

Sunny Okukpolor Humphreys

# Kenilworth Care Home

## Inspection report

Duncan Place  
Loftus  
Saltburn By The Sea  
Cleveland  
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Date of inspection visit:  
07 January 2019  
17 January 2019

Date of publication:  
28 January 2019

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Kenilworth care home in Loftus, Redcar and Cleveland provides accommodation for up to 20 older people who require personal care. At the time of inspection, there were 19 people using the service.

At our last comprehensive inspection we rated the service as 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 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.

At this comprehensive inspection we found the service remained good.

People were safeguarded from the risks of abuse. Staff understood and managed the risks to people to make sure they remained safe, however records relating to risk needed to be improved. Staff did not always recognise the risks posed from the environment. We asked the registered manager to take action to ensure the kitchen door always remained closed because the cooker was next to the door where people and staff regularly passed. A cooling fan was put in place to protect staff from excess heat in the kitchen. Staff followed infection prevention and control procedures and the registered manager took action to put toilet roll holders in place when we asked them to during inspection. Recorded water temperatures showed they were above safe temperature limits without action taken to address this. No harm had come to anyone as a result of these risks to the environment.

Accidents and incidents were recorded and analysis carried out. Certificates to maintain the safety of the building were up-to-date. Fire safety checks had been completed regularly. Staff were recruited safely and there were enough staff on duty at all times. Good systems were in place to manage people's medicines. There was evidence that lessons had been learned when incidents had taken place.

Detailed assessments were carried out before people moved into the service. People were supported with their health care needs and care records detailed guidance from health professionals. People were involved in planning menus and referrals for nutritional support were made when needed. Staff were supported by way of induction, supervision, appraisal and training.

People were supported 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 practice. The environment was in need of updating. Some improvements had been carried out and an improvement plan was in place.

People told us they were cared for by staff who knew them well. Nothing was too much trouble and their privacy and dignity had always been maintained. Although the care records did not detail people's involvement in their care, people told us they had been involved in planning and reviewing their care. Care records detailed people's communication needs and information was given in people's preferred formats.

Staff provided person-centred care to people which supported them to be as independent as they could be and to live fulfilled lives. Care records supported staff to do this. An activities co-ordinator supported people with activities of their choice and people were complimentary about these. Everyone we spoke with knew how to make a complaint and told us they had confidence that appropriate action would be taken to address their complaint. No-one was receiving end-of-life care.

People and staff were very supportive of the registered manager and of each other. They all worked together to deliver safe care to people. Feedback had been sought via meetings and surveys. The auditing process had been reviewed and more robust audits had been put in place. The provider regularly visited the service and sought feedback from people and staff during this time. Action plans were in place to continue to develop the service. The service had good links with their local community and worked alongside health and social care professionals.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Staff understood and managed the risks to people. Risks posed from the environment were not always recognised.

There were sufficient staff on duty to keep people safe.

Good systems were in place to manage people's medicines.

### Is the service effective?

**Good** ●

The service remained good.

### Is the service caring?

**Good** ●

The service was safe.

### Is the service responsive?

**Good** ●

The service was safe.

### Is the service well-led?

**Good** ●

The service remained safe.

# Kenilworth 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 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.

An unannounced comprehensive inspection took place on 7 January and 17 January 2019. One adult social care inspector and one inspection manager attended the service on 7 January 2019 and one adult social care inspector attended on 17 January 2019.

Before our inspection we reviewed all the information we held about the service. We examined the notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We also contacted Redcar and Cleveland and North Yorkshire local authority Commissioning teams. We used the information shared with us as part of our inspection planning.

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 the inspection we spoke with two people on a one-to-one basis and ten people during a group discussion. We also spoke with the registered manager, deputy manager, the chef and three care staff.

We reviewed two people's care records, three medicine administration records, two staff recruitment and induction records, three supervision and appraisal records and the training matrix for all staff. We also reviewed records relating to the day-to-day running of the service.

# Is the service safe?

## Our findings

People told us they were happy and felt safe living at the service. Staff understood and managed any safeguarding risks to people.

Staff had good knowledge of people who were at risk of harm through their health condition, such as the risk of falls and malnutrition. Assistance from health professionals had been sought to manage these risks and recommendations had been followed. Risk assessment records needed to be updated to ensure they reflected the actual risks in place to people. The registered manager told us these would be completed in-line with care plan reviews.

Risks posed from the environment were not always recognised. Water temperature records showed hot water was above safe temperature limits yet no action had been taken. The registered manager told us a new thermometer would be purchased and water temperatures would be rechecked and action would be taken to address this if needed.

