Care UK Community Partnerships Ltd

Kenilworth Grange Care Home

Inspection report

4 Spring Lane
Kenilworth
Warwickshire
CV8 2HB

Website: www.kenilworthgrangekenilworth.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection visit took place on 3 May 2017 and it was unannounced.

Kenilworth Grange Care Home is a nursing home which provides care over three floors to younger and older people including people who are living with dementia and those who have a physical or mental disability.

Kenilworth Grange is registered to provide care for 60 people, of which 14 beds are part of the 'Discharge to assess' (D2A) scheme (funded by Clinical Commissioning Groups and South Warwickshire Foundation Trust). The D2A scheme aims to ensure people are moved out of hospital (when medically stable) to receive a period of rehabilitation/re-ablement in a community setting prior to assessment of their long term care needs. Some people on D2A may have complex health care needs and may not be able to return to their own home. At the time of our inspection visit there were 54 people living at the home, 12 of whom were on the D2A scheme.

At the last inspection, the service was rated Good overall, however responsive was rated as Requires Improvement. At this inspection we found the service remained Good.

There was a registered manager at the home. 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.

People and relatives were complimentary and satisfied with the quality of care they received. People received care that enabled them to live their lives as they wanted and people were able to provide choices about what they wanted to do for themselves. People were encouraged to make their own decisions about the care they received and care was given in line with their expressed wishes. People were supported to maintain important relationships and to keep in touch with those people.

Care plans contained accurate and detailed relevant information for staff to help them provide the individual care people required. People and relatives were involved in making care decisions and reviewing their care to ensure it continued to meet their needs.

For people assessed as being at risk, care records included information for staff so risks to people's health and welfare were minimised. Staff had a good knowledge of people's needs and abilities which meant they provided safe and effective care. Staff received essential training to meet people's individual needs, and effectively used their skills, knowledge and experience to support people and develop trusting relationships. Staff told us the training they received equipped them to meet and support people's needs.

People's care and support was provided by a caring staff team and there were enough trained and experienced staff to be responsive to meet their needs. People told us they felt safe living at Kenilworth

Grange and relatives supported this. Staff knew how to keep people safe from the risk of abuse. Staff and the registered manager understood what actions they needed to take if they had any concerns for people's wellbeing or safety.

The registered manager and care staff understood their responsibilities in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, staff's knowledge and people's records ensured people received consistent support when they were involved in making complex decisions, such as decisions around their personal safety or where they wanted to live. Staff gained people's consent before they provided care and supported people to retain as much independence as possible.

People were supported to pursue various hobbies and leisure activities but this was an area the registered manager planned to improve to ensure people had a variety of activities that personally interested them.

People received meals and drinks that met their individual dietary requirements. People received support from staff when they required it, and anyone at risk of malnutrition or dehydration, were monitored and if concerns were identified, advice was sought and followed.

People knew how to voice their complaints and information in people's rooms advised them how to do this, expected timescales and actions to take if they were not satisfied with their response.

People's feedback was sought by completing provider surveys and regular attendance at 'resident and relatives' meetings held in the home. The registered manager had an 'open door' for people, relatives, staff and visitors to the home.

The provider's internal governance and registered manager's systems were effective to monitor and drive improvements. A series of regular audits and checks informed one service improvement plan which was regularly updated and followed to ensure actions led to improvements. The service people received was in accordance with the fundamental standards of care.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remained safe.

Is the service effective?

Good

The service remained effective.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service was responsive.

At the last inspection this home was rated as 'requires improvement' in this area, because staff's knowledge of people and their care they received, did not always correspond with their records, so we could not be sure consistent care was provided. This time, we found improvements had been made. Staff knew people well and provided their care and support in line with their agreed wishes. People and their family members were involved in care planning decisions and regular reviews of how their care was delivered. Staff supported and encouraged people to maintain their interests and consideration was being given to strengthen and personalise the activity programme for those they supported.

Is the service well-led?

Good

The service remained well led.

Kenilworth Grange Care Home

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 is 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 visit took place on 3 May 2017. It was a comprehensive, unannounced inspection and consisted of two inspectors, one expert by experience and a specialist advisor. An expert by experience is someone who has experience of this type of service and our specialist advisor had nursing and mental health experience.

We reviewed the information we held about the service and we looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information when conducting our inspection, and found it reflected what we saw during our inspection visit.

