

Mr C and Mrs LA Gopaul

# Kenilworth Nursing Home

## Inspection report

26-28 Kenilworth Road  
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London  
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Date of inspection visit:  
02 July 2019  
03 July 2019

Date of publication:  
28 August 2019

### 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

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 40 people over two floors.

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

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. There were also systems in place to identify and manage risks. Safe recruitment procedures were in place and there were enough staff to meet people's needs. Medicines were managed and administered safely. Staff followed appropriate infection control practices to prevent cross infection.

Supervisions, appraisals and competency testing provided staff with the support they required to undertake their job effectively and safely. People's needs were regularly assessed to ensure these could be met. People were supported to maintain health and access healthcare services appropriately. People were also 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.

Staff were kind and respectful of people's wishes and preferences and provided support in a respectful manner. People were involved in making decisions about their day to day care. Staff respected dignity and promoted independence for people.

Families were welcomed to the service. People had the opportunity to engage in activities in the home and the community and were supported to follow their interests. There was a complaints procedure in place and the provider responded to complaints appropriately.

The provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people. People using the service and staff reported the registered manager was approachable and promoted an open work environment.

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 last inspection and update

The last rating for this service was Requires Improvement (published 25 July 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

#### 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.

# 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.

#### Inspection team

The inspection was carried out by one inspector, a specialist advisor in nursing and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Kenilworth Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 is family run as a partnership and the registered manager is one of the partners. 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 sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eleven people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the provider who was also the registered manager, deputy manager, nurses, care workers and the chef.

We reviewed a range of records. This included four people's care records and six medicines records. We looked at five 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.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had systems in place to identify and manage risks to people and guidelines for staff to follow to reduce the risk of avoidable harm. Assessed risks included moving and handling, skin integrity, bed rails, call bells and nutritional needs. A healthcare professional said, "Kenilworth staff treats residents like part of a family. They get to know residents' nuances, preferences and dislikes and this goes a long way towards risk management."
- Communal areas had available staff and we observed staff appropriately supporting people with behaviour that challenged.
- The home had checks in place to ensure the environment was safe and well maintained. These included environmental risk assessments, equipment checks, fire risk assessments and a personal emergency evacuation plan (PEEP) for each person. Maintenance and cleaning checks were up to date.

### Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed consistently and safely in line with national guidance. Medicine Administration Records (MARs) included photographs and allergies of each person that provided staff with relevant information when administering medicines. MAR sheets were completed accurately and stocks we counted reconciled with these which indicated people were receiving their medicines as prescribed.
- Staff followed the guidance in place on managing 'when required' (PRN) medicines for each person and documented the reasons why they had administered the medicines. People who self-administered medicines were assessed appropriately.
- Medicines were managed by staff who had received the relevant training and who underwent annual assessments of their competency to ensure they had the skills required to administer medicines safely.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to safeguard people from the risk of abuse. People told us, "I feel safe here because many people look after me" and "I'm safe. They have nurses here."
- The provider had safeguarding adult policies and procedures in place. Staff received safeguarding training to help ensure they had the skills and ability to recognise when people were at risk of being unsafe. Staff were aware of guidelines and contact details of the local authority safeguarding team, and this information was displayed around the home.
- Staff were confident any concerns they raised would be actioned by the registered manager.

Staffing and recruitment

- Recruitment procedures were in place and implemented to help ensure only suitable staff were employed to care for people using the service.
- People using the service were satisfied with the number of staff available to meet their needs. People told us, "Yes there is enough staff" and "I have call bell. I press it, they come straight away."
- We observed staffing levels throughout the day and could see although staff were busy, they had time to engage with people and we observed kind and caring interactions.
- The management team were always available out of hours and this was confirmed by staff who also said, "We have enough staff. We are a good team. Even if someone is not well, we are always covered [by bank staff]."

Preventing and controlling infection

- There were systems and processes in place to protect people from the spread of infection.
- The provider had an infection control policy and risk assessment in place to help protect people from the risk of infection. Staff had attended training on infection control and we saw a number of checks completed to ensure a clean and safe environment. Staff wore protective personal equipment such as gloves and aprons to help prevent cross infection.
- Feedback from people on the cleanliness of the environment included, "They clean every day and change the bed [linen] every five days" and "It's very clean. They clean my bedroom every morning."

Learning lessons when things go wrong

- The provider recorded incidents and accidents which included action plans to reduce the risk of re-occurrence.
- When a safeguarding concern was raised, the provider took appropriate action to investigate, document and respond to the concern. The report included 'lessons learnt' and the information was sent to the local authority and CQC as required.



