

Bupa Care Homes (GL) Limited

# The Kensington Nursing Home

## Inspection report

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22 February 2016

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 7 and 10 August 2015 at which we found several breaches of the legal requirements. People using the service were not always protected against the unsafe storage, management and administration of medicines. We found the provider was failing to continually assess the risks to people's health and safety, monitor restrictive practices, consider people's individual choices and preferences and listen to and act on feedback from people living at the home and staff. In addition, the provider had failed to notify us of staff absence according to its registration requirements and was failing to operate adequate systems to monitor the quality of service provision and effect improvements where necessary.

Following the inspection in August 2015, the provider wrote to us to say what they would do to meet legal requirements in relation to these breaches. We undertook a focused inspection on the 22 February 2016 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to the above areas. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'The Kensington Nursing Home' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

The Kensington Nursing Home is arranged over three floors with lift access to each floor. The home provides accommodation and support for up to 53 people. There were 40 people living in the home at the time of our visit. People living at the home are generally older people, some of whom have dementia. Respite shorter stay care is also provided by the home.

The home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

A project manager was responsible for the day to day running of the service and was supported in his duties by a deputy manager.

At our focused inspection on the 22 February 2016, we found that the provider had followed their plan which they had told us would be completed by 1 March 2016 and legal requirements had been met.

Medicines were managed, administered and stored safely. The provider had changed its policy in relation to self-administration of medicines to ensure risks to people's health were minimised.

Risk assessments covered areas such as mobility and falls prevention, the use of bed rails, food and nutrition and pressure area care, behaviours that may challenge and epilepsy. Risk assessments had been reviewed on a monthly basis in line with the provider's policies and procedures.

Appropriate referrals were made to nurse specialists from the community such as tissue viability nurses and speech and language therapists. Staff had completed training in pressure area care.

Fire alarms were tested on a weekly basis and we saw that fire equipment had been serviced appropriately. Fire risk assessments and personal evacuation plans had been completed for people living in the home.

Meal times were well organised and individual dietary and cultural needs had been addressed and the chef was aware of people's preferences and requirements.

The service had policies and procedures in place that ensured staff had guidance if they needed to apply for a DoLS authorisation to restrict a person's liberty in their best interests. Care plans recorded relevant capacity assessments and these had been signed and dated appropriately. Inappropriate restrictive practices were not in use.

The service had a complaint's policy which explained how to make a complaint and to whom. We saw that the provider had received and logged two written complaints relating to care provision.

People using the service and their family members were welcome to speak to the manager at any time and that an open door policy was in operation. There were plans to commence family meetings on a regular basis from March 2016.

The provider conducted regular resident's surveys. The survey identified areas for improvement which included the quality of care and staff knowledge of people's needs.

Quality monitoring was undertaken to assess compliance with national and local standards. However, as we found during our last inspection in August 2015 there were no action points recorded and therefore no indication as to who was responsible for implementing the recommended improvements and by when.

We made one recommendation in relation to medicines administration.

## 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 provider had taken action to improve safety within the service.

Medicines were managed safely and people were being supported to take their medicines safely.

Risk assessments had been reviewed on a monthly basis in line with the provider's policies and procedures.

Fire exit routes were kept clear of obstacles and staff understood fire evacuation procedures.

This meant that the provider was now meeting legal requirements and we have revised the rating for this key question.

**Requires Improvement** ●

### Is the service effective?

The provider had taken action to improve the effectiveness of the service.

Meal times were well organised and staff were clear about their roles and responsibilities.

Halal, vegetarian and dairy free meals were prepared for people who requested them.

Appropriate assessments had been undertaken for people living in the home and Deprivation of Liberty Safeguards (DoLS) applications submitted to the relevant agencies. Inappropriate restrictive practices were not observed during the inspection.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for effective at the next comprehensive inspection.

**Requires Improvement** ●

### **Is the service responsive?**

The provider had taken action to improve the responsiveness of the service.

People we spoke to told us they knew how to make a complaint and to whom.

Suggestion boxes were used to gather people's feedback.

From March 2016 resident and family meetings were planned to take place every three months.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for responsive at the next comprehensive inspection.

**Requires Improvement** ●

### **Is the service well-led?**

The provider had taken action to improve the leadership of the service.

Quality monitoring was undertaken to assess compliance with national and local standards.

Staff were positive about the new management team.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well-led at the next comprehensive inspection.

**Requires Improvement** ●

# The Kensington Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a focused inspection of The Kensington Nursing Home on 22 February 2016. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 7 and 10 August 2015 had been made. We inspected the service against four of the five questions we ask about services: is the service safe, effective, responsive and well-led. This is because the service was not meeting legal requirements in relation to these questions.

