

Potensial Limited

Kensington Hall

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

This inspection took place on 14 November 2018 and was unannounced. This meant the staff and the provider did not know we would be visiting. Kensington Hall was last inspected by CQC on 1 and 2 June 2016 and was rated 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 ongoing monitoring that demonstrated serious risk 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.

Kensington Hall 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. Kensington Hall provides accommodation and personal care for up to 13 older people living with a learning disability and/or autistic spectrum disorder.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. On the day of our inspection there were 13 people using the service.

The home had a registered manager in place. A registered manager is a person who has registered with CQC 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 provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty to meet the needs of people who used the service.

The provider had effective procedures in place for managing the maintenance of the premises and appropriate health and safety checks were carried out. The home was clean, spacious and suitable for the people who used the service.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe management and administration of medicines.

Staff were supported to provide care to people who used the service through a range of training, supervision

and appraisal.

People who used the service and their relatives were complimentary about the standard of care at Kensington Hall. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves, where possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Care records showed people's needs were assessed before they started using the service and care plans were written in a person-centred way and were reviewed regularly. Person-centred is about ensuring the person is at the centre of any care or support and their individual wishes, needs and choices are taken into account.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. People had access to healthcare services and received ongoing healthcare support. Care plans were in place that recorded people's plans and wishes for their end of life care.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs, in the home and within the local community.

The provider had an effective complaints procedure in place and people who used the service and their relatives were aware of how to make a complaint.

The provider had an effective quality assurance process in place. People who used the service, relatives and staff were regularly consulted about the quality of the service through meetings and surveys.

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 good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Kensington Hall

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 took place on 14 November 2018 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the home, we checked the information we held about this location and the service provider, for example we looked at the inspection history, complaints and statutory notifications. A notification is information about important events which the service is required to send to the Commission by law.

We contacted professionals involved in caring for people who used the service, including commissioners, safeguarding officers, healthcare staff and infection control staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with three people who used the service and three relatives. We spoke with the registered manager and three care staff.

We looked at the care records of three people and we reviewed seven people's medication administration records (MARs). We also observed how people were being cared for.

We looked at the personnel files for three members of staff and we reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as quality audits, surveys and policies.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at Kensington Hall. One person told us, "I feel safe here." Relatives said, "I have no worries here. I am confident in every member of staff" and "I know my son is safe because he never asks to come home." There were sufficient numbers of staff on duty to keep people safe. Staff, people who used the service and visitors did not raise any concerns about staffing levels.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. The provider's safeguarding of vulnerable adult's policy provided staff with guidance regarding how to report any allegations of abuse. Staff had been trained in how to protect vulnerable people. The staff we spoke with demonstrated a good awareness of safeguarding and whistleblowing procedures.

The home was clean, spacious and suitable for the people who used the service. All visitors were required to sign in. Appropriate personal protective equipment (PPE) and hand washing facilities were available. Staff had completed infection control training and audits were up to date. The provider had effective procedures in place for managing the maintenance of the premises. Appropriate health and safety checks were carried out and the records for portable appliance testing, gas safety and electrical installation were all up to date. Equipment was in place to meet people's needs and where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

Accidents and incidents were recorded and the registered manager reviewed the information to establish if there were any trends or lessons to be learned. People had risk assessments in place relating to, for example, washing dishes, mobility and bathing unattended. The assessments were detailed to ensure staff could identify and minimise the risks to keep people safe. The service also had environmental risk assessments in place which contained detailed information on particular hazards and how to manage risks.

There were arrangements in place for keeping people safe in the event of an emergency. The provider's business continuity plan provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details. People who used the service had Personal Emergency Evacuation Plans (PEEPS). A fire emergency plan was displayed in the reception area, a fire risk assessment was in place and regular fire drills were undertaken. The checks or tests for firefighting equipment, fire alarms and emergency lighting were all up to date.

Appropriate arrangements were in place for the safe management and administration of medicines. The provider's medication policy covered all key areas of safe and effective medicines management. Staff could explain how the system worked and were knowledgeable about people's medicines. Medicines were stored appropriately. Temperature checks for treatment rooms and refrigerators were recorded on a daily basis and all were within recommended levels. The medication administration records (MARs) we viewed were up to date. Staff who administered medicines were trained and were required to undertake an annual

competence assessment. Medicine audits were up to date.

