New Century Care (Finchley) Limited

# Kenwood Care Home

**Inspection report**

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## Ratings

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| **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 |

## Overall summary

People were positive about the service and the staff who supported them. People told us they liked the staff and that they were treated with dignity and kindness.

Staff treated people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued. Relatives we spoke with said they felt welcome at any time in the home; they felt involved in care planning and were confident that their comments and concerns would be acted upon. The care records contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person.

The care staff demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

# Summary of findings

Risk assessments were in place for a number of areas and were regularly updated, and staff had a good knowledge and understanding of pressure sore management and prevention.

There were sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people with complex needs in the home.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Medicines were managed safely. Staff had detailed guidance to follow when administering medicines. Staff completed extensive training to ensure that the care provided to people was safe and effective.

People were satisfied with the food provided at the home and the support they received in relation to nutrition and hydration.

There was an open and transparent culture and encouragement for people to provide feedback. The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure were in place. People told us they were aware of how to make a complaint and were confident they could express any concerns and these would be addressed.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We found that the service was working within the principles of the MCA, and conditions on authorisations to deprive people of their liberty were being met.

The management team provided good leadership and people using the service, relatives and staff told us they were approachable, visible and supportive. We saw that regular audits were carried out by the provider's head office to monitor the quality of care.

# Summary of findings

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

We always ask the following five questions of services.

**Is the service safe?**
The service was safe.

Medicines were managed safely for people and records had been completed correctly.

People were protected from avoidable harm and risks to individuals had been managed so they were supported and their freedom respected.

The premises were safe and equipment was appropriately maintained.

Sufficient numbers of suitably qualified staff were employed to keep people safe and meet their needs.

Good

**Is the service effective?**
The service was effective.

People received care from staff that were trained to meet their individual needs. Staff felt supported and received on-going training and regular management supervision.

People received the support they needed to maintain good health and wellbeing.

People were supported to eat healthily.

The manager and staff had a good understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards

Good

**Is the service caring?**
The service was caring.

People and their relatives told us staff were kind and caring and we observed this to be the case. Staff knew people's preferences and acted on these.

People and their relatives told us they felt involved in the care planning and delivery and they felt able to raise any issues with staff or the registered manager.

Good

**Is the service responsive?**
The service was responsive. People's needs were assessed. Staff responded to changes in people's needs. Care plans were up to date and reflected the care and support given.

There was a range of suitable activities available during the day.

People who used the service knew how to make a complaint and a complaints procedure was in place

Good

**Is the service well-led?**
The service was well led.

People living at the home, their relatives and staff were supported to contribute their views.

Good

# Summary of findings

There was an open and positive culture which reflected the opinions of people living at the home. There was good leadership and the staff were given the support they needed to care for people.

There were robust systems in place for monitoring the quality of the service

# Kenwood 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 checked 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.

We inspected Kenwood Care Home on 19 January 2016. This was an unannounced inspection.

The inspection team consisted of two inspectors, and a nurse advisor who specialised in tissue viability.

Prior to the inspection we reviewed the information we had about the service including notifications of significant incidents affecting people using the service.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time observing interactions between people and the staff who were supporting them. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their well-being.

We spoke with eight people who use the service and two relatives. We also spoke with three nursing staff, four care workers, the chef, the maintenance man and the registered manager.

We also looked at eight people's care records, staff duty rosters, six staff files, a range of audits, the complaints log, minutes for residents meetings, staff supervision and training records, the staff training matrix and a range of policies and procedures for the service.

Good

# Is the service safe?

## Our findings

People told us they felt safe and secure whilst receiving their care and support. One person said, "I feel staff would stop anything bad happening to me." Another person stated, "I have no worries about my safety here."

The service had a clear process for reporting any incidents of abuse. The provider had managed two safeguarding incidents in the past year. Both had been reported to the local authority, neither of which demonstrated abusive behaviour by any staff members. Staff were fully aware of their responsibilities for recognising and reporting abuse, and for reporting any poor practice by colleagues.