This inspection took place on 22 February 2016 and was unannounced. The inspection was carried out by an inspector and two specialist advisors.

Before the inspection took place, we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements. We reviewed minutes of recent meetings we attended with the local authority and commissioning teams and looked at other information the Care Quality Commission (CQC) held about the service.

During the inspection we spoke with seven people using the service and one relative. We spoke with the project manager, a deputy manager, five nurses, seven care staff members and a chef.

The records we looked at included 10 people's care plans and records relating to the management of the service.

# Is the service safe?

## Our findings

At our comprehensive inspection of The Kensington Nursing Home on 7 and 10 August 2015 we found that people were not always protected against the risks associated with the unsafe storage, management and administration of medicines.

At this inspection we found that the provider had taken action to improve safety within the service and followed the action plan they had written to meet shortfalls in relation to safe medicines management.

Medicines were managed, administered and stored safely. The provider had changed its policy in relation to self-administration of medicines. The project manager told us this change had been implemented to remove the risk of possible errors and inappropriate storage methods where people were self-administering their own medicines. However, this also meant that people's individual needs and preferences were not always considered in relation to the management of their medicines.

During our last inspection in August 2015 we found that people's risk assessments had not always been reviewed and/or updated on a regular basis. At this inspection we looked at the care documentation records for 10 people living in the home. Risk assessments covered areas such as mobility and falls prevention, the use of bed rails, food and nutrition and pressure area care. Where required, further assessments had been completed on an individual basis addressing issues such as behaviours that may challenge and epilepsy.

Fire risk assessments and personal evacuation plans had been completed for people living in the home. Fire alarms were tested on a weekly basis and we saw that fire equipment had been serviced appropriately. Staff knew the number to coded door entry systems leading to the main stairs and were aware of fire evacuation procedures. We noted hoists were continuing to be stored along corridors but were not blocking vital exits. Corridors were maintained free from clutter.

We found that on the whole, care plans and risk assessments had been completed in full, signed and dated appropriately. All risk assessments had been reviewed on a monthly basis in line with the provider's policies and procedures.

During our last inspection in August 2015, we found that people's call bells were not always connected correctly or within people's reach. At this inspection people we spoke with showed us that they knew how to use their call bells and told us that staff usually responded to their needs in a timely manner. We saw that people's care plans contained information as to whether people were able to use their call bells or not. We were told by staff and saw that those who were not able to operate the system were checked on regularly throughout the day. We tested four call bells. Some bells were not responded to at all whilst others were responded to by two or more staff immediately. We discussed this with the deputy manager who told us this was due to the incorrect bleeper being used by staff. The deputy manager assured us this matter would be rectified immediately and the system checked by on-duty maintenance staff.

These improvements as described above meant that the provider was now meeting legal requirements and

we have revised the rating for this key question.

We recommend that the provider seeks relevant and up to date guidance on self-administration of medicines and considers the provision of personalised care in relation to this matter.



## Is the service effective?

### Our findings

At our comprehensive inspection of The Kensington Nursing Home on 7 and 10 August 2015 we found that the care and support provided to people living in the home was not always flexible or effective and did not reasonably consider people's individual choices and preferences.

At this inspection we found that the provider had taken action to improve the effectiveness of the service.

Meal times were well organised and staff were clear about their roles and responsibilities. People had been consulted regarding meal choices and their feedback had been listened to and acted on. People were offered a choice of meals, snacks and drinks. People we spoke with told us they enjoyed the food and we received no negative comments regarding the meals served. Individual dietary and cultural needs had been addressed and the chef was aware of people's preferences and requirements. Halal, vegetarian and dairy free meals were prepared for people who requested them.

People were able to eat their meals in the main conservatory, outside in the garden (weather permitting) and in their rooms. People were supported and encouraged as far as possible, to eat and drink independently. Support was available for those that required this. We saw that a range of drinks including wine were available to people during meal times. Refreshments were served throughout the day and people had their drinks refreshed and topped up whenever this was needed. Menus were displayed clearly throughout the building and were correct on the day of our visit.

The Care Quality Commission is required by law to monitor the operation of The Deprivation of Liberty Safeguards (DoLS). The service had policies and procedures in place that ensured staff had guidance if they needed to apply for a DoLS authorisation to restrict a person's liberty in their best interests. Appropriate assessments had been undertaken for people living in the home and DoLS applications submitted to the relevant agencies in relation to the use of bed rails and one to one supervision. Care plans recorded relevant capacity assessments and these had been signed and dated appropriately. We did not observe any inappropriate restrictive practices during our inspection.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for effective at the next comprehensive inspection.

