

Sanctuary Care Limited

Princess Louise Kensington Nursing Home

Inspection report

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06 November 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Princess Louise Kensington Nursing Home is a residential care home providing personal care and accommodation for up to 44 adults with complex continuing care needs. There were 41 people living at the service on the day we carried out our site visit.

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

People were not always being protected from avoidable harm. Although we did not observe people being mistreated during our site visit, a sustained pattern of whistleblowing allegations and an incident of abuse witnessed by the registered manager mean that we can not be assured that people are safe all of the time.

People's medicines were safely managed.

People were protected from the transmission of infectious diseases including COVID-19 and the service was complying with government policy for safety within care home settings.

The registered manager ensured detailed audits were undertaken and took appropriate action where improvements were required.

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

Rating at last inspection and update

The last rating for this service was good (published 23 March 2018). At this inspection, the overall rating for this service is requires improvement.

Why we inspected

We received concerns in relation to how the provider protected people from the risk of abuse, neglect and harm, including how people were safely supported with medicines and their moving and positioning needs. Concerns were also brought to our attention as to whether the service was managed in a transparent, proper and safe manner. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 coronavirus and other infection outbreaks effectively.

We have judged that the provider needs to make improvements in the key area of safe. We made a recommendation in relation to learning from past incidents and reporting procedures. Based on our findings at this inspection, and in conjunction with the ratings from our previous comprehensive inspection

for the key questions of effective, caring and responsive, the overall rating for this service has now changed from good to requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Princess Louise Kensington Nursing Home on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Some aspects of the service were unsafe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Princess Louise Kensington Nursing Home

Detailed findings

Background to this inspection

The inspection

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

We received information of concern about safe care practices at this service. This was a focused inspection looking at the provider's safeguarding practices and procedures, accident and incident reporting, medicines management, leadership and governance. We observed how people's care was being delivered and checked that people were safe.

Inspection team

This inspection was carried out by two inspectors. The service was visited by one inspector. Following the site visit, a second inspector contacted care and nursing staff and other health and social care professionals to gather their feedback about the service.

Service and service type

Princess Louise Kensington Nursing Home 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 manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Inspection activity started on 6 November 2020 and ended on 21

January 2021. We visited the care home on 6 November 2020.

What we did before the inspection

We reviewed the information we held about the service since the last inspection. This included notifications from the provider, which is information about important events which the provider is required by law to send to us. We contacted the local authority and spoke with the safeguarding lead for the borough. Our planning also took account of the information provided by the registered manager during an Emergency Support Framework (ESF) call on 2 June 2020. ESF calls helped us to give targeted local advice, guidance and support to providers and care staff using a structured framework to guide conversations and help them to respond to emerging issues, and to deliver safe care which protects people's human rights. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with six people using the service about their experience of the care and support provided. We also spoke with three nurses, an activities co-ordinator and the registered manager. We reviewed a range of documents which included the accidents and incidents logs, safeguarding and complaints records.

After the inspection

We asked the registered manager to send us a range of information to review off-site. This included working policies and procedures, staff training data, care planning and risk assessment documentation, medicines audits and other quality assurance records. We continued to seek clarification from the registered manager to validate the evidence received. We spoke with four members of the care staff team and a domestic. We contacted a GP and a healthcare professional contracted to provide services to people living in the home. We sought further feedback from nursing staff at the service and continue to communicate with local authority safeguarding officers and the police in order to remain up to date with current and ongoing investigations.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection, the rating for this key question has deteriorated to requires improvement. We could not be assured that people were always being cared for in a safe and compassionate manner.

Systems and processes to safeguard people from the risk of abuse; Assessing and managing risks; Learning lessons when things go wrong

- People told us they felt safe. Staff understood the provider's safeguarding policies and procedures and the provider responded appropriately when concerns were brought to their attention.
- We received a number of whistleblowing concerns between September 2020 and October 2020 in relation to allegations of verbal and physical abuse towards people using the service. Whistleblowing is the term used when an employee raises a concern about wrongdoing in the workplace. These concerns were referred to the local authority safeguarding team and jointly investigated by the provider and other relevant agencies. Following these investigations, the allegations of abuse and poor practice were found to be unsubstantiated. The provider informed us that lessons had been learnt and staff provided with additional strategies in order to recognise and report in confidence any incidents of abuse within the service. However, on 20 November 2020, we were notified of an incident observed by the registered manager involving a staff member allegedly failing to follow safe care procedures. This matter is currently under investigation by the police. We also received further whistleblowing allegations between November 2020 and December 2020. This meant we could not be fully assured the provider had learnt or implemented the learning from their investigations into previous whistleblowing allegations.

We recommend that the provider seek and implement national guidance to help promote a culture where staff feel confident to raise and report concerns within their organisation.

- Risk management plans were in place where people were at risk of developing pressure wounds. Records in relation to these risks were maintained and kept up to date. The provider made prompt referrals to tissue viability services for further advice and recommendations. Pressure relieving equipment was in place where required and staff ensured turning regimes were followed and recording charts completed appropriately.

Staffing and recruitment

- Staff were recruited safely. The provider carried out appropriate pre-employment checks to ensure staff were suitable for their roles. This included obtaining evidence of identification, people's right to work in the UK and good conduct in previous health and social care employment. The provider carried out checks with the Disclosure and Barring Service (DBS). The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions. Where staff were employed via external agencies, the registered manager received confirmation that appropriate checks had been conducted to ensure staff were appropriately deployed.
- Staffing levels were assessed to meet people's needs and there were enough staff deployed to meet

people's care and support needs. People told us there were enough staff available when they needed them. Staff we spoke with told us they felt there were enough staff on duty.

