

Marks Care Home Limited

Kenilworth Care Home

Inspection report

74 Diceland Road
Banstead
Surrey
SM7 2ET

Date of inspection visit:
04 May 2022

Date of publication:
23 June 2022

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Kenilworth Care Home is a care home providing accommodation and personal care for up to three people with learning disabilities and/or mental health conditions. There were three people living at the home at the time of our inspection.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People were encouraged to have control in their daily lives and staff encouraged people to live as independently as possible. For example, people were supported to take part in the day to day activities of the house and had responsibility for different aspects of the house. Risks were managed well to keep people safe while promoting their independence and staff supported people to access healthcare services when they needed them.

Right Care

Staff knew people well and ensured that people received the support they needed to keep them safe and to meet their individual care needs. People's rights were promoted, and they were protected from discrimination. People were treated with dignity and their privacy was respected. Staff were kind and caring. They treated people with respect and encouraged them to make decisions about their care and support. The support staff provided was flexible and responsive to people's needs and preferences.

Right Culture

There was a positive and welcoming ethos at the service, the culture was one of empowering people to live the lives they chose to. People were supported to be involved in planning their own care and were encouraged to give their views about the support they received. People's families were actively encouraged to visit at any time and were invited to care planning meetings.

We found that audits were not robust and information in people's care plans was not easily accessible. Any potential risk to people was mitigated by being supported by a consistent and well established staff team who knew them well. People and their family members told us the registered manager was approachable

and kind. Staff told us they felt supported and enjoyed working at the service. The registered manager and staff maintained effective working relationships with healthcare professionals to ensure people received the care they required.

People were 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.

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

Rating at last inspection

This was the first inspection since the service registered with us on 20 May 2019. This is an established service which registered under a new provider on this date.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Kenilworth Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out this inspection.

Service and service type

Kenilworth Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kenilworth Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We communicated with a third person in their preferred method of communication, through body language and use of objects. We spoke with two members of staff including the registered manager.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a family member and a member of staff.

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 for 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

- People were cared for safely and were protected from the risk of abuse. Effective systems, procedures and policies were in place to safeguard people appropriately.
- We observed interactions between people and staff were trusting and relaxed and people appeared confident as they engaged with staff. One person told us, "The staff keep me safe, they remind me to be careful when I go out and they look after me."
- Staff had completed safeguarding training and understood their responsibilities about how to keep people safe. Staff whom we spoke with knew what to do if they had any concerns about safety and were confident concerns would be dealt with appropriately by the registered manager. One member of staff told us, "We do training, there are posters on display and [the registered manager] likes to test us on our knowledge in staff meetings."
- The registered manager understood their responsibilities in relation to safeguarding and safeguarding concerns and how to raise them with the appropriate authority. There was a safeguarding policy in place for staff to follow and the registered manager confirmed that any new staff would be expected to read all company policies to ensure that they understood their responsibilities.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were systems in place to identify, assess and mitigate risks to people. Comprehensive risk assessments were in place and tailored to each person and their individual needs. They were reviewed regularly and included guidance for staff on how to provide safe care to reduce the risk of harm or injury in the least restrictive way possible, thus respecting people's freedom and independence.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. There were smoking risk assessments in place and people smoked in accordance with their individual assessment of risk, which took into account their safety, balanced with their choice to smoke. One person told us, "I like to smoke when I want to. I always sit in the garden and staff remind me to use the [sand] bucket to put out my butts."
- Staff demonstrated a good understanding of individual risk assessments for people and how to manage them safely so that people were provided with safe care. A staff member said, "There are so many risk assessments for people. If they are changed then we are told about this and have to sign that we have read them."
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. This included water, fire and gas safety checks as well as regular environmental checks.
- Lessons were learned from incidents and learning was shared among the staff team. We saw a record of incidents, which included an action plan where relevant. The registered manager told us, "This is a very small home, so I like to think that we can minimise accidents. I tell the staff that it is important to say if

something has happened, we can always learn and always improve from this."