The training matrix indicated all staff had completed training in safeguarding people from the risk of harm and abuse. The initial training was completed during the induction phase for new members of staff and refreshed on an annual basis. In discussions staff confirmed they had completed the training. They were knowledgeable about the different types of abuse and the signs and symptoms that would alert them to concerns. Staff were clear about the actions they would take if any abuse occurred.

The service had safeguarding policies and procedures which all staff we spoke with had read and understood. The manager described how they would refer any allegations of abuse to the local authority safeguarding team in line with their policies and procedures. We were able to speak with the registered manager with regard to the two safeguarding incidents. The manager explained how the provider had alerted the local authority and the Care Quality Commission whilst ensuring the people were kept safe. We were able to read in the individual's care support plans how the provider had worked with the associated professional partners involved to keep the people safe and to ensure similar incidents did not re-occur.

There was a whistle-blowing policy which all staff we spoke with were aware of,details of the policy were clearly displayed in the hallway.

A full set of policies, systems and processes were in place to manage risk and health and safety. These assessed the likelihood and potential severity of risks to the person regarding, for example, nutrition, skin integrity and to the environment. We also noted that each person had an evacuation plan in their respective care support files. Risk was scored from a list of questions on each assessment and appropriate action plans completed where appropriate. Risk assessments were reviewed monthly. This was evidenced in people's care support files and in the provider's risk assessment file.

We saw that when people had been assessed to be at high risk of developing pressure ulcers, that measures have been taken to prevent them from developing them. People at very high risk were provided with alternating pressure relieving air mattresses with good functioning profiling beds. There were accurate records of repositioning charts. These charts were kept and maintained for all people at very high risk of developing pressure ulcers. The charts were kept in the individual folders kept in their rooms. There was records kept in the individual file to monitor and keep track of the effectiveness of the air mattresses. We checked and saw that that all the air mattresses were correctly set according to each person's weight.

Staff demonstrated knowledge on the management and prevention of pressure ulcers as well as how to set the air mattresses correctly and monitor their effectiveness. Both nurses and care staff showed good understanding on how to manage and prevent pressure ulcers including the use of barrier creams. Staff showed good knowledge and skill on how to recognise any change in people's skin and take any action required to prevent deterioration. One person had healing multiple grade 4 pressure ulcers on their right hip and sacrum. Staff took appropriate steps by referring the wound promptly to the GP and tissue viability nurse. The dressings were changed and recorded in the wound assessment chart after each dressing change as instructed by the tissue viability nurse. There were wound pictures taken as part of evidence to monitor the changes in the wound and to take prompt action to manage any change. Evidence from care records showed that the staff had followed the advice of the tissue viability nurse on how to manage the wounds. The only shortfall was that there was no separate wound care plan written for each wound and there was no written wound management policy or any wound management guideline to guide the staff towards good practice. This was highlighted to the deputy manager (who was the clinical lead) and the registered manager who told us they would address this as a matter of priority.

We looked at how medicines were managed in Kenwood Care Home. We saw that there was a clinical room where medicines were kept, and we checked the trolley and the medication administration records (MAR). We also looked

Good

# Is the service safe?

at the system for storing medicines and disposal of medicines that was no longer required. There was one small functioning fridge for medicines that required refrigeration. The fridge was monitored daily for effectiveness and a daily temperature reading was recorded. Medicines were stored in a locked metal cupboard in the locked clinical room. There were good practices observed with the disposal system, storage system, administration and stock balance. We noted that only staff that have been trained and deemed competent were allowed to administer medicines. There were clear policies and procedures in place to guide medicines administration. Medicines were safely stored, for example creams were stored separately to ensure safe use and medicines requiring cold storage were kept securely in the fridge. There were no unexplained missing signatures on the MAR charts. All loose medicines, eye drops and bottles were dated on opening so as to note the date that they should be used by. The controlled drugs were securely stored and managed according to the policy and practice of the home. Evidence from the controlled drugs record book showed that two nurses had to sign for each controlled drug prior to administration. A daily track audit of all the control drugs was kept as required. During the inspection, we counted stocks of a random sample of medicines and they all tallied with the stock balance. It was observed that there was suitable procedures in place for destroying medicines for example a kit for destroying controlled drugs and secure green buckets for other medicines. Records of these were accurately kept and maintained.

