

Balmoral Care Ltd

# The Kensington

## Inspection report

340 Pelham Road  
Immingham  
DN40 1PU

Tel: 01469571298

Website: [www.kensingtoncarehome.com](http://www.kensingtoncarehome.com)

Date of inspection visit:  
15 August 2019

Date of publication:  
14 January 2020

## 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?	Good ●

# Summary of findings

## Overall summary

### About the service

The Kensington is a residential care home providing personal care for 21 older people at the time of our inspection, some of whom may be living with dementia. The service can support up to 35 people. The accommodation is a combination of old and new single storey buildings. The home is situated in the centre of Immingham close to local amenities.

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

A range of audits and checks were carried out to monitor the quality and safety of the service. However, these checks had not identified that the provider was failing to meeting the legal requirement to display their Care Quality Commission (CQC) rating in the service, and on their website.

People were supported by staff who kept them safe from harm. One person said, "I am well looked after here. I feel very safe." A visitor told us, "My relative is so much better since coming here, has a much better quality of life."

Staff understood how to safeguard people at risk and how to report any concerns they may have. Care plans had been developed to assist staff to meet people's needs.

People were supported by appropriately recruited and trained staff. Medication was managed by staff who had received training to do so.

The registered manager demonstrated a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. 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.

People told us they enjoyed the food, and that they had choice. Referrals to other health professionals were made when required. The environment was well maintained and suitable for the needs of the people who lived there.

People were supported to take part in social activities. The registered manager and provider responded to complaints received in a timely manner.

Staff had a good understanding of people's preferences of care and worked to promote people's independence. People were supported by kind and caring staff, who enjoyed their jobs and treated people with dignity and respect. End of life care was managed with compassion, taking into consideration people's views.

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

The last rating for this service was good (published 27 January 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

At this inspection we recognised that the provider had failed to display their last inspection ratings. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

# The Kensington

## 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.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Kensington is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

#### What we did before inspection

Before visiting the service, we looked at information sent to the CQC. We sought feedback from the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and three visitors about their experience of the care provided. We spoke with the registered manager and provider, and five staff. We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision, and a variety of records relating to the management of the service.

#### After the inspection

Following the inspection, we reviewed additional information supplied by the provider which included quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse.
- People told us they felt safe. A visitor said, "I've no concerns about safety here. My relative has been here nearly five years and staff have always been wonderful, most kind and caring."
- Staff were knowledgeable about what action they would take if abuse was suspected.

Assessing risk, safety monitoring and management

- Systems were in place to monitor and assess risks.
- Risk assessments were completed to document all areas of risk such as falls and moving and handling.
- There was a raised fish pond in the grounds which was accessible to people. We discussed this with the provider who had this covered with safety netting following the inspection.
- Checks and tests were carried out to ensure the premises and equipment were safe.

Staffing and recruitment

- Safe recruitment procedures were followed.
- There were enough staff deployed to meet people's needs. A relative told us, "I have no complaints about staffing, no concerns."

Using medicines safely

- A safe system was in place to manage medicines.
- We observed staff supporting people appropriately with their medication. Medication records we reviewed were in good order.
- We saw one person's oxygen cylinder was not secured safely following manufacturer's instructions. The provider addressed this immediately after the inspection.

Preventing and controlling infection

- Systems were in place to prevent infection.
- The home was clean, and staff used gloves and aprons to help prevent cross infection. A visitor told us, "The house is very clean and hygienic."

Learning lessons when things go wrong

- There was a system in place to record and monitor accidents and incidents.
- In response to accidents, for example falls, people were referred to external health professionals and supported to access equipment such as walking aids to help reduce risks.

# 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.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. 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 told us they were happy with the standard of care they received. One person said, "Usually it's the same girls looking after us, they are all so very kind." A visitor told us, "My relative always looks nice and clean and well-cared for. What more can you ask?"
- People's needs were assessed before they moved to the service. These assessments were used to develop a plan of care.