Using medicines safely

- Medicines were managed safely. During our site visit, we observed a member of staff administering medicines to people in a safe manner. Medicines were placed in a medicines cup from blister packs and given to people with water. The staff member explained what the medicines were, checked that they had been taken and recorded these steps appropriately on medicines administration records (MAR).
- Medicines were stored appropriately. There were regular stock checks and checks of temperature of storage areas. Controlled drugs were stored securely with enhanced monitoring of stock levels. A GP told us, "The supplying pharmacy is the best it's ever been - the most efficient and safe. They conduct a monthly medicine reconciliation and the CCG pharmacy service also conducts regular meds reviews."
- Managers had appropriate oversight of the management of medicines. There were regular audits carried out regarding medicines in each unit of the building and a full Covid vaccination programme for people using the service and staff was well underway.

Preventing and controlling infection including the cleanliness of premises

- Infection control measures were robust. The provider had a suitable infection control policy and managers carried out regular audits of infection control measures. People told us staff used protective personal equipment (PPE) appropriately, and we observed staff wearing masks at all times. The premises appeared clean and tidy throughout.
- There were sufficient measures in place to protect people from infection, including risks relating to COVID-19. We were assured that the provider was preventing visitors from catching and spreading infections. There were clear procedures for visitors to follow, including completing health declarations, use of PPE and undergoing temperature checks. Visits were restricted at the time of our inspection in accordance with national guidelines.
- There were appropriate measures in operation to detect and contain COVID-19. There was weekly testing for staff and monthly testing for people who used the service, and clear procedures for isolation and keeping groups of people separate in the event of an outbreak.

Ensuring equipment and premises are safe

- Staff received training in safe moving and positioning techniques. We observed staff assisting a person with their mobility needs in a supportive and reassuring manner. People had access to call alarms, and these were observed to be in reach.
- Checks were in place to monitor the safety of the environment. There were systems of regular checks on key areas of the building, including lifting equipment, infection control and other aspects of health and safety.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. The service was well-led.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning, innovation and improving the quality of care

- The registered manager was open and transparent with inspectors, local authority representatives and clinical commissioners. During a safeguarding meeting held to discuss recent whistleblowing concerns, the registered manager acknowledged that communication between staff members and systems of support for staff required further consideration to ensure that all staff members felt heard and confident in their roles.
- Staff were positive about the duties they performed within the service. Negative feedback we received from whistleblowers about the working atmosphere and the way in which the service was managed, was not supported by the unanimous positive feedback we gathered on and off site and during phone calls to members of staff.
- Staff were offered an opportunity to complete training and develop their competence and confidence in caring and supporting the needs of people living with dementia and/or complex health conditions.
- Staff attended supervision sessions and were able to discuss any concerns they had with the registered manager who operated an open door policy and often worked late into the evenings and at weekends.

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

- There were systems in place to monitor the level of service satisfaction via surveys and questionnaires. People using the service described staff as, "lovely", "terrific", and one person told us, "[Staff] have always got a smile on their faces."
- Staff documented people's individual preferences. Care plans included information about people's likes and dislikes and where possible, these preferences were observed by staff delivering care. People told us they were offered choices at mealtimes, were informed about activities on offer and were free to organise their time as they pleased.
- The service promoted activities which were culturally appropriate. The service had strong links with local churches and schools and provided activities which reflected the diversity of people using the service, such as celebrating key religious festivals and national cultures. On the day of our visit, a cake baking session was underway. People we spoke with told us they had enjoyed taking part.

Working in partnership with others

- The registered manager and her team worked in partnership with other professionals to improve people's care and treatment. This included GPs, tissue viability nurses, pharmacists and palliative care teams. A GP

told us, "[The registered manager] is firm and no nonsense" and "has been effective in improving things from the point of view of the care of the residents. She is very hard working."

- The service promoted people's relationships with partners, family and friends. Due to COVID-19 there had been some restrictions on family visits. Despite this, relatives continued to be consulted and staff assisted people to maintain contact with family members via skype, apps and other devices.
- Staff told us that the management team provided good leadership and that the registered manager was supportive, caring, efficient and responsive.

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

- The registered manager demonstrated a clear understanding of the legal responsibilities of her role.
- Managers used monthly quality indicators to monitor any injuries, infections and falls, and review when people were subject to possibly restrictive measures such as bedrails.
- There were systems in place to ensure information was kept up to date. Senior staff met daily to discuss planned events and appointments, exchange information and updates and address any potential concerns about people using the service and service delivery. The provider used a resident of the day system to ensure people's care plans were kept up to date. Daily handovers and more in-depth clinical meetings were held to discuss and monitor people's clinical risks, health and welfare.

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 service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong. The provider acted in line with their duty of candour responsibilities and when needed shared information with the CQC in a prompt manner.
- The provider responded to people's complaints in a timely manner. One person told us, "[The registered manager] checks the complaints and gets it sorted. If they don't sort it, she'll report it to head office. She's very good. She's always coming over and checking on us. If she can't see where someone is, you can hear her asking staff, 'where's so and so'."