All accidents and incidents were logged. Report forms were reviewed by senior officers and appropriate action was taken by respective managers and members of staff. Reports on trends were produced and shared with the senior management team and used as an opportunity for learning and improvement for people's benefit. Records showed that no serious accidents had occurred in the previous year.

The systems for recruiting new care workers were robust. Checks were undertaken to ensure that only appropriate applicants were employed. These included contacting the Disclosure and Barring Service regarding any previous convictions which would mean that the person was not able to work with people, taking up references from previous employers and ensuring the applicant supplied a full employment history.

There were systems in place to check the maintenance and cleanliness of equipment. We saw records to confirm that equipment such as hoists and wheelchairs were regularly cleaned. There were regular maintenance checks on hoists, the lift, the call bell system and fire equipment and pressure mattresses. We saw equipment used in the service was checked frequently and serviced at intervals to help maintain safety. We spoke with the provider's maintenance manager who explained how he made daily and weekly checks on all areas and equipment in the home. We were able to confirm this by reading appropriate files kept in the general office. We also saw that all safety certificates were up to date.

We saw that there were sufficient staff on duty which meant that they were able to respond to different people's needs. Where one person repeated a question to a member of staff we saw that each time they answered it and gave a full and clear explanation. We saw that where people needed help with their mobility staff walked with people at their own pace. This demonstrated that staff were aware of the importance of ensuring people were provided with the support they needed. We were able to confirm staffing levels were appropriate by reading staff rotas. We also noted the provider had a system where each person's dependency levels were reviewed on a monthly basis and staff numbers changed accordingly. We spoke with people who used the service with regard to staff numbers. All stated there were always enough. One person told us, "I never wait for anything, there are always staff around." The atmosphere in the service was calm and relaxed and staff did not appear to be rushed.

Good

# Is the service effective?

## Our findings

We saw that the provider used a detailed induction pack to familiarise new staff with their role. We spoke with a new member of staff who had recently completed their induction and had also completed work shadowing and some training. They explained their induction programme was made up of shadowing, training and reading people's care plans to help them understand people's needs and how to support them before they provided care.

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. The application procedures for this in care homes are 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 were being met. The manager was able to clearly explain and evidence the process. The provider had a check list which indicated whether a person might fit criteria for DoLS. If so the provider completed a capacity assessment on the area in question. If it was felt the person lacked capacity a referral was immediately made to the appropriate local authority. To date half the people who used the service had a DoLS granted by the local authority, a number of others were awaiting a decision. Staff we spoke with had a clear understanding of the MCA and of DoLS. We noted when reading the provider's training matrix that all staff had attended the relevant training (which had been provided by the local authority) and the training was reviewed annually. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the provider to be meeting the requirements of DoLS.

Staff we spoke with told us about their training. They said they had received training in dementia awareness and managing challenging behaviours. There was an ongoing training programme for person centred care planning.

Training records showed us that staff had received updated training and that further training was planned. This meant that staff were given the guidance they needed to support them to care for the people who lived in the home. Several staff told us that they had worked at the home for many years and that the provider had provided training and support to enable them to be promoted to more senior roles.

Staff received regular supervision. In addition where the manager identified any learning or support needs, staff received additional supervision. This meant that staff were continually supported to meet the needs of the people who lived in the home.

We found people were supported to have sufficient amounts to eat and drink. People told us they enjoyed the food. One person said, "There are good portions of good food, you can have an alternative." Another person commented, "The food is great I always want more." We spoke with the chef about how they met the needs of people using the service. We saw there was a four-weekly seasonal menu. Pictorial menus were used by staff to aid people's choices where relevant. The chef was familiar with people's individual requirements, including their preferences for both food and drinks and any medical requirements or allergies. There was a copy of this in their care plan and these were updated as required. The chef numbered each meal with a number which corresponded to each person's room number. This ensured people who used the service who had dietary needs received the correct meal.

