

365 Homes Limited

# Kensington Residential Care

## 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?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Kensington residential care is a residential care home providing accommodation and personal care to 26 older people at the time of our inspection. The service provides five reablement beds to facilitate timely discharges from hospital and supports people to return home. The service can support up to 35 people in one adapted building.

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

The service had recently had a change in management, including a new manager and deputy manager.

The majority of people we spoke with were complimentary about the care received, but everyone we spoke with felt there were not enough staff available. We have made a recommendation about this.

The providers auditing processes required further review to ensure they are sufficiently robust to identify all areas and improve the service. We have made a recommendation about this.

Care plans did not all detail people's preferred routines. We have made a recommendation about this.

Staff were kind and caring and knew people well, but not all promoted people's privacy and dignity. We have made a recommendation about this.

Risks to people's health, safety and well-being had been assessed and staff understood how to keep people safe.

People had assessments before admission to ensure their needs could be met and ongoing risk assessments to reduce any risks. People's health and nutritional needs were planned for and met. Any health concerns were raised with health professionals.

Safe recruitment and selection procedures ensured suitable staff were employed.

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

Medicines were managed and administered safely, with regular checks completed. We were assured by the measures taken to help ensure the prevention and control of infection.

There were systems in place for communicating with people, their relatives and staff regarding people's care and support. The environment was clean, safe and maintained to a good standard. Ongoing refurbishment was taking place in accordance with the providers development plan for the service.

#### Rating at last inspection

The last rating for the service under the previous provider was Good, published on 15 January 2020.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Kensington Residential Care

## 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 Health and Social Care Act 2008.

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

#### Inspection team

The inspection was completed by two inspectors and an Expert by Experience on the first day and one inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Kensington residential care is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kensington residential care is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. A manager was in post and had started the process to be registered with the CQC.

#### Notice of inspection

The inspection was unannounced.

#### 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 safeguarding team and quality assurance team. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

#### During the inspection

We spoke with six people who used the service and nine relatives about the experience of care provided. We spoke with 13 staff, including kitchen staff, domestic staff, senior care staff, care assistants and the management team.

We reviewed four care plans and various records relating to the health and safety of the building. We reviewed two staff files looking at their recruitment, supervision and training. We reviewed the provider's policies and procedures.

#### After the inspection

We carried out telephone interviews with two staff. We continued to seek clarification from the provider to corroborate evidence found. We looked at more audits and reports.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The provider had a staff dependency tool in place to calculate the staff numbers required to run the service safely. The provider since taking over the service had made changes to staffing levels including the recruitment of a deputy manager.
- We observed there were enough staff on duty to meet people's needs. However, people we spoke with felt staff were rushed. One person told us, "They work so hard all day and there are not enough staff to go around if we all need something at the same time."
- Relatives consistently told us they felt staff were busy. One relative told us, "My relative doesn't complain but the wait is long sometimes." We fed this back to the operations and business manager so they could consider people's experiences.
- Review of call bell responses showed that overall, all calls were responded to within the four-minute threshold set by the provider.

We recommend the provider considers the reassessment of people's identified needs and dependency and reviews the deployment of staff within both areas of the service to ensure appropriate staffing levels are in place.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Not all risk assessments and care plans for people guided staff to mitigate risks effectively. Some moving and handling risk assessments did not always identify equipment people required to support safe care. The manager investigated this and took steps immediately to address this during inspection.
- Care plans and risk assessments were regularly reviewed, and personal emergency evacuation plans were in place.
- Fire safety procedures were in place along with regular checks of equipment and premises.
- Regular maintenance checks, risk assessments and repairs were carried out to keep the home safe.
- Learning was shared through discussions and handovers between staff and at staff meetings.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were seen to be relaxed and comfortable with staff present.
- Staff received safeguarding training and understood how to recognise signs of abuse and what actions to take to safeguard people from avoidable harm. Staff told us they had clear processes to follow and would not hesitate in raising any concerns with senior management.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

Visiting to the home took place in line with current guidance and appropriate testing and checks were in place. Where visiting couldn't take place due to isolation people were supported to make telephone calls and use technology such as face time for regular contact.

#### Using medicines safely

- Medicines were organised and people were receiving their medicines as prescribed. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff members had been trained in the safe administration of medicines and were assessed as competent before supporting people with their medicines.
- Medicines management was audited regularly with systems in place for investigating any potential medicines errors.
- Where people were prescribed 'as and when required medicines,' clear guidance was in place to ensure staff had information about when the medicines should be given.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and staff were aware of their responsibilities under the MCA.
- Where assessments recorded people did not have capacity under the MCA, the appropriate decision making and authorisations were in place.
- People had records in place to record their consent to care and where they had a power of attorney in place.

Staff support: induction, training, skills and experience

- New staff completed an induction programme to ensure they had the knowledge and skills before providing people with support.
- Agency staff working with people were expected to complete the same training as permanent staff.
- People were supported by staff who were trained. Feedback from staff regarding their training was positive.
- Staff told us they received regular supervision and were supported in their roles.

Supporting people to eat and drink enough to maintain a balanced diet.

- People's eating and drinking needs were met by a nutritionally balanced diet. One person told us, "The food is really good everything gets eaten - I can always ask for something not on the menu, the food is fresh and well-cooked every day."
- Staff were aware of people's dietary needs and people who required a specialist diet for example, allergies and food textures were well supported.

