

Bagshot Rehab Centre Limited

# Kingston Rehabilitation Centre

## 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

### About the service

Kingston Rehabilitation Centre is a care home providing care and support for up to thirty-six people. The provider is the Bagshot Rehabilitation Centre Limited and is situated in the Kingston. There were nine people using the service at the time of our inspection.

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

The home provided a safe place for people to live and work in. They were enabled to live safely and enjoy their lives, because risks to them were assessed. This meant they could take acceptable risks. The home reported, investigated and recorded accidents and incidents and safeguarding concerns. There were suitable numbers of appropriately recruited staff. Medicine was safely administered.

People did not experience discrimination against them and their equality and diversity needs were met. Staff were well-trained, supervised, and appraised. They spoke to people in a clear way that people could understand. People were encouraged, by staff, to discuss their health needs and people had access to community-based health care professionals. Staff protected people from nutrition and hydration risks, and people were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences. The premises were adapted to people's needs. Transition between services was based on people's needs and best interests.

The home had a warm, friendly and welcoming atmosphere with people enjoying the way staff provided them with care and support. The staff we met were caring and compassionate. Positive interactions took place between people, staff and each-other during our visit. Staff acknowledged people's privacy, dignity and confidentiality. People were encouraged and supported to be independent and had access to advocates.

People had their needs assessed, reviewed and received person centred care. They were given choices, followed their interests and hobbies and did not suffer social isolation. People were given enough information to make decisions and end of life wishes were identified. Complaints were recorded and investigated.

The home's culture was open, positive and honest with transparent management and leadership. There was a clear organisational vision and values. Areas of responsibility and accountability were identified, and service quality frequently reviewed. Audits were carried out and records kept up to date. Good community links and working partnerships were established. Registration requirements were met.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at the last inspection

This service was registered with us on 14/02/2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we 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?

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?

Good ●

The service was 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.

# Kingston Rehabilitation Centre

## **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.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Kingston Rehabilitation Centre 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.

#### What we did before the inspection

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

#### During the inspection

We spoke with four people, three relatives, nine care workers, and the area manager. The registered manager was on leave. We looked at the personal care and support plans for two people and two staff files. We contacted seven health care professionals to get their views.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

#### After the inspection

We requested additional evidence to be sent to us after our inspection. This included training matrix, audits and activities. We received the information which was used as part of our inspection.

# 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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service and this was reflected in their positive and relaxed body language. One person said, "I feel safe here."
- Staff were given training that enabled them to identify abuse and the action to take if encountered. People were safeguarded, by staff who were aware how to raise a safeguarding alert. There was no current safeguarding activity. The provider had a safeguarding policy and procedure.
- People were advised, by staff, how to keep safe and areas of individual concerns about people were recorded in their files.
- The home had general risk assessments that were regularly reviewed and updated. This included equipment used to support people that was serviced and maintained.

Assessing risk, safety monitoring and management

- People's risk assessments enabled them to take acceptable risks and enjoy their lives safely. This included each aspect of their health, daily living and social activities. Risk assessments were regularly reviewed and updated as people's needs changed.
- Staff were familiar with people's routines, preferences and identified situations where people may be at risk and acted to minimise those risks. One person told us, "A safe environment for people."

Staffing and recruitment

- The provider had a thorough staff recruitment process and records demonstrated that it was followed. The process contained scenario-based interview questions to identify prospective staffs' skills, experience and knowledge. References were taken up and Disclosure and Barring service (DBS) security checks carried out prior to starting in post. There was also a three-month probationary period with a review.
- There were enough numbers of staff employed, to meet people's needs flexibly. Staffing levels during our visit matched the rota, and enabled people's needs to be met and for them to follow activities safely.
- Staff received supervision quarterly and there were monthly staff meetings and twice daily shift handovers. Staff would receive an annual performance review, when the home has been opened for a year.

Using medicines safely

- Medicine was safely administered, regularly audited and appropriately stored and disposed of. People's medicine records were fully completed and up to date. This included the controlled drugs register. Staff were trained to administer medicine and this training was regularly updated. As appropriate, people would be encouraged and supported to self-medicate.

#### Preventing and controlling infection

- Staff had infection control and food hygiene training that was reflected in their positive work practices.

#### Learning lessons when things go wrong

- The service kept accident and incident records and there was a whistle-blowing procedure that staff said they would use. The incidents were analysed to look at ways of preventing them from happening again.