Is the service effective?

Our findings

People who lived at Kensington Hall received care and support from trained and well supported staff. One relative told us, "I have no worries here. I am confident in every member of staff."

New staff completed an induction to the service. Staff training was up to date and where gaps were identified, training was planned. Some staff had completed more specialised training to help them understand people's needs, for example, dementia care, autism, mental health, diabetes, epilepsy, positive behaviour support and end of life care.

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

People's needs were assessed before they started using the service. Pre-admission assessments included details of the person's medical history and an assessment of the person's care needs, the level of support required and details on people's communication needs. Care records provided information on people's preferences, whether they had any specific dietary needs and guidance for staff to follow to support the person. They also demonstrated people's weight was monitored regularly.

Staff were knowledgeable about people's special dietary needs and preferences. The provider had a diet and nutrition policy in place and staff had completed training in nutrition and hydration and food safety. The home had been awarded a '4 Good' Food Hygiene Rating by the Food Standards Agency on 13 April 2018.

Lunch was a sociable experience. The mealtime was not rushed. Some people were supported on a one to one basis if they required assistance with their meal. People were supported to eat in their own bedrooms, if they preferred. People told us the food was, "Good" and "Alright."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager had a good understanding of their legal responsibilities about the MCA and DoLS and staff had received training in the MCA. Applications for DoLS had been submitted to the supervisory body and consent to care and treatment was documented in people's care records.

People had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from and to external specialists including, GPs, district nurses, speech and language therapists, chiropodists, opticians, psychiatrists and dentists.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely and the home was suitable for the people who used the service.

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care at Kensington Hall. One person told us, "The staff are nice." Relatives told us, "I am happy with the way things are run here. There is a nice atmosphere", They [Staff] never know when I am coming but I always get a warm welcome", "There is a lovely atmosphere, people are happy", "The staff are interested in them [people] and do their best by them" and "[Staff] try to talk to people and its quiet, warm and cosy."

People were well presented and looked comfortable in the presence of staff. Staff were thoughtful and interacted with people in a reassuring way. Staff demonstrated they understood what care people needed to keep them safe and comfortable. One relative told us their family member had never looked so well as they did since moving to Kensington Hall. One healthcare professional told us, "My experience is that Kensington Hall has provided some excellent care and support to service users that I have been involved with."

Staff worked well as a team giving individualised care and attention to people. Our observations confirmed staff treated people with dignity and respect. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. One relative said, "I am delighted with the care my sister is getting and I always gets a quick response to any questions I ask."

People had a good rapport with staff. Staff knew how to support people and understood people's individual needs. One person told us, about their health condition which affected their mobility and how staff had made some pictorial reminders about the way they sit. One healthcare professional said, "Staff have always provided people with a friendly and homely approach."

People's bedrooms were individualised, some with their own furniture and personal possessions. Many contained photographs of relatives and special occasions. People were encouraged and supported to maintain their relationships with their friends and relatives. One relative told us how good staff were at keeping them informed about their family member and contacting them if there was anything wrong.

Staff supported people to maintain their independence. Staff told us some people made their own drinks and there was a daily rota for washing and drying dishes. Some people did their own laundry and put it away. People were supported to keep their bedrooms clean and tidy and were encouraged to Hoover. The registered manager also told us she was going to put in a nomination for one lady to receive the provider's achievement award for having managed to stop smoking and move to vaping.

Advocacy information was made available to people who used the service and some people had independent advocates. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

People were provided with accessible information about the service in the provider's statement of purpose and service user guide. People's care records were kept securely, ensuring confidentiality of information.

Is the service responsive?

Our findings

People's care records were person-centred and demonstrated a good understanding of their individual needs. Care records contained personal life histories which had been developed with the person or their relative and detailed what was important to the person and how they wanted to be supported. Care plans were in place and covered a range of needs. People and their relatives were aware of and involved in the care planning and review process. Staff used a range of assessment and monitoring tools. Care records were regularly reviewed and updated. Evaluations were up to date although could be more detailed. One healthcare professional told us, "The support plans are very person-centred."