# 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.

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

- People's needs were assessed prior to moving to the home to confirm these could be met by the provider. Assessed needs included mobility, hygiene, dietary needs, mealtime support, physical and mental health needs, communication and a summary of care needs.
- People were involved in pre-admission assessments and these were used to form the basis of the care plan.
- People's protected characteristics under the Equalities Act 2010 were identified and recorded in people's care plans. This included people's cultural and religious needs.

Staff support: induction, training, skills and experience

- People using the service were supported by staff with the skills and knowledge to effectively deliver care and support. One person using the service told us, "Staff give me my medications and listen to me when I talk to them about my problems." A relative said, "Of course staff have the skills because of the challenging behaviour. Staff are very kind, approachable and very caring."
- Staff completed an induction programme and new care workers were enrolled on the Care Certificate which is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- Staff were supported to keep their professional practice and knowledge updated in line with best practice through training, supervisions, annual appraisals and competency testing to ensure they had the appropriate skills to care for people.

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

- People were supported to maintain good nutrition and care plans recorded any specific needs such as a diabetic care plan and people's food likes and dislikes.
- The feedback from people regarding the menu was mixed from, "I don't like the food here, it's horrible" to "Yes I have a choice. It's very nice food here." However we observed people were offered choices, food was served freshly prepared and people appeared to enjoy their meals.
- People were offered drinks at regular intervals and anytime people asked for a snack or a sandwich outside of meal times, this was brought to them. Menu choices was an agenda item at meetings for people using the service which gave them the opportunity to discuss what they would like to see on the menu.
- Where required, people's food and fluid intake were monitored, and all people were weighed monthly. Any concerns identified were addressed appropriately and referrals made to other agencies such as the GP or dietician if required.

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

- The provider worked with other agencies such as the mental health team, speech and language therapists, opticians and tissue viability nurses to provide effective care. Care records included information about appointments with health and social care professionals.

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

- People were supported to maintain good health, have access to a range of community health care professionals and received ongoing healthcare support.
- Referrals to health care professionals were made in a timely way and staff recorded and followed advice and instructions from them. One person said, "If I feel unwell I talk to staff and it's sorted."
- A GP visited the home weekly which meant they knew people and their needs well and any health concerns could be promptly addressed and monitored.

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

- The home was clean and well maintained. The provider had an annual maintenance / décor plan which had been updated for 2019 and projected work for each room with work completed comments.
- Different colour schemes were employed to identify different areas of the home and help people orientate themselves, and toilets and bathrooms had clear pictures on the doors to make it easier for people to know what was behind the door.
- People's bedrooms were personalised to their own taste and wishes and their doors had been personalised with a picture that was of interest to them to help identify their room from others.
- There was a secure garden with flower beds and seating areas and a designated smoking area. During the inspection we observed the garden was in continual use.

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.

- People's mental capacity had been assessed and best interests decisions had been made appropriately and as required. Where necessary, the registered manager had made applications for DoLS authorisations so people's freedoms were not unlawfully restricted and a record of when they were required to make new applications was kept. Where a DoLS authorisation had conditions, these had been met.
- Where there were restrictions on people's liberty, the provider had followed appropriate procedures. For example, there was written consent from people where they were supported to use bed rails.
- People, or those with the legal right to do so on their behalf, had signed consent forms and these were contained in the care records.
- Staff had attended training around the Mental Capacity Act and had a good understanding of the need to obtain consent before providing care.

# 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.

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 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

- Staff displayed kindness and understanding towards people and addressed them by their preferred names.
- The service was family run, had a strong, person centred culture and the ethos was that of an extended family. One staff member said, "They are my family, and I treat them as such."
- Care plans recorded people's cultural and religious needs and staff were knowledgeable about this. We observed staff speaking with people in several different languages.
- In communal areas where people could see it, there was information displayed about advocacy services, various cultural celebration dates, for example London Pride and about accessing different places of worship.

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

- People were actively encouraged to make day-to-day choices, such as what they wanted to eat and how they wanted to dress.
- People, and their relatives where appropriate, were involved in planning their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's choices regarding privacy and independence. One person said, "They always knock on my door, they shower me every day and they respect me."
- People's independence was promoted and encouraged according to their abilities. For example, several people over the lunchtime period were supported to maintain their independence to eat their meal at their own pace without being rushed in any way.

# Is the service responsive?

## Our findings

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

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

- Care plans were personalised and recorded people's preferences. Staff were knowledgeable about the needs of the people they supported.
- Care plans included assessed needs, aims/goals and the required action to achieve these in areas such as mental health, personal care and mobility.
- Monthly reviews were undertaken, and where people could actively take part in their reviews we saw their comments about their care plans were recorded.
- A healthcare professional told us care plans were followed and at times the provider exceeded what was required of them. Examples included supporting one person with behaviour that challenged to engage in the community and ensuring another person's unique sense of fashion was supported with sensitivity and dignity.

