

Mr C and Mrs LA Gopaul

Kenilworth Nursing Home

Inspection report

26-28 Kenilworth Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Kenilworth Nursing Home is a residential care home providing personal and nursing care to people with mental health needs. The care home can accommodate up to 30 people. At the time of the inspection 26 people were using the service.

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

The provider had systems and processes in place to help keep people safe including risk assessments and risk management plans. Medicines were managed safely overall. People and relatives told us they thought people were safe. Safe recruitment procedures were followed.

The provider had systems in place to manage infection prevention and control. Staff generally wore personal protective equipment (PPE) appropriately and visiting was managed safely in line with government guidance. COVID-19 testing, care plans and visitor plans were in place.

Incidents, safeguarding concerns and complaints were appropriately investigated so learning took place and relevant agencies such as the local authority and CQC were notified. Audits were undertaken to monitor and to help make improvements to the service.

The provider worked with external professionals to help ensure people's health and wellbeing needs were met. People, their relatives and staff indicated the managers were approachable and acted on any concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 September 2020).

Why we inspected

We received a concern in relation to risks about the care provided around people's health needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. We found no evidence during this inspection that people were at risk of harm from this concern.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kenilworth Nursing Home on our website at www.cqc.org.uk.

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 coronavirus and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service using our monitoring systems which will inform when we next inspect the service.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Kenilworth Nursing Home

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.

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 carried out by two inspectors. After the inspection an Expert by Experience made phone calls to relatives for feedback on their experience of the service. 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

Kenilworth Nursing Home 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

We reviewed information we had received about the service since the last inspection. We also sought feedback from the local authority who works with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection.

This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with eight members of staff including the deputy manager, two nurses and five care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and we spoke with six relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- There were appropriate systems for preventing and controlling infection and we were assured the provider was following current guidance and procedures to keep people safe during COVID-19. This included visitors to the home.
- People using the service had individual COVID-19 risk assessments, but staff risk assessments were general. After the inspection the provider sent us completed COVID-19 risk assessments for staff.
- Most staff used personal protective equipment correctly. We did observe some staff with their face mask under their nose, but this was fixed immediately when we pointed it out.
- Staff had relevant training around infection control.
- The home was clean, and we observed a visible housekeeping staff presence.
- The provider had a 'whole home testing' process which meant everyone who lived or worked in the home was routinely tested for COVID-19.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of avoidable harm and abuse. People and their relatives told us the home was safe. One relative said, "The staff are very good. They are always popping in and out of [person's] room and there is always someone in the lounge."
- The provider had up to date policies and procedures for safeguarding and whistleblowing.
- The home maintained a record of safeguarding concerns. When safeguarding concerns were raised the provider notified the relevant agencies and worked with the local authority to help resolve any issues.
- Staff had training around safeguarding adults and understood their responsibility to help ensure people were protected from the risk of harm.

Assessing risk, safety monitoring and management

- The provider had systems in place to keep people safe from harm. Risk assessments included falls, skin integrity, covert medicines, smoking, behaviour that challenged and self-neglect. The risk assessments had information about how to reduce the risk and were reviewed regularly so they were relevant to the person's needs.
- Staff understood people's needs and were able to support people in a way that reduced risks. For example, knowing what people's triggers were around behaviours of distress, meant the risk could be managed.
- People had personal emergency evacuation plans (PEEPs) for how each person should be evacuated and the assistance they required to evacuate safely in an emergency.

- Records indicated regular health and safety monitoring of the building had taken place. However, we did see a fire door stop battery not working and the door propped open, but this was resolved during the inspection.
- Inspection and servicing of fire equipment, gas and electrical safety and portable electrical appliances had been carried out. Equipment such as hoists and the home's lift were regularly serviced.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. Staff were visibly present throughout the inspection and we observed staff responding to people's requests in a timely manner. There were also enough staff to support people to go out. Relatives told us, "Staff are kind and caring and they are always around" and "There is a different mix of staff but there are plenty of them."
- The provider did not employ agency staff but used bank staff which helped maintain a consistent staff team familiar with people's needs and preferences.
- Records indicated safe recruitment practices were followed including completing pre-employment checks satisfactorily before care workers were employed. This helped to ensure that new staff were of good character and suitable for the work they were undertaking. New staff then completed an induction and training to further develop their required skills.

Using medicines safely

- Medicines were managed safely, and the provider had a medicines policy and procedure in place to provide guidance for staff.
- Medicines administration records (MAR) indicated that people received their medicines as prescribed. We saw a prescribed 'as required' medicine did not have appropriate administration protocols in place. However, the medicine had never been administered and the provider put the correct protocol in place during the inspection. All other 'as required' medicines had appropriate protocols for administering them.
- Staff had relevant training to administer medicines and their competency in this was tested annually.

Learning lessons when things go wrong

- The provider had systems to learn when things went wrong. Incidents and accidents were appropriately recorded and investigated, and outcomes included actions to help prevent future reoccurrence.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- The provider promoted a positive and inclusive culture to achieve good outcomes for people. People and their relatives were satisfied with the care provided. One relative said, "[The provider] is doing a good job. Everything is in order."
- The provider had consulted with people and their families about how people's care was provided to meet their needs. This was ongoing as people were invited to attend their care plan reviews and give their views.
- Staff were happy working at the service and were positive about how it was managed. Comments included, "When we need help can always talk to [the deputy or registered manager]. It is never a problem. They give advice or come straight away."

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 managers understood their responsibilities around duty of candour and were open and transparent when something went wrong.
- The provider was aware of when they needed to send notifications to CQC.
- Complaints, incidents and safeguarding alerts were recorded, investigated and information was shared appropriately with other agencies such as the local authority.

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

- The service had a clear staff structure and understood their responsibilities. The managers were suitably qualified and experienced for their roles. The service was a family run business. The owner was also the registered manager and involved in the day to day running of the service. One person told us they knew who the managers were and having lived in the home for a number of years, "Loved it".
- Staff received supervision and attended team meetings. Staff said they felt supported and told us, "[Managers] do hear me out if something has happened. I tell them and they do take it on board."
- The managers had a good overview of the service which meant they could respond promptly to situations.

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

- Stakeholders were engaged in how the service was run. Relatives told us and "It's running efficiently, and I am quite happy with them on the whole" and "Yes, reasonably managed."
- There were monthly resident meetings, where people could feedback to the provider about how the service was run.
- Care plans identified people's protected characteristics and provided information about how to support people. We observed during the inspection staff were able to speak with people in their first language which made communicating their needs easier.
- Satisfaction surveys about their experience of the service, were completed by people and staff in December 2020. The provider had analysed the feedback and the response was positive overall.

Continuous learning and improving care

- The provider had systems for assessing, monitoring and mitigating risk and improving the quality of the service.
- Audits and checks helped to ensure continuous learning and improving care. These included medicines, incidents, care plans and an infection control audit and had actions to follow up to improve service delivery.
- The provider was in the process of moving their paper-based system onto an electronic one to provide easier access to help monitor the service.

Working in partnership with others

- Staff worked in partnership with others to help ensure people received appropriate care and support. Records indicated the provider made timely referrals and worked with mental health professionals, the local authority, GP and local Clinical Commissioning Groups (CCGs).
- The managers attended the local authority provider meetings to share practice with other providers and keep updated on relevant guidance. They also met with a new community matron at the home and planned to join infection control workshops with the local authority.