People had health action plans and hospital passports in place which contained information about their health needs. These would accompany the person should hospital treatment be required. Some people had very detailed end of life care plans in place. For example, one person wanted to be remembered, "As centre of attraction, telling jokes and helping people, when I can." Staff had received training in end of life care. This meant that information was available to inform staff of the person's wishes at this important time to ensure their final wishes could be met.

People and their relatives were complimentary about the activities. Planned activities, outings and events were displayed in communal areas. People had enjoyed trips to the North Yorkshire Moors, Blackpool Illuminations, shopping at Dalton Park, meals out, visits to the cinema and going to the theatre. Some people actively attended the local college, day centres/groups and had their own personal activity programme.

Some people were interested in baking and crafts. People showed us some Christmas cards they had been busy making. One person told us they had a sewing machine and another person showed us some of their embroidery and cross stitch. One person told us about an arts project they were involved with and told us how excited they were, "Practising for my show." Another person told us about their holiday and that their favourite thing had been using the hot tub on the veranda.

We observed members of staff sitting with two people, painting their nails and chatting to them. There was light hearted joking between staff and people who used the service. People were encouraged to participate in charitable events and enter competitions, for example, the village 'scarecrow competition', the provider's 'calendar competition' and children in need. The registered manager told us that they had arranged for 'Pets as Therapy' to visit the home as one person really liked dogs. People also had individual patio pots to cultivate their own plants in the garden.

People informed us that they were treated as individuals and could make choices for themselves, if they were able to do so. For example, two people held the keys for their rooms. People's preferences were recorded and met by staff. For example, it was recorded that one person, "Enjoys using aftershave on a regular basis" and we saw this person's wishes were met. Another person wanted to become more independent with their continence care and the service supported the person to achieve their goal.

Complaints were recorded, investigated and analysed for lessons learned. People and their relatives knew how to make a complaint and told us they felt comfortable in doing so. One relative said, "My son is very content and I have had no reason to complain."

Is the service well-led?

Our findings

The home had a registered manager in place. The registered manager had been registered with CQC since 6 December 2012 and told us they felt supported in their role. The home had a positive culture that was extremely person centred, open and inclusive. The registered manager told us the home had an open-door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time.

People who used the service and their relatives spoke positively about the registered manager and the staff. They said that they were very approachable and visible, and they would have no concerns in approaching them if they had any worries or concerns. One person said, "The staff are alright, the manager is my favourite" and another person told us their keyworker was, "Lovely, she does my laundry." Relatives told us, "The staff all work hard" and "The manager is wonderful."

We looked at what the provider did to check the quality of the home and to seek people's views about it. The provider and the registered manager carried out regular audits to ensure people who used the service received a high standard of care. These included audits of health and safety, safeguarding, environment, care records and people's experience of the service. These were up to date and included action plans for any identified issues.

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings were held regularly. The staff we spoke with felt supported in their role and felt they were able to report concerns. One member of staff told us the registered manager was, "Nice and approachable." Another staff member said, "It's a good team and everyone gets on well." We also saw positive responses from the 2017 'staff survey'. Comments received included, "Service is well lead and its ran to a good standard", "I enjoy my job immensely" and "Suggestions are discussed."

The provider regularly sought the views of people who used the service, their relatives and visiting professionals through quality assurance questionnaires. We saw positive responses from the results of the 2017 'service users and stakeholder's satisfaction surveys'. Themes included, staff, care, food, activities and environment. One person commented, "Excellence service, positive atmosphere, very professional and caring staff."

Residents meetings were held regularly. Discussion items included the home refurbishment, holidays, complaints and activities. A suggestion box was also available in the main entrance for people to post comments about the quality of the service. This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

The home had close links with the local community including the schools, day centres, churches, community centre and gym, garden centre, library and cafe.

The provider had policies and procedures in place that considered guidance and best practice from expert and professional bodies. These provided staff with clear instructions and the staff we spoke with told us they were accessible and informative. The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.