To help us understand people's experiences of the service, we spent time during the inspection visit talking with people in the communal areas and in their own rooms, with their permission. This was to see how people spent their time, how staff involved them, how staff provided their care and what they personally thought about the service.

We spoke with 11people who lived at Kenilworth Grange and three visiting relatives. We spoke with the registered manager, a deputy manager who was the clinical lead (in the report we refer to them as the clinical lead), a regional director, two nurses, one team leader, six care staff, one activity co-ordinator and a

cook. We also spoke with a visiting GP and a vicar.

We looked at seven people's care records and other records including quality assurance checks, training records, observation records for people, medicines, nutritional charts and incident and accident records. We sampled records of survey results and people's feedback to see how people's voice was listened to and acted upon.

Good

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good.

People were safe living at Kenilworth Grange and comments people gave us explained why they felt safe. One person said, "I feel safe as there is always someone on hand, at all times." People said whenever staff provided personal care, they felt comfortable in their presence and were not afraid to ask for help.

Staff received safeguarding training, which made sure they understood the signs that might indicate a person was at risk of abuse. The provider's whistleblowing policy gave staff confidence to challenge poor practice and to share any concerns with the manager. One staff member explained, "If someone is shouting at a resident or if they are moving a resident and not doing it properly, I would report it to the nurse in charge. We also report any marks we see on their bodies." Staff told us they were confident people received safe care. One staff member told us, "I haven't seen anybody do anything that would cause me to report them and all the residents seem quite happy." Where a safeguarding concern or incident had been identified, the registered manager had taken action to report this to the appropriate organisations who had responsibility for investigating safeguarding issues.

People's plans included risk assessments related to their individual and diverse needs and abilities. The care plans explained the equipment, number of staff and the actions staff should take to minimise the identified risks. One staff member told us how risks were minimised if people were at risk of falling out of bed. They explained, "At night they have low profile beds and we put crash mats down. If they are at risk we get them up first and there are red stickers on the door to show they are at risk." A senior care worker told us, "We see from the assessment why they are at risk of falls. If it is a resident who keeps getting up, we will put an alarm mat by their side so we can go and check them. We can reduce the risks, but we can't stop them 100% from falling. We always make sure they have the call bell with them." During our visit we saw people in their bedrooms had call bells to hand.

The register manager used the risk assessments, care plans and their thorough knowledge of people's dependencies, to make sure there were enough skilled and experienced staff on duty to support people safely. People told us there were enough staff because they received support when they needed it. One person said, "The staff are lovely, plenty of them, really kind and they really do look after me". Staff told us there were enough staff to support people safely because they worked as a team. Comments included, "I don't feel rushed at all", "I think there are always enough staff for the number of residents" and, "I never worry about getting work done. I've been told care is 24 hours so you don't have to get everything done during the day. That is why I like it here because it doesn't feel chaotic."

People received their medicines when required. Medicines were managed, stored and administered safely, in accordance with best practice guidance. The registered manager said only nurses and senior staff were trained to administer medicines. A nurse showed us how people's medicines were managed and administered. Each medicine tray was accompanied by a pre-printed medicines administration record

(MAR) with the person's photo for safe administration. We checked 31 MARs and found staff recorded when medicines were administered or recorded the reason they were not administered.

A nurse explained how they managed medicines that were supplied in boxes and medicines prescribed for 'as and when required' (PRN) medicines. They said for them, good practice was to count all tablets when they were received into the medicines store and made a record of how many were administered and how many were left on each occasion they were administered. Where people required prescribed creams, opening dates were recorded to ensure creams remained effective and in date, and staff completed body maps that showed where the creams had been applied. Time critical medicines were given at the required times and in accordance with pharmacist advice. However, no guidance from the GP or pharmacy was available to show what medicines should be crushed. We told the nurse and registered manager who agreed to seek pharmacist and GP advice to ensure people received their medicines safely and as prescribed.

Each of the four units had their own fire evacuation folder which contained details of what support each person would need to evacuate the home in the event of an emergency. The folder also contained information about who staff should contact if there was an interruption to vital services to the home such as gas, electricity or water.

Good

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

The provider had effective systems to ensure staff were trained and new staff employed at the home had an induction that equipped them with the necessary skills and support. Newly recruited staff told us they felt effective in their role because their induction programme included training and shadowing experienced staff, before working independently with people. One new staff member described their induction as 'very good'. The provider's induction was linked to the Care Certificate. The Care Certificate is a nationally agreed set of fifteen standards that health and social care workers follow in their daily working life.