We observed the cooker was next to the kitchen door where people and staff regularly passed, and also stood in the door way to speak with kitchen staff. We were concerned about the potential risk of harm caused by burns and scolds from the cooker because of its proximity to the door. Staff told us people and staff accessed the kitchen to get to the dining room more quickly. The safety gate in use was not effective because the cooker remained in reach. The registered manager took immediate action to remove the safety gate and ensure the kitchen door remained locked. A cooling fan was purchased to protect kitchen staff from excess heat.

Systems were in place to manage the risks of infection prevention and control, such as training, audits and equipment. However, there was no toilet roll holders in many of the rooms reviewed and some soap dispensers were broken. The registered manager took immediate action to address these during inspection.

Health and safety certificates were in place which showed the safety of the environment had been regularly maintained and was safe for people and staff. Regular checks for fire safety and legionella had been carried out.

Staff had been recruited safely. Two checked references and a disclosure and barring services (DBS) check was in place. This is a check to make sure staff are suitable to work with vulnerable people. Everyone we spoke with told us there was always enough staff on duty at all times.

Good systems were in place to support people with their medicines. Medicine administration records had been fully completed and there were sufficient stocks of prescribed medicines and topical creams. Controlled drugs (liable to misuse) were safely managed. As and when required medicine protocols had been completed to support staff to administer these types of medicines.

Accidents and incidents had taken place and information reviewed to determine any patterns or trends.

There was evidence that lessons had been learned when incidents took place.

## Is the service effective?

### Our findings

Comprehensive pre-admission assessments were completed prior to people moving into the service. This meant the registered manager could be assured they could appropriately support the person and their needs. After people had moved into the service, staff sought advice and guidance from health professionals involved in people's care and followed their recommendations to support people with their health care needs and to lead healthier lives. Care records documented all contact with health professionals and demonstrated how recommendations had been followed.

All staff were supported to provide safe care by way of induction, supervision, appraisal and training. All staff told us they were supported by the registered manager and were confident that any additional support they needed would be provided. One staff member told us, "I feel supported. I know [registered manager] is there for me." Staff completed regular training and new staff had started to undertake the care certificate. This is an agreed set of standards needed to work in the care sector.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). No-one using the service at the time of inspection was subject to DoLS. We observed staff asking for people's consent before any support was given. People also confirmed that this was standard practice when we spoke with them. There was evidence of signed consent forms in people's records. We saw some relatives had signed people's care plans to show that they were happy with this. We discussed this with the registered manager, who agreed to review these records because people had capacity to consent to their own care.

People were supported with their nutritional needs. In the group discussion, everyone made positive comments about the variety and quality of the food provided. People told us, "There's always a nice menu. We always have a choice and those choices generally suit everyone." One staff member told us, "The food is lovely, you can't fault it. Everything is fresh and there is lots of variety." Another staff member told us, "There is always a choice of meals. The cook will make something different for people if they want."

People told us they had contact with health professionals as part of their care. We saw staff were responsive to one person who was unwell during inspection. The service had good relationships with health professionals.

Many aspects of the service were in need of updating. Prior to our visit, new flooring had been laid in one of the lounges and dining room and some bathrooms had been updated. During inspection, flooring was in the process of being replaced in the main corridors once repairs to floorboards had taken place. Further improvements were needed which the provider was aware of and an action plan was in place. This included updates to paintwork and décor and to uneven floorboards across the service. One staff member told us, "A few things need sorting, but [registered manager] is sorting it."



## Is the service caring?

### Our findings

During the group discussion with people, everyone told us they received good care and had good relationships with all of the staff. People told us staff knew about their individual needs, personal routines, likes and dislikes. Staff demonstrated good knowledge of these when we spoke with them. People told us, "Everything is good. We are looked after well, and the best thing about the service is the staff. Staff are very caring." One person told us, "The staff are very good here. The staff work very hard and attend to people straight away. We only have to ask staff and they will do what we need straight away."

We observed good relationships between people and staff. We observed a staff member assist one person to move in the lounge. This person said, "You're a star," to the staff member. We could see they had a good relationship with each other. Staff had time for people, to sit and chat. Staff told us they enjoyed working at the service and spoke about people with kindness and compassion. One staff member told us, "I absolutely love my job." Another staff member told us, "I absolutely love my job, seeing people and talking to them. I wake up and look forward to coming to work. We always treat everyone as an individual. We do our best to get what people need. "

People told us they were involved in making decisions about their care. This was not reflected in people's care records. Some people told us they reviewed their care plans and some people said that they didn't, however this was their choice. One person told us, "Staff tell you about your care plans. I am happy to let the staff get on with it. You can sign them if you want." One staff member told us, "I am a key worker for [person] and I look at their care plan with them."

