

Mr Mukesh Patel

Kenroyal Nursing Home

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

Kenroyal Nursing Home is a residential care home that can provide long and short-term residential nursing care for up to 64 older people, including people living with dementia. At the time of inspection 55 people were using the service.

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

Risks to people had not always been identified and detailed strategies had not been put into place to mitigate those risks. This put people at risk of harm.

The environment was not always safe. During the site visit, we found unlocked doors, access to hazards products and fire safety concerns.

Medicine management required improvement. Medicines were not always given as prescribed and documentation relating to medicines was not always completed.

Infection control processes did not always protect people. Information regarding infections was not always in place and procedures relating to infection control were not consistently followed. However, the home appeared clean.

The systems and process in place to ensure oversight of the service were not always effective in identifying concerns and addressing areas of concern.

We made a recommendation regarding the investigation and reporting of bruising and incidents.

People were supported by kind, caring staff who had been recruited safely and had received the appropriate training to meet people's needs.

Staff were supported well by the registered manager and provider and felt safe at work.

The registered manager and provider put an action plan into place immediately after the site visit to identify the plans in place to rectify the concerns found.

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 17 July 2018)

Why we inspected

The inspection was prompted in part due to concerns received about unexplained bruising, record keeping,

and repositioning tasks being completed. A decision was made for us to inspect and examine those risks. 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.

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 Kenroyal Nursing home 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 monitor the service.

We have identified breaches in relation to risks to people and oversight of the service at this inspection.

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 for 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 ●

Kenroyal 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Kenroyal 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered 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; however, we phoned the service before entering. This supported the service and us to manage any potential risks associated with COVID-19

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. 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.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, nurses and care workers. We also spoke to two professionals who were visiting the service.

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

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. Using medicines safely. Preventing and controlling infection

- People were at risk of scalding. The monthly hot water temperature records showed that water temperatures were above the Health and Safety Executive [HSE] recommended maximum temperature of 44 degrees Celsius for three consecutive months. There were no actions recorded.
- The provider had not completed risk assessments for people who were unable to use their call bell to summon support when needed. The registered manager told us that staff completed hourly checks, however, there was no record of these checks taking place. This put people at risk of not receiving the support they required to stay safe.
- Medicine management required improvement. Staff had not always recorded the reasons for administering 'As required'[PRN] medicines. Two people received PRN medicines for seven days without any evidence recorded of the reasons for given or that GP advice had been sought. This put people at risk of overuse of medicines.
- Two people who required prescribed medicine did not have this administered for 13 days due to being asleep. One person had not received their prescribed medicine for 13 days. There was no recorded action taken to ensure people received medicines as prescribed. The registered manager contacted the GP after the inspection.
- People and staff were put at risk of infection due to procedures not being followed. One person who was self isolating due to COVID-19 did not have their bedroom door closed.

The provider had failed to assess the risks to the health and safety of people using the service, or take action to mitigate risks, this is a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

- Staff were seen wearing the appropriate personal protective equipment (PPE).

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and procedures in place to protect people from abuse. However, some unexplained bruising had not been fully investigated or reported. The registered manager agreed to ensure all bruising was investigated and reported appropriately.
- Staff received training on safeguarding adults and understood their responsibilities in reporting any concerns. Staff told us they were confident raising any issues with the registered manager and felt they would deal with any concerns appropriately.
- People told us they felt safe living at Kenroyal Nursing Home.

We recommend that the provider ensures that any bruising or injuries are reported appropriately and investigated within a timely manner.

Staffing and recruitment

- People told us staff were kind and caring and knew them well.
- On the day of the inspection we found there were enough staff available, and the appropriate levels of skilled staff were deployed to meet people's needs.
- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks, including references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

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 now 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Working in partnership with others

- The provider had not completed risk assessments for staff or people regarding COVID-19 and the factors affecting black, Asian and minority ethnic (BAME) communities. The registered manager agreed to implement these immediately.
- The provider had not ensured the environment was always safe. For example, we found hazardous items kept in an unlocked cupboard that was accessible to people. We also found unlocked doors leading to potentially dangerous areas such as stairs, boiler room and sluice room. These concerns had not been identified by the provider through audits or observations.
- The procedures in place to protect people from risks associated with fire were not always followed or robust. For example, regular checks were completed to ensure compliance with fire safety. However, during the site visit we found that fire doors were 'wedged open' which meant that in the event of a fire the fire doors would not close, and one door did not have a fire strip around it, which meant the door would not protect people from fire. The provider had not identified these concerns prior to feedback being given.
- The audits completed were not effective. For example, the medicine audit only identified issues with missed signatures or recording errors. This audit had not identified the concerns with prescribed medicines not being administered. The health and safety audit covered external doors being locked but not internal doors propped open. The nutritional audit recorded that people had eaten food. However, there was no analysis of the amount, type or any trends that may be pertinent.
- Records were not always documented or kept up to date. For example, the recording for repositioning people was not clear regarding the times and position people were supported to and there was no recording in place to monitor people's skin integrity. Information relating to food, fluid and bowel movements, had been recorded in several different places, the information did not tally up which meant it was difficult to ensure all needs were met.
- Although referrals had been made to external health professionals for some people. We found not all referrals had been made to support people with their health needs. For example, one person who had lost weight had not been referred to the dietitian as the staff were already giving fortified meals.

The provider failed to have systems and processes in place to assess, monitor and mitigate the risks relating to health, safety and welfare of service users, or have systems to improve the quality and safety of care. This is a breach of Regulation 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good governance.

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 registered manager understood their responsibility to be transparent when things went wrong. Significant people were kept up to date regarding people's changing needs.

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

- People were asked to feedback on the service they received, and the actions were visible on the wall in reception.
- Staff used alternative methods to communicate with people. For example, easy read documents and use of an iPad.

Continuous learning and improving care

- The provider and registered manager were open to feedback and implemented an action plan immediately after the inspection to evidence their actions for concerns raised.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider failed to assess the risks to the health and safety of people using the service, or take action to mitigate risks.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider failed to have systems and processes in place to assess, monitor and mitigate the risks relating to health, safety and welfare of service users, or have systems to improve the quality and safety of care.
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