Staff told us the training they received supported their work and interactions with people. One told us, "We are provided with a lot of training and it is updated every year." Another said, "It is helpful for the job role. From when I first started here I feel more knowledgeable."

The registered manager encouraged staff to complete training in a timely way to safely meet the individual needs of the people living at Kenilworth Grange. Training was audited on a monthly basis and demonstrated 99% compliance by all staff in achieving their training targets. The regional director said this home was the best in their region for staff completing training. Some senior staff had been provided with extra training so they had the expertise to share their knowledge with other staff, such as delivering training in how to support people to move and transfer safely. As part of the training they completed a practical assessment so they could be sure staff were effectively implementing the training into their everyday practice. A relative told us staff support was effective because, "There was the right balance of well trained staff."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff and registered manager understood their responsibilities under the Act.

The clinical lead and nurses completed risk assessments for people's understanding and memory, to check whether people could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. Where people lacked the capacity to make an informed decision, the registered manager had applied to the supervisory body for the authority to restrict their choices and freedom in their best interests to keep them safe. The registered manager involved people's representatives and healthcare professionals in making best interests decisions on their behalf. The registered manager was aware of recent changes in the requirements to report the death of people with a DoLS in place to the Coroner.

Staff respected people's right to make their own choices and decisions about the care they received. For people who were unable to express their wishes verbally, staff explained, "Sometimes it is their body

language, it is hard, but we still support them." One staff member said, "Even if people can't make big decisions, they can still make daily decisions about what to eat or what to wear." This staff member went on to explain how they ensured they were working in people's best interests if they were unable to make a complex decision.

Staff told us they sought people's consent and would not carry out any care against people's wishes. One staff member told us, "Every day we offer a shower or a bath. If they say no, I will say okay but I will come back later on. You cannot force them but we have to go back and offer again." Another staff member told us, "We can't force them to do anything they don't want to do." They told us they would report any constant refusals to senior staff so any risks to the person's health could be monitored and action taken.

People told us the food was good and they always had a choice. One person told us, "It's very good, a good chef and available 24/7." People's records included a list of their needs and allergies and any cultural or religious preferences for food which was known by the chef. Throughout the day, we saw staff encouraged and assisted people to enjoy their food and drinks. At lunch time some people sat down and ate with other people, which made lunch time a social occasion. Staff monitored people's appetites and obtained advice from people's GP's and dieticians if they were at risk of poor nutrition.

Staff were knowledgeable about people's individual medical conditions and were observant to changes in people's moods and behaviours. Staff made sure people saw their GP's to check whether the changes were a symptom of changes in their health. People were supported by a range of healthcare professionals. One person told us they had seen the occupational therapist regarding more suitable chairs to ensure their comfort and posture was maintained.

The visiting GP who was a D2A clinician stated, "This home is very good, they cope very well with the turnover rate with the pressure on the D2A beds, staff are always well prepared for the weekly MDT (multi-disciplinary team) meeting and provide accurate and relevant information to aid clinical decisions."

Good

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection, because they felt staff cared about them. The rating continues to be Good.

People told us staff continued to be considerate, kind and caring when staff provided their care and support. Relatives were complimentary of the staff and the quality of the care provided, and this was supported by people living in the home. One person went as far as saying, "There is nowhere else I would rather be."

A relative told us about their positive experience since their relation had recently moved into the home. They said, "It would be easy to ignore her as she doesn't make a fuss but that doesn't happen." They explained they had noticed their relative had not eaten much one lunch time, so more effort was made with the evening meal which demonstrated staff cared. They said staff had supported their relative to eat and they felt this was done in a dignified way. They said they could visit whenever they wanted to and when they had, their relative was always clean and well presented. They told us of one example where they had a meal with their relation which they enjoyed.

There was a calm and relaxed atmosphere in the home. Staff spoke to and about people in a caring and respectful manner, and people responded positively when staff interacted with them. We asked care staff what delivering a 'caring' service meant to them. One staff member responded, "You have to be a caring person, have patience, support residents and other staff, be helpful and have enthusiasm to come into work and be happy so everybody else is happy. What I've noticed about this home is that the staff genuinely care about the residents and are not just going through the motions. They will genuinely go out of their way to help the residents."