People told us their privacy and dignity was respected and maintained at all times. The service worked in line with the accessible information standard. This meant people were given information in format of their choice.

People told us they were supported to maintain relationships with people important to them and could have visitors at any time. One person told us how their relative had kept in touch with them by telephone from Mexico. They described how important and wonderful this had been for them. During inspection we observed positive relationships between staff and relatives. A relative told us they were made to feel welcome whenever they visited. People also told us they were supported with their faith and members of the religious community visited them at the service.

## Is the service responsive?

### Our findings

People told us the care which they received was in-line with their needs, wishes and preferences and they were very happy with their care. People told us staff knew about their own personal ways and how they liked to do things. They also told us staff had all the time they needed and were never rushed.

Staff had good knowledge of people's needs and told us care records contained the information which they needed about people. Staff also told us that they participated in a handover before each shift where they were given any new updates about people. We reviewed care records and found care plans were detailed and gave a comprehensive overview of people's needs as well as their likes and dislikes. We found information was repetitive within the care plans and found the records could be streamlined. The registered manager told us they were due to start reviewing all care records.

People told us there was lots going on at the service and it was personal choice about whether to participate. During inspection, we observed one staff member carry out a group discussion and sing-a-long with people. The discussion took place about the singer and incorporated their life history. The staff member started a song and people joined in. The staff member was called away and people continued with the song. When this finished they proceeded with further discussion. All staff were involved in delivering activities. One staff member told us, "I organise the bingo, raffles, the Christmas party and the grand national sweep.

People told us to mark the centenary of the first world war, staff dressed us as land girls and evacuees. Different activities were held during the day in-line with this. The registered manager told us people had responded really well to this and everyone had decided to carry out more regular events. Last month, all staff dressed up as characters from the Wizard of Oz.

Everyone we spoke with was aware of how to make a complaint. People told us they felt able to speak with staff or the registered manager and had confidence that any issue or complaint would be resolved. Where complaints had been received, they had been dealt with appropriately.

The service had received many compliments from relatives about the care received. One compliment stated, "Thank you for looking after [person]. They have improved so much under your care." Another stated, "Thank you all for the fantastic support you have given to [person]."

No-one was receiving end-of-life care at the time of inspection. The service had previously provided this care and appropriate resources were in place if anyone using the service required this type of care. One compliment received stated, "Thank you so much for giving [person] the care and understanding that they needed for the last part of their life. [Person] was happy at Kenilworth and that is due to you all."

## Is the service well-led?

### Our findings

A registered manager was in place. They had previously worked in the position of deputy manager and had worked at the service for over 25 years. 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.

People and staff spoke highly of the registered manager. In a group discussion, people told us, "The [registered] manager is wonderful. They really are lovely. We can talk to them about anything. Most importantly they make time for us and listen to us." They also told us, "You would be well looked after if you came to live here." One person told us, [Registered manager] has just took over and gave us the most wonderful Christmas. We had lots of trees on display."

We saw that staff worked together as a team and understood the visions and values of the service which were reflected in the quality of care which we observed and spoke about with people. They were all empowered to deliver high quality care to people. One staff member told us, "I love it here, caring for the elderly. It's a nice place to work with nice staff. We all get on really well." Another staff member told us, "The atmosphere is relaxing. The registered manager has energy and has a good rapport with residents. They spend time out on the floor and deliver care to residents. I find this important in a manager. They have been making lots and changes since they've been the [registered] manager. They've done really well, they've worked hard and they do deserve the manager's job."

The provider had made improvements to the quality assurance of the service since the last inspection. Most recent audits carried out were comprehensive and included action plans which had started to be addressed. They were aware that audits completed by staff needed to be further improved because areas such as water temperatures and lack of robust risk assessment records had been missed. Areas for improvement at services within the provider's portfolio had been shared to make sure lessons were learned across all services. All staff were committed to continuous development at the service.

There was evidence of regular visits from the provider which showed that improvements were being made or were planned in place. These visits also showed that feedback was sought from people, particularly in relation to their care, food and activities. Feedback was sought and information was shared during meetings for people and staff and via a newsletter. Recent surveys showed that people and relatives were happy with the care provided.

The service had established links with their local community. Fundraising had taken place and donations made to the Royal British Legion in Loftus, to Cancer care and to Teesside Hospice. People and staff had knitted hats for the maternity unit at the local hospital. The hospital sent a letter of thanks which stated, "It is with grateful thanks we have received our beautiful knitted hats. They will be extremely useful following delivery of new-borns."

The service worked well with health and social care professionals. Positive feedback was received prior to inspection from commissioning teams involved with the service.