

Bagshot Rehab Centre Limited

# Kingston Rehabilitation Centre

## Inspection report

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25 January 2022

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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

Kingston Rehabilitation Centre is a residential care home providing personal and nursing care. The service provides support to people requiring neurorehabilitation, stroke rehabilitation, post-COVID rehabilitation, complex nursing care and specialist tracheostomy care. At the time of our inspection there were 21 people using the service.

Kingston Rehabilitation Centre accommodates up to 36 people in one adapted building.

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

People, relatives and staff were happy with the home and the level of care they provided. We observed, and people told us that the atmosphere was relaxed and positive.

The provider was managing and responding to any COVID-19 risks in line with government guidance. The premises were well maintained, and staff wore suitable personal protective equipment.

Where a required increase in staffing levels had been identified the provider was actively recruiting additional staff and utilising regular agency staff. Medicines were managed safely and in line with people's needs, staff promptly received training where issues were identified. Staff were recruited safely to ensure they were suitable for their roles.

Safeguarding procedures were robust in guiding staff as to how to make appropriate referrals with a clear line of accountability. Risk assessments covered a range of needs to ensure risks to people were minimised.

People, relatives and staff were positive about the impact management had on the home and the support they offered. The manager was clear on their role and responsibilities and understood their obligations under the duty of candour. Quality assurance checks and audits were regularly carried out across the service to drive improvements.

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 the service at the previous address was Good, published on 31 August 2019.

### Why we inspected

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 COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

The inspection was prompted in part due to concerns received about a recent COVID-19 outbreak at the home and a number of safeguarding concerns received in a short period of time. A decision was made for us to inspect and examine those risks.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. We were assured the provider had taken appropriate action to mitigate the likelihood of risk. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingston Rehabilitation Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# Kingston Rehabilitation Centre

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

This inspection was carried out by two inspectors.

#### Service and service type

Kingston Rehabilitation Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a newly appointed manager. They informed us they were intending to register with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 25 January 2022 and ended on 29 January 2022. We visited the location's service on 25 January 2022.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the intelligence we held about the service such as statutory notifications and information received from people. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people that used the service. We also spoke with eight staff members including care workers, nurses, the manager, the regional manager and the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### After the inspection

We spoke with one relative, sought feedback from other professionals and reviewed multiple documents submitted by the provider. These included policies, staff recruitment files and other information relevant to the running of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Prior to the inspection our intelligence showed that a number of safeguarding concerns had been raised, and we needed to seek assurance that the provider had responded to these promptly and appropriately.
- The systems in place ensured people were protected against the risk of abuse. Staff received ongoing safeguarding training which enabled them to identify, report and escalate suspected abuse.
- One person told us, "I feel safe, just knowing the carers are here and other residents are kind and respectful makes me feel safe." Another person said, "The staff are very caring and that absolutely makes me feel safe."
- Staff were clear about the provider's safeguarding policy and told us they would whistle blow should their concerns not be addressed swiftly by management. We were assured that the provider had thorough guidance in place and responded to safeguarding concerns promptly and efficiently.

Using medicines safely

- We identified occasions where the reasons for non-administration of medicines was not always clearly recorded on the back of people's medicines administrations records. We raised this with the manager who immediately arranged a training session for all relevant staff.
- A registered nurse told us, "I am one of the nurses and I administer medicines. I have had medicines training and a yearly refresher. We are training the team leaders to be able to administer medicines. If there are any issues, I flag these to the management and complete an incident form. Depending on the medicine it may be that we could administer it a little later."

Staffing and recruitment

- We received mixed reviews from people about the staffing levels at the service. Comments included, "I feel there could be more. There are complex people here and we need more staff", "I do not feel there are enough staff here. Sometimes there is only one carer on each floor. And in order to give personal care and breakfast it is a lot for one staff member to do. They could do with a bit more staff" and, "In the daytime if I ring my buzzer the staff respond quite quickly within a couple of minutes. I haven't had a problem in the night with staff responding to my buzzer."
- Staff told us the allocation of staff is flexible due to the changing needs of the people they supported, however, there are times when they are short staffed.
- We reviewed the staff rotas and found that the majority of the time the home was appropriately staffed. We spoke with the manager who informed us that had times staffing levels hadn't been as they had hoped. Recruitment was ongoing and we were assured the home sought to use regular agency staff wherever possible to address any gaps.