## Is the service responsive?

### Our findings

We found that action had been taken to improve responsiveness within the service.

During our last inspection we found that people living in the home and staff didn't always feel listened to when they made a complaint or raised a concern.

People we spoke to told us they knew how to make a complaint and to whom. One person told us, "I would speak to the nurses or the manager if I needed to." We saw copies of the complaints policy displayed within the home. The policy explained how to make a complaint and to whom. We saw that the provider had received and logged two written complaints relating to care provision. Both complainants had been responded to and where it had been possible the issues had been resolved.

We saw suggestion boxes were used to gather people's feedback. We asked the project manager what sort of comments people had made and were told that they had received one suggestion relating to staff remuneration. This matter had been considered by the management team and staff informed of the response and the reasoning behind the decision.

Both the project manager and his deputy had been in post for less than two months and told us they were addressing the issues that had been identified by the Care Quality Commission (CQC) and internal auditors and slowly making progress. Staff were positive about the changes to management and told us, "[Management] listen, take effective action....they are stepping up." Other members of staff told us, "We're happy, things have changed for the better", and "Improvements have been made."

The deputy manager planned to re-introduce resident and family meetings as from March 2016. These were planned to take place every three months. We were told that people using the service and their family members were welcome to speak to the manager at any time and that an open door policy was in operation.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for responsive at the next comprehensive inspection.

## Is the service well-led?

### Our findings

During our last inspection we found that systems in place to monitor the quality of service provision were inadequate and that feedback was not effectively evaluated in an attempt to improve service delivery.

We also found that we had not been notified of the registered manager's continuous period of absence or provided with information as to the arrangements for managing the service during their absence.

At this inspection we found that action had been taken to improve leadership and quality monitoring within the service.

The home did not have a registered manager in post when we inspected this service on 22 February 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. A project manager was responsible for the day to day running of the service and was supported in his duties by a deputy manager. Both managers were relatively new to the service and told us improvements were being made but they "still had a long way to go."

Quality monitoring was undertaken to assess compliance with national and local standards. Monthly audits looked at areas such as health and safety matters, staff training, care planning and medicines administration. The most recent home review audit had been carried out in February 2016. The audit provided a comprehensive overview of areas that were meeting standards and areas where improvements were required. Comments boxes had been completed by the provider. However, as we found during our last inspection in August 2015 there were no action points recorded and therefore no indication as to who was responsible for implementing the recommended improvements and by when.

The audit results highlighted the need for improvements in care planning, particularly around the issues of pressure care and personal (physical) care. We spoke to one person living in the home who told us he would like to have a shower but was never offered this. We noted that his bathroom was being used to store incontinence pads and mobility aids and that the bath was inaccessible. We discussed this with the deputy manager who assured us they would follow up this matter with staff. We asked whether people were able to state a preference as to whether they preferred male or female carers when supported with their personal care. We were told that 'usually people don't mind.' However, we found no information relating to whether people had been offered a choice in this matter.

We were told by the deputy manager and records confirmed that pressure care training was ongoing and had been refreshed for 11 members of staff within the past 12 months. We have received no notifications relating to the development of serious pressure wounds since our last inspection took place in August 2015. We saw from people's care plans that appropriate referrals had been made to nurse specialists from the community and that they were involved in people's care where this was indicated.

We were told that the provider conducted regular resident's surveys. We looked at the results of the last survey carried out in December 2015 which had been completed by 10 people living in the home. Areas of strength indicated respondents were happy living in the home and had their needs responded to in a prompt manner. Where areas for improvement had been identified, such as the quality of care and staff knowledge of people's needs, an action plan had been drawn up to address these areas. The action plan clearly stated who was responsible for ensuring each action point was implemented and recorded a timescale.

The manager told us and staff confirmed that no staff meetings had taken place within the past six weeks. We asked staff who they would speak to if they wanted to raise a concern or comment on service delivery. Staff told us they would speak to the management team and that "things have improved since the last inspection." The deputy manager told us staff meetings would recommence in March 2016 and take place every month. We were told that resident and family meetings would also be taking place on a quarterly basis as from March 2016.

Comments about the project manager and the deputy manager were positive although we did hear one negative comment about the provider from a member of staff. The project manager told us that staffing and salary equity were being addressed in order to retain current staff, recruit agency staff to permanent positions and promote fairness across contractual agreements. Staff told us they were happy with the new arrangements.

This meant that the provider was meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for effective at the next comprehensive inspection.