During our inspection visit, a relative who lived outside of the UK visited their family member. To celebrate this occasion, a staff member took two photographs (with permission) when they were together. The staff member said they did this because they wanted them both to have a keepsake. They said, "I put the photograph in a frame and gave it to the relative and said 'this is from Kenilworth Grange'. They said it made them happy knowing the persons' relation could take it away with them as a memory of their visit, while leaving a copy in the person's bedroom.

Staff were patient when supporting people and ensured they worked at the person's pace. We saw a staff member walked alongside a person who was using a walking frame. They encouraged the person in their independence and reminded them to walk slowly and take their time. When supporting people who were reluctant to eat, they did not rush them and were gentle in their encouragement.

At lunch time we saw one member of staff explaining to a person that they were going to assist another person, but provided assurance they would be back. They said, "I am just going to [name] to help him with his pudding. I will come back to you again, you just enjoy your drink." When they had helped this person they gently wiped their mouth to ensure their dignity was maintained, before returning to the other person.
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Staff told us some people could become confused which could cause them to become agitated. They explained how they gave people space and provided reassurance if they were upset. One staff member explained how important it was to involve family and friends who knew people well and said, "Some residents, whatever you do are still not happy and that is when I question whether there is anything else I can do and ask the family."

The environment supported people's dignity and wellbeing. It was well maintained and furnished. At lunch time tables were laid with tablecloths, napkins and glasses and condiments were available for people to help themselves. People had a choice of wine which they enjoyed.

People were encouraged and supported to bring in pictures and ornaments to make their bedrooms their own personal living space. We observed domestic staff chatting to people as they cleaned their rooms and it was clear from the conversations that they knew people well.

Good

Is the service responsive?

Our findings

At our last inspection visit, we rated this as requires improvement. This was because staff's knowledge of people and the care they received, did not always correspond with their records. This meant we could not be sure consistent care was provided. This time, we found improvements had been made.

People's care records, risk assessments and staff knowledge about people's care needs was consistent. One person had a catheter and there was clear guidance in their care plan about how the catheter should be maintained and what care and nursing staff were required to do. Records included information that could indicate a problem with the catheter so staff could respond immediately to maintain the person's health and wellbeing. Some people had a comprehensive 'communication passport' which would go with a person when transferring into another care setting such as a medical admission which identified the persons risks, medical conditions and if verbal communication maybe difficult due to their physical health condition or a dementia.

Staff understood the importance of providing person-centred care that met people's individual likes, dislikes and preferences. Each person had a 'life story book' which provided information about notable events, important relationships and experiences and hobbies and interests. These books helped staff to have a better understanding of people so they could deliver individual care. One staff member said, "I read the files in their rooms about their likes and dislikes and their family so I get to know them that way." Another staff member explained it was important to have that information because, "You can connect with them on an individual level. It is more person centred and you can gauge their moods better."

A nurse told us there was a handover at the start of each shift, which included how people were feeling and any special observations, repositioning and promoting of food and fluids. The senior carer staff member said after handover, "I go and check on each resident and ask them how they slept and how they are feeling today? I always do this again before I do the handover in the evening and check their charts have been fully completed and totals added up so I can indicate to the night staff if extra fluids are to be offered."

Care staff told us communication with the nurses was good. They told us the 'handover' provided them with important and relevant information to be responsive to people's needs. Nurses and senior staff attended a weekly clinical meeting chaired by the clinical lead where they reflected on what had happened in the previous week and where improvements could be made. One senior care worker explained, "We see what is happening, what we haven't done or what we haven't actioned and what we need to do better in some areas." Care staff told us they were confident to report any concerns about a change in a person's health or wellbeing to the nurse or senior care worker. One staff member explained, "I would let the other staff know and go to the nurse and if their needs have changed they would be reassessed."

People were offered a range of activities on a daily basis which included group activities and activities on an ad hoc basis. Group activities included mobility exercises, quizzes' and external entertainers. Each person was given a schedule of the activities planned for the coming week. Some staff felt people could be provided with more opportunities to be involved in activities. "I think they could do more. There are only two activities

staff and there are four units so they do struggle sometimes." "Most activities are on Willow (first floor – residential dementia unit) and only one or two will go up there. If the activity is on this unit then they will all join in." One staff member told us, "Quite a few like gardening. When the weather allows, they do take them out in the garden and sometimes they put plants in plant pots to go into the garden."