Care records showed that the nutritional needs of the people who used the service were met. From the care plans viewed, there were two people who had significant weight loss and a below average body mass index (BMI). These people were referred to the dietitian for advice and this advice was strictly followed. All people living at the home were weighed monthly and this was recorded. Some people who were losing weight had been prescribed liquid food supplements depending on their needs and we saw documented evidence that they received adequate fluids and food. The nurses and care assistants spoken with demonstrated good knowledge and skills of managing weight loss and knew what to do when someone lost weight.

People saw health care professionals such as the GP, dentist and optician when they needed to. People could

Good

# Is the service effective?

choose to keep their previous GP if this was agreeable to that practice. People with swallowing difficulties were referred to the speech and language therapist for advice. We were told and saw evidence in records that, when people's needs changed, appropriate referrals were made immediately to relevant community health professionals.

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Good

# Is the service caring?

## Our findings

People and their relatives told us that staff were very caring. They were also respectful of people's privacy and dignity. One person told us, "The staff are very kind and I like my room," and another commented "They are very kind and look after me so well." A relative told us, "The girls are very gentle and kind to mum, they always give her the time she needs."

Staff were motivated, passionate and caring. Staff were observed interacting with people in a caring and friendly manner. They were also emotionally supportive and respectful of people's dignity. For example, we observed a person looking distressed and confused. A member of staff comforted them and then asked what they wanted to do. This person decided they wanted to go to their room. They linked arms with the member of staff and went with them to find their room. This person's mood changed and they appeared happy and relaxed following reassurance given.

People told us that staff were caring and respected their privacy and dignity. Our observation during the inspection confirmed this; staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs.

We saw that staff spoke with people while they moved around the home and when approaching people, staff would say 'hello' and inform people of their intentions. We heard staff saying words of encouragement to people. During our observations we saw positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance.

We saw that staff were not task orientated and they were not rushing, but attended to people's needs in a gentle and compassionate manner. Staff were interactive, polite and communicated with people in a respectful way. We saw that staff were communicating well with one another passing on relevant information to each other regarding the care they were providing .We observed that people appeared very clean and neatly dressed.

We saw staff being gentle to people while supporting them with tasks such as eating, taking medicines, and personal care. Staff were patient, spoke quietly and did not rush people. We saw that if somebody refused a request to help them with their person care, staff left them and tried again later. One staff member told us "we get to know them well, we understand and sometimes we have to speak with our hands," and another said, "We always give them options for example we show them items from their wardrobe so they can choose."

We saw people's care plans included information about their needs around age, disability, gender, race, religion and belief, and sexual orientation. People's plans also included information about how people preferred to be supported with their personal care. For example, care plans recorded what time people preferred to get up in the morning and go to bed at night, and whether they preferred a shower or a bath. Staff we spoke with were able to tell us about people's preferences and routines.

We saw staff offered people choices about activities and what to eat, and waited to give people the opportunity to make a choice. For example, at lunchtime, staff reminded people of the choices of food on the menu and the drinks that were available.

People were supported to maintain contact with friends and family. Visitors we spoke with said they were able to visit at any time and were always made welcome.

Good

# Is the service responsive?

## Our findings

People's care plans confirmed that a detailed assessment of their needs had been undertaken by the manager or a senior member of staff before their admission to the service. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

The care plans contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with their families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person. One member of staff said, "It's very important to know about people's lives, especially if they have dementia." The registered manager told us that she had recently introduced a new project 'life story work.' This involved working with families of those with dementia to develop a photographic life story She told us, "It encourages people to open up and start talking."

The care plans ensured staff knew how to manage specific health conditions, for example diabetes. Individual care plans had been produced in response to risk assessments, for example where people were at risk of developing pressure ulcers. Entries in people's care plans confirmed that their care and support was being reviewed on a regular basis, with the person and or their relatives. Where changes were identified, care plans had been updated and the information passed on to staff. For example, we saw that where there had been a decline in one person's mental health needs which had resulted in them having behaviour that challenged; the registered manager had arranged additional one to one support which was funded by the local authority.

