New Century Care (Finchley) Limited

Kenwood Care Home

Inspection report

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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

Kenwood Care home is a nursing and care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection.

Kenwood care home can accommodate 32 people across two floors, each of which has separate adapted facilities. The service provides care to older adults. People live in their own bedrooms and have access to communal facilities such as bathrooms, lounges and activities areas. At the time of our inspection, there were 28 people living at the service.

The provider is required to have a registered manager as part of their conditions of registration. 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. At the time of our inspection, there was a registered manager in post.

At our last inspection in January 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We found people were protected against abuse or neglect. People had personalised risk assessments tailored to their support requirements. We saw sufficient staff were deployed to provide people's support.

The service was clean and infections were prevented and controlled.

The service was compliant with the requirements of the Mental Capacity Act 2005 (MCA) and associated codes of practice. People were assisted to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practise.

Staff received good induction, training, supervision and support. This ensured their knowledge, skills and experience were appropriate for their caring roles. People's care preferences, likes and dislikes were assessed, recorded and respected.

We found there was appropriate access to other community healthcare professionals. People were supported to maintain a healthy lifestyle. People had adequate nutrition and hydration to ensure their wellbeing.

People were positive about the service and the staff who supported them. People told us they liked the staff

and that they were treated with dignity and kindness.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Medicines were managed safely. Staff had received relevant training and regular medicine audits were taking place.

There was an open and transparent culture and encouragement for people to provide feedback. The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure were in place. People told us they were aware of how to make a complaint and were confident they could express any concerns and these would be addressed.

The home was well led by an experienced registered manager and the provider had systems in place to monitor the quality of the service, seek people's views and make on-going improvements.

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 remains safe	Good
Is the service effective? The service remains effectice.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive	Good
Is the service well-led? The service remains well-led	Good

Kenwood 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 checked 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 was an unannounced inspection and took place on 23 April 2017.

The inspection team consisted of one inspector, a nurse advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with nine people who use the service and two relatives. Some people were unable to communicate with us so we spent time observing daily routines and interactions between people and staff. We also spoke with the registered manager, the deputy manager (who was also the clinical lead) the chef, the activities coordinator, two care support staff and two nurses. We also spoke to one visiting health care professional. We also looked at eight people's care records,eight medicines administration records (MARs),four staff files, a range of audits, the complaints log, minutes for residents meetings, staff supervision and training records, the staff training matrix and the accidents and incidents book.

Good

Is the service safe?

Our findings

People told us they felt safe whilst receiving their care and support. Comments included "I am not worried about my safety. I am worried to survive. I have a crippled leg", and "I feel safe, staff are very good. Really beautiful. Can't complain, I am absolutely satisfied with the care."

Staff knew how to keep people safe from abuse. The staff had all received safeguarding training as part of their induction and on-going training. Staff were able to tell us about types of potential abuse and how to report any allegations. They spoke highly of the training they received in relation to safeguarding and said they would report all concerns to their senior or the registered manager. They told us they were confident that the responses of managers when they reported any allegations or concerns would be supportive. A care worker told us "some people can't speak to us but we can tell by their eye contact if something is wrong, we report everything."

Staff were recruited safely to ensure they were suitable to work with vulnerable people. Staff files showed that the relevant checks had taken place before a staff member commenced their employment. We saw that a full audit of staff recruitment files had recently been completed by the provider.

Most people told us there was sufficient staff deployed. Staffing was based on people's dependency and the number who used the service at any one time. Call bells were answered promptly throughout our inspection. Rotas we checked for a one month period showed all scheduled shifts were filled. Some staff told us that when they worked on the ground floor they felt rushed during the morning period and were not able to, provide care in a timely way, they told us some people needed to wait for assistance, and they were unable to take their breaks. We discussed this with the registered manager who told us she would review the staffing levels accordingly.

We noted that the home did not use any agency and many staff had worked at the home for many years, thus ensuring continuity of care for people who use the service. The atmosphere in the service on the day of our inspection was calm and relaxed and staff did not appear to be rushed.

People's medicines were managed and administered safely. People received their medicines as prescribed. Medicines were administered by staff trained to do so in a calm and unrushed manner, ensuring people received the support they required. The allergy status of all people was recorded to prevent the risk of inappropriate prescribing. We looked at Medicines administration records (MAR) in detail. We also observed a nurse during a drug round. We saw that she was very caring and patient and took her time with residents. For example we saw a resident who was Greek speaking; the nurse spoke to him in Greek she explained what medicine she was giving him and what it was for. People were asked if they were in pain to determine if analgesia was needed. Medicines were stored safely in the home in locked clinical rooms and trolleys. Temperatures were recorded daily in the clinical rooms and for the medicines fridge so that the potency of the medicines could be maintained.

A robust set of policies, systems and processes were in place to manage risk and health and safety. These

assessed the likelihood and potential severity of risks to the person regarding, for example, falls, bed rails, moving and handling, risk of pressure ulcers and nutrition. All were done on admission and were reviewed regularly. The risk assessments we viewed were comprehensive, clear and easy to understand.

