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Kensington Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Kensington Lodge is a residential care home providing personal care for 16 older people, the majority of whom had a diagnosis of dementia. The service can support up to 18 people in one adapted building.

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

Staff were not following government guidance in all aspects of infection prevention and control. Staff were not wearing masks when working or supporting people in communal areas of the home. This put people at risk of infection.

The date of opening was not recorded on some medicines, so it was not clear when some topical creams or suspensions had started to be used. The temperature inside the medicines trolley was not monitored to ensure medicines were stored within safe limits. We found some confidential information had been left in a communal lounge. Records relating to people's food and fluid consumption were not accurately maintained. Audits were generally effective in monitoring and measuring the care people received and the service overall. However, they had not identified all the issues found at this inspection.

These issues were addressed during the inspection. The manager confirmed by email to us what actions they had taken to tackle the concerns after the inspection.

There were sufficient staff to keep people safe. New staff were recruited safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were comfortable in the company of staff who were kind and caring in their approach. People were encouraged to be involved in all aspects of their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 August 2019).

Why we inspected

The inspection was prompted in part due to a concern we had received about infection prevention and control. A decision was made for us to inspect and examine the risks. When we arrived at the home we found that staff were not wearing masks when walking around the home or in communal areas.

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.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this full report. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection. We discussed the issues that were of concern during the inspection, and the provider has taken steps to address these. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kensington Lodge on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Kensington Lodge

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Kensington Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service which included a concern raised. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the manager, the provider's operations manager and a senior care assistant. Many people found it difficult to engage in meaningful conversation, so we observed the lunchtime experience, and the interactions between people and staff.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies relating to admissions, COVID-19 contingency planning and risk assessments, staff rotas, incidents and accidents, and staff meeting records.

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 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.

Preventing and controlling infection; Using medicines safely

- The inspection was prompted due to concerns raised by healthcare professionals in relation to the management of the risk of infection.
- We were somewhat assured that the provider was using PPE effectively and safely. However, government guidance was not always adhered to with regard to infection prevention and control.
- When we arrived at the home, a staff member opened the door to us; they were not wearing a mask. Other members of staff working in communal areas where people were present were not wearing masks. This put people and staff at risk of infection. We discussed this issue with the management team who took immediate action. Staff members present in communal areas were then seen to wear masks and, when delivering personal care to people, wore disposable aprons and gloves. After the inspection, the manager told us they had communicated with all staff about the need to wear masks around the home.
- Some aspects of medicines management were in need of improvement.
- Some medicines such as oral suspensions and topical creams had been opened, but the date they had been opened was not recorded on the medicine itself. Certain medicines have a limited shelf-life and need to be used within a stipulated timeframe or disposed of. The provider could not be assured that such medicines were managed safely.
- The temperature of stocks of medicines kept securely in a cupboard was recorded daily. However, the temperature within the medicines trolley was not monitored. We saw a particular medicine in the trolley that could deteriorate quickly if not stored continuously at less than 25 degrees Celsius.
- During the inspection, the above issues were addressed. We received a confirmation email from the manager which stated that all staff now understood the need to wear masks as a minimum in communal areas. A thermometer was purchased and placed in the medicines trolley, with a daily record of readings to be completed. A system to record the date of opening of medicines was implemented and would be reviewed at the start of each new cycle when medicines were received.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

- We observed medicines being administered to people during the morning. The member of staff sanitised their hands between handling each person's medicines, and people received their medicines as prescribed.
- All other aspects of medicines were managed safely.

Systems and processes to safeguard people from the risk of abuse

- Systems were effective to protect people from the risk of abuse.
- Staff had completed safeguarding training. One staff member explained, "We do have to protect people and make sure they're safe. There are different types of abuse like physical, verbal, emotional, financial and sexual. If I had any concerns, I would report it to the manager. She could also go to [named operations manager] or the owners of the home".
- The manager demonstrated a clear understanding of what constituted abuse, and what actions they would take with regard to any cases of abuse or alleged abuse.

Assessing risk, safety monitoring and management

- Risks were identified, assessed and managed safely.
- We reviewed risk assessments in people's care plans relating to weight monitoring, moving and handling, nutrition and in respect of particular health conditions, such as diabetes.
- We spoke with the chef who demonstrated a clear understanding of people's dietary needs. For example, where people were underweight, or at high risk of losing weight, they were given food that was fortified with cream and butter. We observed that people living with diabetes were provided with low-carbohydrate choices. One person who had difficulties with swallowing was given a soft diet, in line with a speech and language therapist's recommendations.
- Environmental risks had been identified and records documented these, including evacuation plans for people in the event of an emergency.