Staff told us that, although they were busy, they did have opportunities to sit with people and talk to them. One staff member explained, "After we have done lunch there is an hour when we can sit down with the residents and have a chat with them or read with them." The registered manager had identified this as an area for improvement. In the PIR they wrote, 'Staff participation and training in activities needs improvement: Social interaction and activities within the home and the community must be more robustly pursued, to hopefully give the resident more engagement with their immediate surroundings'. Plans were being made to improve how people were engaged and spent their time doing things they enjoyed.

There was a complaints procedure which advised people and visitors how they could make a complaint and how this would be managed. Each person had a copy of the complaints procedure in their bedroom. Staff told us if a person raised a concern with them, they would support them to share their concerns and ensure it was reported. A typical response was, "I would go and tell the senior first and the senior would take it further."

Records showed people's complaints and concerns were investigated in line with the complaints procedure. People received a full written response to their complaints which included details of how they could escalate their concerns if they were unhappy with the response. Where a complaint had identified a potential safeguarding issue, this had been appropriately referred to the local authority. Where complaints had been upheld, the registered manager had taken action such as requiring staff to undertake extra training or extending their probationary periods. This ensured people's concerns were used to improve staff performance and the quality of care delivered within the home.

Good

Is the service well-led?

Our findings

At this inspection, we found the staff were as well-led as we had found during the previous inspection. The rating continues to be Good.

People and relatives were happy with the quality of the service. People told us, "I very much like it here" and, "I am very well looked after." Relatives were pleased with the care their family member received. They told us they felt involved in care planning decisions and when there were changes in their relations health, they were kept informed.

The registered manager asked people and relatives for their views of the service through regular surveys and meetings. The last survey conducted in 2016, showed people were happy with the staff, the food and the premises, and felt involved and well cared for. There were notices displayed throughout the home and in people's rooms, informing them of the next 'resident and relatives' meeting at the end of May. Some people told us they attended these meetings. One person said they felt these meetings were positive because it gave them the opportunity to voice general concerns and said these were acted upon, although could not give us specific examples.

The registered manager had been in post at our previous inspection visit and had been registered with us since 2011. They understood their legal responsibilities and sent us detailed statutory notifications about important events at the home. 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.

The service was well-led, because the registered manager, clinical lead, nurses and senior staff were approachable to all. Staff told us they liked working at the home and felt well supported because they had regular opportunities to talk about their practice and personal development. One staff member told us it was 'great' working at Kenilworth Grange and said, "Our manager and colleagues, our relationship here is like a family. We work together as a team." Another staff member told us they had previously worked at the home as an agency staff member and explained, "I love it, that is why I chose to come here. The staff appreciate everything. I feel part of a family." Other staff reiterated that team work was a positive benefit of working at the home. One comment was, "I never feel burdened because we share the work. It is team work, you don't feel left on your own at any time." Staff were encouraged to obtain nationally recognised qualifications in health and social care and professional qualifications were maintained. The registered manager told us they were proud of the staff team and their commitment.

The registered manager and clinical lead completed regular clinical audits to assess the quality of the service. They checked people's care plans were completed, regularly reviewed and checked that medicines were administered safely by staff who continued to be competent to administer them. They monitored and analysed accidents, incidents, falls and complaints and where issues were identified, actions were agreed and taken.

The registered manager increased their visibility by doing a 'daily walk around' which provided opportunities to observe staff practice and for people, relatives and staff to speak with them if they needed to. During our discussions with the registered manager it was clear they had a good understanding of the health and medical needs of people living in the home and the demands on staff time. Staff were able to attend and contribute at regular staff meetings. "We have two staff meetings, one at 2.00pm and one at 7.00pm so if you can't go to one, you can go to the other." "Everybody has the chance to talk." At the time of our inspection visit, the provider was carrying out a staff survey. Notices inviting staff to complete the survey on-line, were displayed within the home. There was a suggestions box on the desk in the entrance to the home for people and relatives to share feedback or ideas.

There was a programme of effective audits and checks such as fire safety, pressure area care, health and safety and infection control. The registered manager told us visits from the operations support manager checked actions were taken. We saw an internal quality assurance audit was completed by the regional director at one of their monthly visits. We saw examples of some of these audits which matched our rating system of Safe, Effective, Caring, Responsive and Well Led.

Improvement actions were put onto one, 'Service Improvement Plan'. A recent external pharmacy audit had identified two areas for improvement which had been included onto the service improvement plan for action to be taken. The registered manager said this 'one plan' made it easy to identify what actions were outstanding and once improvements were made, this plan was updated. We found improvement actions had been taken when found, such as adapting menus based on people's feedback.