There were arrangements in place to deal with foreseeable emergencies. We saw that people had personal emergency evacuation plans (PEEPs) for emergency use

Checks were carried out on equipment at the service to protect people from risk. Checks were completed on bed rails, pressure mattress settings, hoists and wheelchairs and these were recorded.

All areas of the service were clean, including communal areas, bathrooms and toilets. There were appropriate hand washing facilities within the premises. Staff wore personal protective equipment, like gloves and disposable aprons, when they delivered personal care and at meal times. Staff said they received training on infection control and the management team said they conducted regular spot checks to ensure that infection control procedures were being followed correctly.

Accident and incident reports were completed when injuries occurred to people. These were reviewed by the registered manager and notes were made to reflect any investigations completed. The management team reviewed incident reports to look for trends or themes, so that measures could be used to prevent future recurrence.

Good

Is the service effective?

Our findings

Staff told us and training records confirmed that there was a comprehensive induction and rolling programme of training to ensure that staff had the necessary skills and knowledge to undertake their role and fulfil their responsibilities. Staff we spoke to said they were well supported by the management and received sufficient training to their job effectively. One staff member said, "the training here is good. We are always doing training. "There was regular training in safeguarding people at risk, fire safety, moving and handling, infection control, medicines management and nutrition and hydration. Staff had regular supervision sessions with their line managers. Staff were encouraged and supported to progress their careers. This ensured the service delivered effective care and support. A relative told us "Lately we have had recruits who are particularly well trained". A healthcare professional described staff as "knowledgeable" and "good at what they do."

Care staff told us they received opportunities to meet with their line manager to discuss their work and performance. One member of staff said, "I enjoy my supervisions with my manager, they help me get things off my chest."

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 Act 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).Staff received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were assumed by staff to have capacity to make decisions for themselves, unless they were assessed otherwise.

People's consent was requested and documented. There was evidence of enduring and lasting power of attorney documents on file. This ensured that a legally-authorised person could make decisions if someone lacked capacity. We saw evidence of best interest decision-making meetings. People whose liberty was restricted had appropriate authorisations made to the local authority, and authorisations were stored within the care plans.

People only received care and support with their consent. We heard staff asking people if they required help and took account of their responses. During the inspection we observed members of the care team asking the people who use the service if they "can I do this" or" can I do that for you."

Staff knew people well and understood people's ways of communication. We looked at how the service gained consent to care and treatment. We saw in care plans we read that people and their relatives were involved in the planning of care for each person at the home. We noted people and their relatives attended

review meetings where appropriate where they had the opportunity to discuss the care their relatives received.

People were observed to enjoy the meals they were served People's care plans reflected their likes and dislikes in relation to their meals and drinks. The service undertook extensive nutritional assessments of each person, including for swallowing, dietary needs and preferences, appetite and weight. This helped produce an individual eating and drinking plan that identified, for example, any foods the person did not eat, food consistency, and how they best liked their meals. Where people had been assessed as requiring specialist or one to one support with their meals this had been documented within the person's care plan and we observed appropriate support was provided.

The service used a number of systems to ensure the effective exchange of information between care staff, nurses and external healthcare professionals to ensure people received the appropriate care and support that they required. Care staff told us that they worked closely as a team as well as in partnership with a variety of healthcare professionals. Care staff held daily handover sessions where discussions took place about people and any significant developments. We saw correspondence and referrals between the service and a number of health care professionals specifically around people's health needs.

People were supported to have access to a variety of healthcare professionals which included the GP, community nurses, physiotherapists, social workers and opticians. All visits by health care professionals were recorded within the care plan and included the purpose of the visit and any actions that were agreed as a result.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were caring. They were also respectful of people's privacy and dignity. One person told us, "I wasn't happy at first now I am. They are kind on the whole." And another told us "They are good kind girls."

Staff were motivated, passionate and caring. Staff were observed interacting with people in a caring and friendly manner. They were also emotionally supportive and respectful of people's dignity. For example, we observed a care worker speaking in Greek to one resident who had dementia; the resident clearly looked delighted and happily engaged in the conversation.

People told us that staff were caring and respected their privacy and dignity. Our observation during the inspection confirmed this; staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff was also observed speaking with people discretely about their personal care needs. We heard staff saying words of encouragement to people. During our observations we saw many positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance.

We saw that staff were not task orientated and they were not rushing, but attended to people's needs in a gentle and compassionate manner. Staff were interactive, polite and communicated with people in a respectful way. We saw that staff were communicating well with one another passing on relevant information to each other regarding the care they were providing .We observed that people appeared very clean and well groomed.

People's care plans included information about their needs around age, disability, gender, race, religion and belief, and sexual orientation. People's plans also included information about how people preferred to be supported with their personal care and what their interests were. Staff were able to tell us about people's preferences and routines.