People told us they enjoyed the activities on offer. One person told us, "Entertainment wise, I think its fine," and another person said, "There is something to do if you want it, I like having a massage."

The home had employed an activities co-ordinator, however the post was currently vacant and the registered manager told us that she had recently recruited a new person who was currently going through her recruitment checks. The registered manager explained that their role was to provide meaningful activities, which ensured people were able to maintain their hobbies and interests. She told us, "We talk to people individually on a regular basis to see what they like to do." She told us activities aimed to promote people's wellbeing by offering a lot of one to one time, providing examples of sitting and chatting with people, doing their nails, and spending time in the garden. In addition to scheduled activities, such as visits from entertainers, group activities were offered to those who wanted to participate. These included, film afternoons, group quizzes, and arts and crafts hair dressing, exercise and, massage were also available. We saw that weekly activity schedules were displayed in various areas around the home. The registered manager told us that when the co-ordinator post had been recruited to, she wanted them to work more closely with the local community, especially with local colleges and schools to encourage the use of volunteers.

The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure were in place. We saw that a copy of the complaints procedure and a feedback form were available in communal areas. People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us, "I've got no complaints but if I did I would go straight to the manager." We saw there had been one recent complaint made and there was a copy of how it had been investigated. Letters had been sent to the complainants detailing any action, demonstrating how changes had been made and how the provider had responded.

Good

# Is the service well-led?

## Our findings

People who used the service and staff we spoke with praised the registered manager and said they were approachable and visible.

The registered manager told us, “We really care about our residents,we try to focus on people who have dementia and improve their lives, we want to keep them stimulated and make them happy.” Observations and feedback from staff and relatives showed us that there was an open leadership style and that the home had a positive and open culture. Staff spoke positively about the culture and management of the service. Staff told us, “The manager is friendly and approachable, but also strict." And “She really cares about the people and knows them well.” Staff said they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one and staff meetings and these were taken seriously and discussed. Another member of staff told us, “The manager is very good, always helpful.” And another said “I feel safe; happy ...I have been here for 11 years.” Staff told us that they were supported to apply for promotion and were given additional training or job shadowing opportunities when required.

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular service user and relatives meetings were held. Annual surveys were undertaken of people living in the home and their relatives. Results of the annual relatives surveys carried out in March 2015 were very positive in relation to satisfaction levels. Comments included “Everything is good at the present time, it’s a very good home” and “happy with everything, they care about people that are there which is very good, it’s a good feeling when you come away.”

The registered manager also monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our meetings and from our observations it was clear that she was familiar with all of the people in the home.

We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. This included monthly audits of people’s finances, medicines, staff records, care plans, health and safety and infection control.

We saw that regular audits were carried out by the provider’s head office to monitor the quality of care. We saw that the last audit identified a number of improvements for example; improving care planning records and making people’s rooms more personalised and the introduction of a care plan summary to be kept in people’s rooms.

Some staff at Kenwood had worked there for many years. The registered manager told us she always showed staff they were valued noting, “I always show staff I respect them” and had recently given out awards and a bonus for staff with long service.Staff spoke about the service being a good place to work. Comments included, “I look forward to coming to work it’s a good team,” and “I enjoy working here.” Staff said that there were plenty of training opportunities, and they felt supported and received regular supervision. They also felt empowered, involved and able to express their ideas on how to develop the service. Minutes of staff meetings confirmed that staff were involved in the day to day running of the service and had made suggestions for improving the service for people. The registered manager continually sought feedback about the service through surveys, formal meetings, such an individual service reviews with relatives and other professionals and joint resident and relative meetings.

There was a strong emphasis on promoting and sustaining the improvements already made at the service. The registered manager told us she was working towards achieving a masters qualification in dementia care. The registered manager told us she regularly attended locality managers meetings and leadership forums and received ongoing support from the provider’s quality team; she also worked closely with the local authority’s quality team.