Staffing and recruitment

- Staff rotas demonstrated there were sufficient numbers of staff to support people and to meet their needs. All shifts were covered by the current staff team. The registered manager told us that they acted as a supernumerary member of staff, to assist with medical appointments or trips to see family members.
- A family member told us, "From what I have seen, there are plenty of staff around whenever I visit and there is always someone around who can drop [relative] home to me."
- A member of staff said, "I'm sure we could always do with more, but we manage well because the registered manager acts as a floating member of staff to cover additional activities and appointments which is really helpful."
- The service followed safe recruitment practices and had conducted the relevant checks before staff began to support people. Records showed completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles
- Staff had received appropriate training and their knowledge around administering medicines was regularly checked. Staff told us they felt confident to support people with their medicines.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. However, we found that the way in which medicines administration records were recorded could lead to confusion. We have addressed this in the Well-led key question part of this report.

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.

Visiting in care homes

- The visiting procedures in place met current Government guidance and the provider's policies reflected this. Relatives told us this had been the case throughout the pandemic.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. However, the way in which this information was presented meant it was not always easily accessible to staff. We have addressed this in the Well-led key question part of this report.
- Care and support were delivered in a way which met people's individual needs and supported people to achieve good outcomes. One person told us, "I like having [care planning] meetings to talk about what I want to do; staff are good at asking me what I want."
- People's care and support needs were reviewed and families and health care professionals were involved where appropriate. Any changes that affected the way in which care was provided were shared with staff at team meetings and in people's daily records.
- One family member told us, "They managed to keep everything going during COVID, I'm not quite sure how they did it, but they were marvellous."

Staff support: induction, training, skills and experience

- The home's training record demonstrated staff had attended training that the provider considered mandatory. This included safeguarding, medicines administration, health and safety, infection control, first aid and food safety. In addition, the registered manager planned a training programme with their independent training provider, which included face to face learning in autism, diabetes, equality and person centred care.
- One person told us, "Staff know how to help me with a lot of things, so they must know a lot," and a family member told us, "I think they have the skills to look after [relative]. I am well pleased with those [staff] that I have met."
- A member of staff told us, "We have two external trainers who provide training to staff and to residents as well. We prefer face to face [training] as it gives us the opportunity to discuss it all as we go through it, rather than doing it [eLearning] at home on our own."
- Staff had regular supervisions and appraisals. These meetings provided staff with an opportunity to discuss their wellbeing, outcomes, targets and training needs. A member of staff told us, "I get supervision from [registered manager] very regularly, we thrash a few things out during these meetings. I have an annual appraisal where we set and review targets. I always find it helpful as it is good to have goals to work towards."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to have a well-balanced diet centred around home-made meals. They told us staff discussed menus and new dishes with them and were encouraged to be involved in planning the menu. One person told us, "The food is tasty and I get my favourite food."
- People were encouraged to assist staff with meal preparation and we saw how staff encouraged and supported a person to assist with preparing soup at lunchtime.
- The service worked well with other professionals to ensure people's health needs were met effectively and in a timely manner. People were encouraged to attend an annual health check and staff supported people to make and attend healthcare appointments when necessary.
- People were supported to engage with a range of health and social care professionals, to achieve the best outcomes for them. Each person had a health action plan and hospital passport, which contained information for medical staff about people's needs in the event of a hospital admission.
- A family member told us, "They are brilliant and very attentive to everything regarding [relative's] health and make sure they go to every appointment. If I ever notice something when [relative] comes home, they will take it seriously and make an appointment with the GP." A member of staff said, "This [people's health] is really important, we place a big emphasis on this."
- Health professionals were consulted to address risks where these had been identified. For example, we saw evidence of contact made with a speech and language therapist for an assessment about risk of choking for one person. Following an assessment, guidelines were drawn up and made accessible to staff. We observed how these guidelines were followed at mealtimes.

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

- Kenilworth care home was similar to any other domestic dwellings on the same street. People were able to access all areas of their home and the environment was homely, all of which reflected the principles of Right support, right care, right culture. There was a spacious kitchen in which people could safely assist staff to prepare meals. People's artwork decorated the kitchen wall and we observed as people were engaged in assisting staff with lunch and supper.
- There was a well maintained garden which was fully accessible to people. One person told us, "I love sitting out in the garden, it is very relaxing." One person was particularly keen on gardening and was supplied with gloves and protective clothing to assist with this.
- Another person was very keen to show us their room, which they told us was decorated according to their chosen colours and style.