Staffing and recruitment

- There were sufficient staff on duty to meet people's needs.
- Staff acted promptly when people needed support. One staff member told us, "We do have enough staff. There was a shortage but that was covered by agency and we're back to normal now". Agency staff were rarely used.
- New staff were recruited safely. We looked at the recruitment record for one member of staff. A Disclosure and Barring check, which related to the person's character and whether there was any criminal record, had been completed. Their employment history had been verified and two references were obtained.

Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- Accidents and incidents were recorded, analysed and used for reflective learning. Staff meetings provided opportunities for staff to discuss any concerns, to make suggestions and improve working practices.

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 deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Confidential information including documents and files had been left in an open box in the quiet lounge. Medication administration records and a drugs register which contained personal information about people had not been stored securely.
- Information relating to some people's food and fluid consumption was incomplete. For example, there was no information on what people's recommended daily intake would be to maintain good hydration. One person's fluid charts showed they had drank only 50ml plus a 'few sips' on one day, 420ml the next, and 180ml plus a few sips on the third day. The average intake for men is around 2,500ml and 2,000ml for women. We showed this person's charts to the manager who agreed the information recorded was of concern. However, there was no impact or risk to the person's health, and it was concluded that staff had failed to ensure the fluids the person had actually consumed had been recorded.
- There had been a lack of management oversight as to whether staff were adhering to government guidance regarding the use of personal protective equipment. The issues we found with temperature monitoring of some medicines and dates of opening had not been identified by the provider's auditing systems.

The provider had failed to maintain records securely. Records relating to risk management contained incomplete information and were not maintained accurately. Issues found at inspection had not been identified through the provider's audits. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During and after the inspection, we received assurances from the manager with regard to the issues raised above.
- Confidential information was removed from the communal area during the inspection.
- The manager reviewed the need for monitoring people's food and fluid consumption where it was assessed they were not at particular risk of malnutrition or dehydration. The lack of recording the exact amounts people consumed was because staff did not always remember to write down every time a person had a drink, for example.
- These issues were addressed promptly and had no impact on people.
- Apart from the concerns we identified at inspection, audits for monitoring and measuring the service overall were effective overall. We reviewed audits for health and safety, premises and equipment checks, and cleaning schedules. Care plans were reviewed, and when a person's needs changed, were updated and

amended.

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

- We observed people receiving care from staff that was personalised to meet their needs. People were comfortable in the company of staff. However, we saw a member of staff apply topical cream to one person's legs in the conservatory. The person had their trouser legs rolled up as the staff member administered the cream. There was no privacy for the person and the manner in which the staff member treated them was not dignified. This is an area in need of improvement.
- After the inspection, the staff member who administered the topical cream was reminded by the manager about the importance of dignity and respect, and to use a screen to maintain the privacy of the person, or support them to the bathroom or their bedroom.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had a good understanding of their responsibilities under duty of candour. They explained, "It's about being open and transparent, not hide anything. If something did happen, I would get statements. If action was needed, for example, with someone's skin care, I would be transparent with the family, do a risk assessment and get training for staff".

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

- The manager was clear about their role and responsibilities, and was supported by the operations manager. The day-to-day management of the home was overseen by the deputy manager of one of the provider's other homes in recent months, and we had been notified of these arrangements. The manager was in the process of registering with the Commission.
- Notifications which were needed to be sent to us in accordance with regulatory requirements had been received.
- Staff told us they felt supported in their work. One staff member told us the actions they could take if they had any concerns and confirmed the provider had a whistleblowing policy. The staff member added, "If I needed to report anything, I would be protected. I would go to [named manager and operations manager]".

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

- We observed staff engaging and involving people in all aspects of their care. Staff were warm in their approach with people, patient and kind. The majority of people were living with dementia and when they became upset or anxious, we saw staff supported them with empathy and understanding.
- We observed one person had refused to eat the dessert they initially accepted. Staff asked the person what they fancied eating, then went to ask the chef if they could help. We later saw the person had been offered fruit salad which they appeared to enjoy.
- Two people clearly enjoyed each other's company and were sat at the dining table long after the lunchtime meal had finished. Staff continued to offer drinks to them and ensured they were comfortable and happy to stay where they were.
- Positive feedback had been received from relatives whose loved ones lived at Kensington Lodge. One relative stated, 'Despite Mum's increasing confusion, she has been happy living here ... I have been happy with the way she is cared for and kept safe in a pleasant environment'. Another relative recorded, 'I can't begin to tell you how impressed I am with Kensington Lodge ... staff all have the most amazing patience'.

Working in partnership with others

- The home worked in partnership with others.
- Support from GPs had changed during the pandemic. However, video calls had been arranged to discuss people's health needs and paramedic practitioners had visited people at the home.
- The home worked with a variety of health and social care professionals, including district nurses and dementia specialists.
- The manager had not worked at the home for very long and told us they were in the process of exploring membership to managers' forums and local support groups. They did receive updates from the local authority and CQC.