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.

- People's communication needs had been assessed and were recorded in their care plans.
- The provider used pictures as well as words when providing information. For example, pictures were used to communicate activities, menus and places of worship.
- We saw multiple examples of people talking with staff in their preferred language and of staff having key words, if they did not speak the language, to facilitate communication.

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 avoid social isolation and links with the community were developed. Community events were advertised, and people were supported to attend events that interested them either independently or with staff. For example, one person was supported to go out to draw and another attended lunches with their religious community.
- The service had an activity co-ordinator who organised activities in the home and the community. Staff minutes included discussions with all staff about providing meaningful activities for people.
- The provider employed an art therapist and music therapist to come to the home weekly. One person said, "[We have] painting and music therapy. Exercises, I liked it very much."

- People were supported to participate in activities which were relevant to their needs and wishes and we saw people leaving the service independently and others being supported by staff to go out to activities of their choice.
- Relatives we spoke with said they were made to feel welcome by the provider.

#### Improving care quality in response to complaints or concerns

- The provider had procedures in place to respond to complaints. The nature of the complaint, who it related to and the outcome of any investigation was recorded and appropriately addressed.
- People and their relatives knew who to speak with if they wanted to raise a concern. Each person's room had a complaint form with the complaints process and contact details for the local authority and the Care Quality Commission.
- Complaints was an agenda item at resident meetings, so people were aware of what to do if they were unhappy with their care. One person said, "I complained and was resolved" and a relative told us they knew how to make a complaint but had no reason to complain.

#### End of life care and support

- At the time of the inspection, no one required end of life care. However, we saw people's end of life wishes had been obtained for a number of people should this be required.
- Staff had completed end of life training, so they could care for people appropriately and effectively at this time.
- The care plans we viewed had 'do not attempt cardio pulmonary resuscitation' (DNACPRs) and consistently recorded if people wished to be resuscitated or not.

# 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 requires improvement. At this inspection this key question has now improved to 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

At our last inspection the provider's quality assurance systems had not identified that staff were not appropriately monitoring people's conditions to ensure their day to day health and wellbeing needs were being met, records were inconsistent and data management systems did not always identify if the risk management plan was robust enough to mitigate the identified risk. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager, deputy manager, nurses and care workers had clear roles and responsibilities within the home. Staff management tasks and the completion of paperwork was allocated to specific members of the team and the registered manager had an overview through audits.
- The provider had various processes to monitor the quality of services provided in the home so areas that needed improvement were identified and addressed. These included a number of audits and checks. Audits provided information on how the provider could improve service delivery and were actioned for follow up.
- The out of hours system provided senior management support 24 hours per day so staff always had management support available to them.

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

- The registered manager promoted an open culture and was available to people and staff. People told us, "The manager is not bad. I can talk to them any time", "[They are] lovely and caring..." and "The manager is nice." A staff member said, "If there are any issues we go to the staff nurse or manager. We always have [deputy manager and registered manager] around even on weekends and bank holidays. Any time we need them or need help they are here."
- Care plans were person centred with information about people's wishes and preferences, so staff could provide effective, personalised care.

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 provider understood their responsibility around the duty of candour and were open and transparent in how they shared information during the inspection.
- The provider had policies and procedures in place and responded to incidents, safeguarding alerts and complaints. Where appropriate relevant people were notified including the local authority, family and CQC.
- People and their relatives knew who the registered manager was and felt comfortable speaking with them.

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

- The provider had established links in the community and had positive working relationships with other health and social care professionals.
- Monthly meetings for people and regular team meetings were held to give people and staff the opportunity to express their views and give feedback.
- The service had undertaken satisfaction surveys with both people using the service and staff. Overall, the feedback was positive and the service had analysed and completed an action plan as a result of the surveys.

Continuous learning and improving care

- The provider had effective systems for assessing, monitoring and mitigating risk and assessing, monitoring and improving the quality of the service. Areas for improvement were recorded and acted on.
- There was an ongoing training programme to ensure staff had the required skills to care for people. As part of ensuring staff were well trained the provider undertook a number of observations and competency assessments of staff skills to ensure best practice.
- The deputy manager had just completed a manager training programme and was currently attending training around activities in the community. Additionally, they attended the local authority's provider forum to meet with other providers to share information.

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals. One health care professional told us they had a good working relationship with the management team and any queries or updates required were promptly responded to.