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. For complex decisions, mental capacity assessments had been carried out by a best interest assessor to determine whether people were able to make decisions for themselves.

- People's care was provided in line with the MCA. We saw that mental capacity assessments were carried out to determine whether people were able to make decisions for themselves, for example in relation to care they received or where they lived.
- People were encouraged to make choices about their day-to-day care and support which was evidenced in one to one conversations with their keyworkers.
- Where people lacked the capacity to make informed decisions about their care, appropriate procedures had been followed to ensure decisions were made in their best interests. This included involving and consulting with professionals and people's families. A family member said, "I do get invited to every decision making meeting and if I can't come, we do it over a video call, or I ask to be sent the minutes."
- Staff received MCA training and understood how its principles applied in their work. Staff told us they sought people's consent before providing their care and our observations confirmed this. One member of staff told us, "We make sure people understand that we must get their consent first before we do anything. We document all formal decisions made in meetings with people."

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.

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

- People were well supported and cared for. We observed positive and caring relationships, and this was evident in how staff communicated with people. They supported people to express their views and were heard to offer encouragement when completing tasks.
- People told us staff were kind to them, one said, "I like to be here because the staff are very nice," another said, "The staff here are nice and make my favourite food, they are never unkind."
- Family members told us their relatives had established positive relationships with the staff who supported them and said they saw Kenilworth House as their home. One family member told us, "[Relative] is happy and regards Kenilworth as home. The carers have become part of our family." They also said, "Staff really respect [relative], you can see it in the way they speak to [relative] and are very kind."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People we spoke with said staff respected their wishes at all times. They said staff always asked how they wanted to be supported with various aspects of their lives. One person told us, "Staff ask me nicely whenever there is something to be done," another said, "It's a good life here, I have my own room and staff never just walk in [to bedroom]."
- A family member told us staff understood how to support their relative with their care and provided it in their preferred way. One told us, "They let [relative] guide them on how best to do things; this can be different depending on what it is."
- People were involved in planning their care and were encouraged to give their views about this, for example at house meetings and individual keyworker meetings. They met on a monthly basis with their keyworker to discuss aspects of their care. For example, one person discussed plans for a visit to their family, others discussed upcoming events.
- Staff supported people to be independent where possible, which reflected the principles of Right support, right care, right culture. For example, people were routinely encouraged to be involved in food shopping and meal preparation, laundry, gardening and other household tasks. People we spoke with expressed the view that they shared the responsibility of the day to day running of their home.

Is the service responsive?

Our findings

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

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

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life. However, the way in which this information was presented meant it was not always easily accessible to staff. We have addressed this in the Well-led key question part of this report.
- People's care plans included 'things that matter most' which included guidance for staff about how to support people in their preferred ways. For one person, the guidance was specific about how staff should offer them support. By doing this, staff enabled this person to safely access the local community. This person told us, "I have freedom to come and go to the local shops and buy my snacks."
- People told us they received care according to their needs and wishes. One told us, "Staff make sure I always look neat and tidy. This is important to me and [family member]."
- A family member told us, "Staff understand what [relative] wants to do and respect that there are times when they prefer to be in their room, they are quite a private person."
- Staff provided support that was flexible according to people's needs and wishes. A member of staff said, "This is a very small service and it is very easy to be flexible, this is something that happens very frequently. People know that we can respond to requests, not everything has to be planned well in advance."

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.

- The service was compliant with the AIS. People's communication needs and methods had been assessed and recorded in their communication care plan. Documents and information were available in an easy read picture format, to help people make decisions. One person showed us their copy of the provider's complaints procedure and said, "If I'm not happy, this [procedure] tells me what to do about it. I can even talk to you [CQC]."
- Most people were able to communicate verbally. One person communicated through gestures and body language which staff understood very well.

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 access the local community to participate in activities such as shopping, going

to the pub and lunch out, most of which were within walking distance, which reflected the principles of Right support, right care, right culture.