# 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before a new person used the service, the commissioning body provided assessment information, and further information was also requested from any previous placements. The home, person and relatives performed a pre-admission needs assessment. The speed of the pre-admission assessment and transition took place, at a pace that suited the person, their needs and that they were comfortable with.
- Where practicable people were invited to visit the home, before deciding if they wanted to use the service. During these visits' assessment information was added to.
- The home provided easy to understand written information for people and their families.

Staff support: induction, training, skills and experience

- The staff induction and mandatory training enabled people to be supported, in a way that met their needs effectively. A staff member told us, "Really good training that helps me do my job."
- The home had its own multi-disciplinary team headed by a rehabilitation consultant. There were specialist neurological nurses, psychologists, physiotherapists, and occupational and speech and language therapists.
- The support workers induction was based on the Skills for Care 'Common induction standards. The 'Common induction standards' are an identified set of 15 standards that make up the Care Certificate which health and social support workers adhere to in their daily working lives.
- The training matrix identified when mandatory training required refreshing. There was specialist training specific to the home and people's individual needs, with detailed guidance and plans. The specialist training included neuro disability awareness, gastrostomy and tracheostomy techniques.
- Staff were trained in de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging. People had personal behavioural plans, if required.
- One person told us, "Staff are extremely competent and very keen on doing a good job."

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

- People's care plans and management booklet contained health, nutrition and diet information and there were health care action plans. These included nutritional assessments and fluid charts, that were completed, regularly updated as required.
- Staff observed and recorded the type of meals people received and encouraged a healthy diet to ensure people were eating properly. Meals accommodated people's activities, their preferences and they chose if they wished to eat with each other or on their own.

- Whilst encouraging healthy eating, staff made sure people still ate meals they enjoyed.
- Special health related dietary requirements were met, such as pureed diet and thickened fluids with accompanying directions, including swallowing strategies.

Staff working with other agencies to provide consistent, effective, timely care

- Staff maintained good working relationships with external health care professionals such as NHS Clinical Commissioning Groups, GPs, palliative care hospices and dieticians.
- The home provided written multi-disciplinary discharge reports that detailed medicine, background information, physiotherapy, mobility, speech and language therapy including expressive language, neuropsychology and future support recommendations.

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

- The home was decorated to a very high standard and had appropriate adaptations and equipment, to meet people's needs, that was regularly checked and serviced.

Supporting people to live healthier lives, access healthcare services and support

- People received regular health checks, depending on needs and referrals were made to relevant health services, when required.
- The home had a GP and consultant who visited weekly and provided access to community-based health care professionals, if people required them.
- Health care professionals did not raise any concerns about the quality of the service provided.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- Staff we spoke with understood their responsibilities regarding the MCA and DoLS.
- Two people were assessed, referred to DoLS and awaiting an outcome.
- Mental capacity assessments and reviews took place as required.

# 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 Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they enjoyed the company of staff and were relaxed. This was reflected in their positive body language. People laughed and smiled a lot, during our visit. One person said, "I'm happy, I have friends not carers."
- People did as they pleased with staff support. One person told us, "Staff do what I need."

People felt respected and relatives said staff treated people with kindness, dignity and respect

- Staff were committed and passionate about people and the care they received. This was delivered in an empowering way. One person said, "A friendly, upbeat staff team."
- Staff had equality and diversity training. This enabled them to treat people equally and fairly, whilst recognizing and respecting their differences. It was reflected in inclusive staff care practices that made sure no one was left out.
- Staff were trained to respect people's rights to be treated with dignity and respect. This meant they did not talk down to people and provided support appropriately, in an enjoyable environment. This was reflected by staff practices throughout our visit with caring, patient and friendly support provided that respected people's privacy.

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

- During our visit staff supported people to make their own decisions about what they wished to do and when. One person said, "It's great here and I've been to a number of places, even the night care is amazing."

Respecting and promoting people's privacy, dignity and independence

- Staff had thorough knowledge of people, and this meant staff could understand what words and gestures meant and people could understand them. If people were showing distress or frustration, staff gave them alternatives to calm situations. Staff were also aware this was someone's temporary home and that they must act accordingly. One person said, "A very good service with friendly and caring staff."
- The home had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook.
- There was a visitor's policy that visitors were welcome at any time with the agreement of people. People said their visitors were made welcome and treated with courtesy. This was what we found when we visited.