We saw that staff did as much as they could to support people to maintain contact with their family and provide culturally appropriate support . Staff told us they discussed people's cultural and spiritual needs and preferences with them and we saw this Information had been recorded in people's care plans. Staff had a good understanding of equality and diversity issues within the service and told us they made sure people at the home were not disadvantaged in any way.

The service actively sought people's, relatives' and others' feedback in a number of ways. A variety of methods were used to collect feedback and disseminate information to interested parties. This included the internet, questionnaires, feedback forms, meetings, other written comments and verbal feedback. The registered manager maintained a record of all feedback received and information provided to people. One relative had written to the registered manager. "My father received fantastic care from everyone in this home and the manager is driving this, she chose to accept him when other care homes wouldn't and the home

nursed him back to physical strength."

Good

Is the service responsive?

Our findings

People's care plans confirmed that a detailed assessment of their needs had been undertaken by the manager or a senior member of staff before their admission to the service. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people. These included care plans for eating and drinking, communication, personal hygiene, mobility and skin integrity, as well as other activities of daily living.

The care plans contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with their families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person.

A heath care professional told us that there service was very responsive and "always promoted independence "and that "they were proactive and knowledgeable about many health conditions."

The service supported the communication needs of people with a disability or sensory impairment. People's care plans provided specific guidance under a 'communication' heading for what their communication needs were. This included glasses and hearing aid information, language ability, and how dementia affected their communication where applicable.

The care plans ensured staff knew how to manage specific health conditions, individual care plans had been produced in response to risk assessments, for example, where people were at risk of developing pressure ulcers. Staff acknowledged the importance of good skin care and told us that that dating of any corresponding photographs were important. There appeared to be a culture of diligent skin care as routine, and the notes documents picking up any changes. Staff demonstrated good knowledge on how to monitor the effectiveness of the air mattresses and were able to show good understanding on how to manage and prevent pressure ulcers.

Entries in people's care plans confirmed that their care and support was being reviewed on a regular basis, with the person and or their relatives. Where changes were identified, care plans had been updated and the information passed on to staff. For example, we saw that one person had recently been able to mobilise independently as a result of marked improvement in their physical and mental health and another who had numerous pressures sores on admission which had now successfully healed.

There was an activities co-ordinator in place who was very enthusiastic and asked people the types of activities they liked or wanted. We saw there were a range of options available for people, which included the attendance of regular external entertainers. Activities and social events were clearly displayed in throughout the building. People who preferred to stay in their own rooms were offered individual activities based on their interest for example one person who used to be an accountant enjoyed being assisted to

complete maths workbooks.

A complaints policy was available and displayed around the home which detailed the processes in place for receiving, handling and responding to comments and complaints. People and relatives we spoke with told us that they felt able to complain if they needed to and were confident that their complaint would be dealt with appropriately. Complaints that had been received had been clearly documented with details of the actions taken to resolve the complaint.

People's end of life wishes had been recorded so staff were aware of these. The registered manager informed us this allowed people to remain comfortable in their familiar surroundings, supported by staff who knew them well.

Good

Is the service well-led?

Our findings

People who used the service, relatives and staff praised the registered manager and said they were approachable and visible. It was clear from our discussions that they were motivated and passionate about their role.

The service was well led. There was an extremely positive, open and inclusive culture at the service. We found that people and their relatives felt consulted and involved in decisions about the care provided in the home. Regular meetings were held for people living at the home and their relatives at which they were able to participate in decision-making regarding activities and menu planning as well as provide feedback about the service.

Staff spoke positively about the culture and management of the service. Staff told us, "The manager is good, she is always available and gives good advice" "The manager is always around, you often see her feeding the residents" and"I feel well supported; the manager is strict and very good at her job."

Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one and staff meetings and these were taken seriously and discussed. They were supported to apply for promotion and were given additional training or job shadowing opportunities to facilitate this. The continuous training and development staff received had embedded a culture within the service that placed people at the heart of all they did. During our conversations with staff, they demonstrated they cared immensely for the people they supported.

The staff praised the culture and support they received at the service and felt really valued whatever their role. Staff felt that morale was very good and communication throughout the home was effective. One member of staff told us, "It's a lovely place to work. We all get on well."

We saw surveys had been completed in 2017 which showed people considered the home was well run.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager told us they were supported by the provider in their role. Up to date sector specific information and guidance was also made available for staff.

There were extensive and effective on line systems in place to monitor all aspects of the care people received. The registered manager had conducted audits regularly and there was continual oversight by the provider. These had assessed areas such as hospital admissions, dependency, the cleanliness and safety of the environment, the accuracy of people's care records and the management of people's medicines. The registered manager worked in the home each day. This meant they could observe staff practice check on people's bedrooms, medication, meals, activities, housekeeping and care plans to ensure a continuous drive for improvement.

The registered manager had recently achieved a master's qualification in dementia care. They told us they

were using their learning to provide staff with training on person centred care for people with dementia. The registered manager told us she regularly attended locality managers meetings and leadership forums and received support from the provider.

We saw evidence of the management team working with other organisations in the on-going improvement of people's lives. For example social workers, health care professionals and community groups.