Staff working with other agencies to provide consistent, effective timely care; Assessing people's needs and choices, delivering care in line with standards, guidance and the law and Supporting people to live healthier lives, access healthcare services and support.

- People had individualised hospital passports in place. These records share important information in the event of a person needing to visit hospital for treatment.
- Staff worked in partnership with external health and social care professionals, including; GP's, social workers, mental health teams, occupational therapists and district nurses.
- Timely referrals were made to healthcare professionals.
- We received mixed feedback from healthcare professionals we spoke with. One professional told us, "Staff always know residents well and they are prompt at putting in referrals. On the whole they have good communication."

Adapting service, design, decoration to meet people's needs

- The provider had a development plan in place which detailed the refurbishment and improvement plans for the service with timescales for these being achieved.
- The environment was fully accessible, with a range of adaptations and equipment to meet people's needs. The service was clean and well maintained.
- People had access to outside spaces, quiet areas and an area suitable for activities or to see visitors.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported, respecting equality and diversity: Respecting and promoting people's privacy, dignity and independence

- During our inspection, we identified a member of staff interacting with a person in a way which may have been misconstrued as inappropriate. This was dealt with immediately by the manager and the senior leadership team. Following the inspection, we received some assurances this matter had been dealt with.

We recommend the provider re visits equality and diversity training with staff to ensure a consistent approach to promoting people's privacy and dignity is maintained.

- People told us staff were very caring and that the agency staff were also good. They told us staff treated them with dignity and respect, but more than one person told us, they wished staff would knock before entering their rooms.
- Staff understood the importance of offering people choice and promoting their independence.
- People told us staff were supportive in helping them to remain as independent as possible.
- People were supported during the COVID-19 pandemic through safe visiting and other communication methods.

Supporting people to express their views and be involved in decisions about their care

- Care plans did not all include information about people's preferences for care, their preferred routines or how they had been involved in making decisions about their care.

We recommend the provider reviews their processes for involving people in the care planning process and seeking their preferences for care and the recording of this information.

- For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the manager and on display within the building. An advocate is an independent person who supports people, so their views are heard, and their rights upheld.
- People attended residents' meetings where they were able to contribute their feedback and receive updates on any changes at the service.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- An assessment was carried out prior to admission, to identify each person's support needs. Care plans were developed outlining all aspects of care and support.
- People told us staff knew them well.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded in care plan. Guidance was in place detailing how people communicated. Where appropriate information and communication was adapted to suit individual preferences.
- The providers development plan outlined the additional plans they had to introduce personalised bedroom doors to help aid orientation and pictorial menus and activity boards had been ordered.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities. The provider was in the process of recruiting two full time activity coordinators to extend the activity programme.
- Staff supported people to engage in activities but feedback from people was mixed about the range of activities on offer. One person told us, "A little while ago I went out to the shops and had a coffee-it was so nice, but it cannot happen too often because of staff levels."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and system in place.
- Feedback, including concerns and complaints was welcomed and where appropriate outcomes were used to help improve the service for people.
- People told us they knew how to complain and when concerns had been raised these had been addressed.

End of life care and support

- People were supported to have discussions and make plans for the end of their life where it was appropriate.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A clear auditing system was in place but required further embedding as it had not identified the issues found during inspection.

We recommend the provider reviews their auditing process to ensure they are sufficiently robust to identify areas and improve the service.

- The operations manager was responsive and took immediate action to address the issues found during inspection.
- The manager analysed accident and incident reports to identify trends, make changes and improvements to prevent recurrence.
- A development plan captured ongoing improvements. For example, further improvements to the environment, review of staffing and re provision of how the two services were provided.
- The manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

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

- People were consulted and involved in day to day decisions about the running of the service through regular meetings. For example, the planning of activities and menus. People, relatives and staff told us the manager and senior staff were approachable.
- People's care plans included how to support people with emotional support, including expressing their sexuality, spirituality and wellbeing.
- Staff told us they were consulted and involved in decision making and were encouraged to contribute ideas and raise issues at staff meetings.
- The provider kept up to date with best practice developments. They encouraged staff to take on more responsibility through introducing lead roles to champion, dignity, Infection prevention and control and medicines management.

Continuous learning and improving care; Working in partnership with others

- People and relatives told us they felt confident that the service would act if they suggested an area for improving care.

- People benefitted from partnership working with other healthcare professionals. For example, GP's, community nurses and a range of therapists.
- The service had good partnership links with stakeholders including other healthcare professionals. One healthcare professional told us; "Staff always know residents well and are prompt at putting in referrals."

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

- The culture of the service is one that encouraged staff to be open and honest about mistakes to enable learning to take place.
- There were positive comments from staff about the new managers support and approachability. Comments included, "If we need anything she will access it for us, it is much better than before."

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

- Processes were in place to ensure any incidents, concerns and complaints were investigated and responded to.
- The provider and management team were all clear about being open and honest with people and their families when shortfalls in the service occurred. The provider had a complaints process and system to ensure senior managers were made aware of complaints and any actions taken to resolve them.
- The manager had been recruited in April 2022 and had submitted their application to register with the CQC as a registered manager.