# 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

- People decided the care and staff support that they wanted and how it was delivered, including activities. Staff made sure people understood what they were saying, the choices they had and that they understood people's responses. They asked what people wanted to do, where they wanted to go and who with. One person said, "I do some activities and am not stuck in my room all day long."
- People were admitted and treated using a seven-stage clinical care pathway. This consisted of a pre-admission assessment, basic care plan within two days of admission, and a person review, rehabilitation goal setting and therapeutic timetable within one week. A review took place after two weeks, progress review with baseline report after four weeks, further review after eight weeks and discharge planning meeting and report.
- Staff met people's needs and wishes, in a timely fashion and in a manner that people were comfortable with and enjoyed.
- Care plans were individualised and recorded people's interests and health needs. This was as well as their wishes and aspirations and the support required to achieve them. There was also a 'This is me' document that people completed to outline their goals, hobbies, wishes and abilities.
- People also had individualised management booklets outlining specific guidance to meet people's needs, such as swallowing, transfers, positioning, communication and interests.
- People's care and support needs were regularly reviewed, re-assessed with them and their relatives and updated to meet their changing needs with new objectives set. People were supported to take ownership of their care plans and contributed to them as much or as little as they wished.
- Staff were available to discuss any wishes or concerns people and their relatives might have. People's positive responses reflected the appropriateness of the support they received. One relative told us, "I don't have to worry about leaving [person] here. They [staff] are here for her comfort." Another relative said, "We get time with the [registered] manager if we need it. They always get on the phone if there is a problem"

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The AIS was being followed by the organisation, home and staff with information available that was easy for people to understand. Staff communicated clearly with people which enabled them to understand what they meant and were saying. People were also given the opportunity to respond at their own speed.

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

- There were several activities available to people. These included, hand aromatherapy, feeding ducks down by the Thames, Wii sports, quizzes, book club, movies, current affairs and plant and flower pruning.
- One person was supported to manage their IT from the home, so they could work, as work was an on-line facility. Their therapy and care were planned around the times of work so that they could begin to rebuild their life. They told us, "A relative is coming in to improve my computer software, so I can get on with more work." The person also suggested that the night staff could set up their laptop as they woke up at 6 am and felt they wasted time, they could better use. This was relayed to the management and put in place.
- People were encouraged to have contact with friends and relatives, as much as they wished, and relatives and friends were visiting during the inspection.
- One person had moved to the Kingston Rehabilitation Centre, from their own home which was situated far closer to another home in the group providing the same services. The person was enabled to transfer, to make it easier for family and friends to visit them.
- The home used technologies that provided fun, engagement and neuro stimulus triggers. This included the Wii fit that enabled people who were physically challenged to engage in sport and activities.

Improving care quality in response to complaints or concerns

- People said they were aware of the complaints procedure and how to use it. One person told us, "I have no complaints." The complaints procedure was straight forward and easy for people to use. There was a robust system for logging, recording and investigating complaints.

End of life care and support

- People had end of life wishes recorded in their care plans.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people 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 home and provider had an open, positive, inclusive and empowering culture. Within the home this was built on the attitude and contribution made by the registered manager and staff. They listened to people and acted upon their wishes. One person told us, "Everyone is approachable."
- People said the registered manager was good and the home very well-run. One person said, "A very nice person." A staff member said, "The [registered] manager is very supportive."
- The organisation had a clearly set out vision and values, contained in its care strategy, which also outlined how they would be achieved, and that staff understood. These were explained during induction training and revisited at staff meetings.
- Staff reflected the organisation's stated vision and values as they went about their duties. There were clear lines of communication and specific areas of responsibility regarding record keeping and medicine.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements Continuous learning and improving care

- The quality assurance systems were robust, contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets.
- Audits were carried out by the registered manager, staff, the regional manager and registered managers from other homes in the group and the internal quality team. They were up to date. There was also a service improvement plan. This detailed identified requirements, action taken, date and update.
- The records kept demonstrated that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- The home had close links with services. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- The home was planning to enhance community links by forging links with local schools, scout groups and the nearby university. It was also proposing a scheme whereby two isolated people, within the local community would be invited to have Sunday lunch with people at the home and facilitating mums and tots'

groups. These contacts and activities had timescales for introduction.

- Staff made sure that people had access to local resources that provided advocacy and advice.
- The home had group meetings for people and their relatives, to discuss issues and suggestions. They also had regular personal reviews. Relatives said they were in frequent contact with the home, who kept them informed and adjustments were made from feedback received. A relative told us, "They [staff and registered manager] do listen." The organisation sent out surveys to people, their relatives and staff.