow should the fire alarm went off. However, the fire folder was not updated with information about people being admitted to hospital to ensure that up to date information was always available should there be a fire in the home.
- The provider was keen to improve the service where there were recognised shortfalls. Any areas of concern identified during the inspection were promptly addressed by the registered manager to ensure best practice.

We recommend the provider review their guidance to make sure their records were up to date and reflected the support people required to ensure continuity of care delivery.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- MCA principles were followed by staff making sure they enabled people to make day to day decisions. Staff's comments included, "People with dementia can lack capacity and we work in their best interests to protect them. We help residents to make choices, like choosing clothes, what to eat or drink. We give them options."
- Where people didn't have capacity to understand and make decisions about safety risks, their rights were safeguarded by appropriate use of the Deprivation of Liberty Safeguards.

#### Staffing and recruitment

- Staffing levels ensured safe care delivery but were not always flexible to support people's choices and leisure activities.
- People, their family members and healthcare professionals felt that there was enough staff to ensure safe care. One person told us, "There are plenty of people around- there is always someone to help you if you need it." A family member said, "All I can say is, they are organised and you never feel that there aren't enough staff around, although I'm sure there are days when they are short of staff. I visit every day."
- However, we found that staffing levels required reviewing making sure people had more freedom to move around the home and engage in activities should they wished to.
- During our visit we noticed there was enough staff to support people in the shared lounge where they stayed most of the day and had their meals and daily activities. However, we questioned if staffing levels were adequate should people wanted to spend time in their bedrooms. Some people told us, "I do sometimes go back to my room in the day but [staff] don't like you to stay upstairs for too long. Someone will come to find you to bring you back downstairs" and "They like us to stay where we are." We also noticed that there were no rails and lights on in the hallways leading to bedrooms to encourage people to move around the home independently.
- We also found that one activities co-ordinator was working during the week and other staff had to cover activities during the weekends. However, based on our observations and conversations with staff we were not assured that the level of activities was appropriate to the needs of people living at the home and that the weekend activities were taking place as suggested. People also said, "I can't think what we do here. I'm not sure if we do anything" and "We don't do much at all." A family member said, "This is one of my gripes. There are no activities... When [activities co-ordinator] was away on holiday for a few weeks nothing happened at all."
- This was discussed with the registered manager who promptly sent us an action plan addressing our findings. We will check their progress at our next planned inspection.

- Staff were required to undertake pre-employment checks before they started working with people. This included references and Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Systems and processes to safeguard people from the risk of abuse

- The service helped keep people safe from avoidable harm.
- People felt that the support provided was safe, with one person telling us, "I really like it here. I feel safe and secure. There's always a carer around - you're never alone here." Family members said, "Being safe is one of the positives about this place. [People] are safe" and "I'm so thankful that [my relative] is here. Yes! It is a safe space. I wouldn't allow [my relative] to live here if it wasn't safe."
- Staff understood what constituted abuse and told us what they would do if they suspected abuse. One member of staff said, "Abuse can be physical, like bruising. I would report it to the manager or I would follow the whistleblowing policy and go higher."



- Although the space was limited at the home, people were able to move around using walking aids and wheelchairs which ensured safe mobility.
- Systems were in place for monitoring and actioning any safeguarding concerns received.

#### Using medicines safely

- People's medicines were administered safely and securely stored.
- Medicine Administration Record (MAR) charts were properly completed and were easy to follow.
- People's medicines were stored in lockable cabinets and only authorised staff had access to the medicines.
- Medicines were managed by staff who had received the relevant training and underwent annual assessments of their competency. We saw staff being patient and kind during the medicines administration.

#### Preventing and controlling infection

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The incident and accident procedure was followed by the staff team to mitigate the risk of future occurrences.
- Records showed that incidents were appropriately recorded and the necessary action was taken to protect people, for example in the event of a medical emergency.
- Lessons learnt were discussed with the staff team to learn from safety alerts and incidents. One staff member told us, "Every time the [registered] manager calls the GP, he knows exactly what he needs and gives us an excellent account of the issue."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care

- People's wellbeing was prioritised to enable them to flourish.
- People felt respected by staff and the care provided to them was dignified. One person told us, "[Staff] are very kind towards me. They use my name." A healthcare professional said, "All staff appear kind, caring and responsive..." Staff's comments included, "When doing personal care, I ask permission before touching the resident. Everything is done behind the closed doors."
- We observed staff joking and patiently interacting with people. A family member said, "There are staff here who shine out. [Name of a staff member] in particular interacts well with my [relative]. She knows how to have a laugh with them and gets their humour."
- Staff were aware of people's cultural needs, life histories and told us how they used this to inform care. For example, they said one person used to like to stay fit and we saw this person being encouraged to exercise on the day of the visit.
- People were happy with the food provided, with one person telling us, "The food is very, very good. There's a choice and plenty of it. I'm never hungry."
- However, the home environment was not always dementia friendly. There was a limited use of pictorial signage and memory boxes that aid orientation. The decoration of the home had not always promoted people's individuality and interests. We also identified some maintenance issues, such as a radiator cover requiring repairs. We discussed this with the provider and they took immediate action to address these concerns. We will check their progress at our next planned inspection.

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

- There was good leadership which ensured quality support and compliance with regulatory and legislative requirements.
- People and their family members described the registered manager as, "a very friendly man", "easy to deal with" and "a good example".
- Healthcare professionals told us that the management of the service was, "Excellent... [The registered manager] is readily available, very knowledgeable about all residents and access to records is never a problem."
- Staff told us how the team worked together to ensure effective care delivery. Comments included, "No difference between us, nurses and management, we all work together" and "[The registered manager] is very good. Top class. He is everything... Always hands full. He says just come and get me any time. I never met anyone like him."

- Systems were in place to support staff on the job. Regular supervisions and appraisals were carried out to discuss staff's performance on the job and any concerns they had about the care delivery. Although there were no formal spot checks carried out to observe staff undertaking tasks, the provider had immediately addressed this concern after we discussed this with them.

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

- Staff encouraged people's involvement to inform improvements to the service.
- People and their family members felt supported to raise their concerns when they had any. One person told us, "If I wasn't happy about something I'd say something and I'd see whoever was in-charge on the day." A family member said, "If there were any problems I'd go to the [registered manager], he deals with everything."

Continuous learning and improving care; Duty of Candour

- Quality assurance processes were in place to inform improvements to the service.
- There were checks of medicines, staff files and health and safety to identify any concerns and address shortfalls as necessary.
- The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment. During the inspection, the registered manager applied duty of candour where appropriate. They suitably supported the inspection team and honestly shared information with us in relation to challenges they were facing.

Working in partnership with others

- The service worked well in partnership with health and social care organisations to improve people's wellbeing.
- Healthcare professionals told us they had good working arrangements with the service, with one of them telling us, "[Staff] always follow instructions and guidance. This is one of the best homes we have and every [healthcare professional] in my practice loves this home. They respond to care needs very quick and I think the care here is excellent."
- Records showed that people received regular check-ups and were referred to specialists as necessary, including speech and language therapists, dieticians and dentists.