- We saw minutes of resident's meetings where people discussed food they desired as well as holidays for summer 2022. One person wanted to support to buy gardening clothes, which the registered manager told us were already purchased.
- One person told us, "We go out with the staff to the seaside, we go all over the place and I really enjoy this," and another said, "I do multiple things but I stay away from crowds because I don't want to get COVID."
- Staff encouraged and supported people to maintain relationships with family members. One person told us how staff helped them to stay in contact with their family, "They got me a [handheld electronic device] and I can speak to my [family member] whenever I want to."
- Another told us how staff ensured that they were supported to spend time visiting their relative's home. We saw robust planning was done in advance of this trip to ensure the visit was as risk free as possible.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. This policy was available in an accessible format.
- One person told us, "I know how to make a complaint, I did a course on this. I have a booklet with pictures on it to remind me how to complain."
- Family members told us they knew how to make a complaint; however, they had never had any reason to complain. One relative said, "I just speak with [registered manager] if I have something to raise and I have never had any reason to make a complaint."

End of life care and support

- At the time of our inspection, no one at the service was receiving end of life care. The registered manager told us Kenilworth Care Home was people's home for life. They said that where possible, they would respect people's stated preference to remain at Kenilworth Care Home.
- People were supported to express their end of life care wishes in a 'When I die' document.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were management systems in place to assess, monitor and improve the quality of service people received. However, these were not always effective and did not identify concerns found by inspectors.
- We reviewed the provider's monthly audits which did not identify the general shortfalls in record keeping that we found. For example, we found that some medicine administration records were inconsistently recorded.
- The registered manager acknowledged that this could confuse any member of staff unfamiliar with the service. Following the inspection, they submitted a newly adapted method of recording which was legible and clearly set out. There was no impact on people's safety or the way in which they received their medicines. All members of staff had worked at the service for many years and they understood people's needs well.
- Records relating to people's care were not always kept in good order. The way in which records were maintained meant that it was difficult to access the most recent review reports since they were not in any chronological order. For example, one person's care plan included information which was six years old, interwoven with current information, making it difficult to access the most up to date information. In other parts of people's records, there were handwritten notes and it was not made clear whether they should be used to update the person's care plan.
- The registered manager acknowledged that this was an area for improvement and said, "Admin has slipped in the past 12 months. I accept there is a lot of improvement required with regards to paperwork."
- Risks to people as a result of the above were mitigated as they were supported by a well-established and experienced staff team, who understood their needs well and had supported them over a period of many years. This contributed to a culture in which people told us they lived a happy and stable life.
- Staff told us they understood their roles and responsibilities. The provider had policies and procedures to support staff in their work. The manager told us they were always honest with people and their family members if things went wrong and the necessary referrals were made to the local authority safeguarding team.
- Managers were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Family members told us the service was well-managed and the registered manager was always available to them and their family members. One family member said, "It is very well managed, [registered manager] and the rest of the staff all work very hard to make people's lives better. They have people's best interest at heart."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture and atmosphere between management, staff and people. We saw that people engaged with staff and accessed all parts of their home in a relaxed manner. One person told us, "Because this is my home, I go to a residents' meeting every couple of months to discuss things, it's held in the kitchen."
- A family member said, "There is a lovely atmosphere, you are always welcomed, it is a joy to visit." They also said, "They bring [relative] home frequently to be with us and go out of their way to do this."
- Staff felt able to raise concerns with managers without fear of what might happen as a result. Staff told us they worked well as a team and supported each other. They said they had the opportunity to get together at staff meetings to discuss aspects of the service. One told us, "The benefits of being a small service is that it is easy for us all to know what is going on. This is helped by the way [registered manager] encourages communication through regular meetings and emails."
- We were told the registered manager was approachable and worked alongside staff to support people when needed. They demonstrated a good understanding of their responsibilities towards the people they supported as well as a commitment to delivering person-centred 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; Continuous learning and improving care; Working in partnership with others

- The provider understood their legal responsibility to be open and transparent with people. There were no Duty of Candour incidents reported.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. A family member told us, "[Registered manager] keeps me in the loop, they act in a very honest way and give me answers to all my questions. They want what I want, for [relative] to live a good and happy life."
- The registered manager understood how to report notifiable incidents to relevant agencies, including the local authority and CQC, when necessary.
- The registered manager and staff had established effective working relationships with other professionals involved in people's care. This included commissioners and healthcare professionals, whose input was sought when needed to ensure people received timely and effective care.