- Staff were safely recruited to ensure they were suitable to work with people at the home. Pre employment checks included employment history, right to work and Disclosure and Barring Service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Assessing risk, safety monitoring and management

- People's risk assessment and management plans were completed by the registered nurses. One registered nurse told us, "We review the risk assessments monthly and as and when needed. When there is a change to [someone's needs] or presentation we would then review the risk assessment."
- Individual risk assessments covered specific areas of need and provided guidance as to how staff needed to respond to situations to minimise the potential risk as much as possible. These included areas such as falls, mobility, continence and diagnoses specific conditions.
- Regular checks were in place to ensure the premises were safe and well maintained. The provider also had appropriate fire safety checks and personalised emergency evacuation plans to ensure people were supported to leave the building safely and without distress.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The home followed current government guidelines in supporting essential caregivers to visit the home. All visitors were checked upon arrival, including vaccination status, provision of masks and asked to complete a lateral flow test. A relative said, "I think it's [the home] clean, staff always wear masks."

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

#### Learning lessons when things go wrong

- The manager was keen to ensure lessons were learned when things went wrong. They told us, "I try to continuously improve and make sure everything is up to date. I make sure they [staff] know what they're doing every day."
- Incidents and accidents were analysed to review what went wrong, with measures put in place to reduce the likelihood of them happening again. One person said of their experience after an accident, "The whole team was around me, they investigated and said [action to mitigate reoccurrence] and they wrote it all down."



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and staff members spoke highly of the management team at the service. Comments from people included, "I think now the new management team, you couldn't ask for a better team. The staff really make it" and "It's been lovely, all shapes and sizes, colours and creeds but we're family."
- Staff told us, "So far so good. I'm being very well supported", "[The manager's] very approachable and if you're having any difficulty, she would support you" and, "The management are aware of the difficulties we have faced due to the pandemic and they are making sure our mental health is okay."
- Staff expressed how morale amongst the team was high and that everyone is cheery and leaves their troubles at the door and get on with things.
- Throughout the inspection we observed a warm and inviting atmosphere where people and staff members appeared at ease with one another. A relative said, "All I can say, [person] is as happy here as they can be. If [person] is happy I am happy."
- A staff member told us, "We provide the service that we advertise, in a safe environment. We meet people's needs with the aim to rehabilitate them to go back to their own homes."

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 manager was clear on their duty to accept responsibility where incidents occur. They told us, "We need to be transparent, talking it through, making sure it doesn't happen again. There would be a full apology."

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

- The manager told us, "I am responsible for residents, staff and the building. The safety of them and make sure they [people] receive the care they need."
- We were notified of reportable incidents in a timely manner. These included all statutory notifications that CQC are required to be notified of, the manager was clear on their responsibility in relation to this.
- Regular quality assurance checks were carried out to ensure that areas for improvement and continuing areas of good practice were identified. Where one medicine audit has identified issues these had been actioned in a timely manner.

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

- The manager sought both people and staff members views to drive improvements. People told us they were satisfied with the way in which the service was managed and felt they could share their views and would be listened to.
- Staff told us, "We are able to be expressive in the team meetings and the manager will take things on board" and, "Our voices are heard, I do believe things would change as a result of the questionnaire."

Continuous learning and improving care; Working in partnership with others

- One person told us, "[Management] always make sure they come back to you with their answer, tell you whether they can or can't fix something."
- The provider worked alongside the inhouse therapy team to ensure that people's needs were met. Regular multidisciplinary team meetings were held to discuss and detail all current residents, their diagnoses, aims for their rehabilitation and any actions required to support the person. This included liaison with the funding authority and other healthcare services where necessary.
- Where one person had needed additional support in navigating their way around the home the provider had taken action to make suitable adaptations to the premises.