Staff support: induction, training, skills and experience

- People were cared for by staff who were trained and regularly supervised.
- Staff felt supported; they told us the registered manager was available for support and guidance when required. One said, "I get supervised every eight weeks. I find it useful. We talk about any support I need or any personal issues."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain their wellbeing.
- People told us they enjoyed the meals and their individual preferences were catered for. One said, "The food is very good, there is always a choice."
- Care plans for people's eating and drinking needs were in place and provided dietary and nutritional information for staff to follow.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services and receive ongoing support. Advice and guidance given by professionals was documented within care files and staff followed their instructions.
- Essential information was recorded on a daily handover sheet to ensure staff were up to date with any changes to a person's overall well-being or care needs.

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

- The service interior was homely and met people's needs. One person told us, "The accommodation is nice."

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.

- The registered manager took the required action to protect people's rights and ensure people received the care and support they needed.
- The registered manager had submitted DoLS applications to the supervisory body (local authority) as needed.
- Where a person had appointed a Lasting Power of Attorney to act on their behalf when they were no longer able to make decisions for themselves, a copy of the document was kept at the service.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 felt happy at the home. Comments included, "They [staff] are all so kind and compassionate, talk to me, and ask how I am feeling" and "I'm sure staff care about me; they are all very kind."
- Relatives were complimentary about the care and support the staff provided. One told us, "Staff are so kind, always been wonderful with [Name]. They care so much."
- Staff built positive relationships with people and their relatives. We observed they reassured people who became upset or anxious with kind words and humour.
- Where people were unable to verbally express their choices and needs, staff understood their way of communicating.
- Each person had a section of their care plan which highlighted their wishes in respect of cultural matters, religious requirements or ethnicity needs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions. This included what clothes they wore, what they ate, where they wished to spend their day, and what times of day they got up and went to bed.
- Where needed, support from external professionals was sought for people to help support decision making, such as advocacy services.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of maintaining people's privacy and dignity. A relative told us, "Care here is spot-on. Dignity, respect, you just can't fault it."
- People were supported to remain as independent as possible. Staff could describe how people were supported and encouraged to do things for themselves, including going out into the local community.
- Visiting was unrestricted and could take place in communal areas or in private. All visitors we spoke with told us they were made to feel welcome.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. 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

- Care plans were person centred and contained details of people's likes and dislikes.
- The plans were regularly reviewed to keep information about people's care and support needs up to date.
- Care and activity staff were knowledgeable about people and had a good understanding of their preferences and interests. This enabled them to provide personalised care.

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.

- Staff ensured that people had any communication aids such as hearing aids and glasses. Information was provided in different formats such as easy read.
- Some people had verbal communication difficulties. We observed staff knew them well and understood how they expressed themselves.

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 undertook a selection of activities. These included, exercise games, carpet football, mini golf, art therapy and manicures. One person proudly showed us their fingernails and said, "Look, I never had my nails painted until I came here. Don't they look lovely." Another told us, "The activities lady comes in and talks to me, she is so very, very pleasant and never leaves anyone out."
- Local religious services visited the home regularly to provide spiritual support to those who wanted it.

Improving care quality in response to complaints or concerns

- A complaints system was in place which ensured complaints were investigated.
- People and relatives knew how to raise a concern and felt able to speak to the registered manager or staff at any time. One person said, "I know how to complain but never needed to do so." A relative told us, "We have relatives' meetings so can express any concerns then."
- The complaints policy was displayed in the service.

End of life care and support

- End of life care was provided. Staff liaised with health care professionals to ensure people received care which met their needs at this important time.

- Staff had been trained in end of life care.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Members of the public were not able to see the rating of the service to help them choose a service or understand the service they lived at. This was because the registered provider failed to display their rating on their website and in the service as required by law.

This was a breach of Regulation 20A (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we issued a fixed penalty notice. The provider accepted a fixed penalty notice and paid this in full.

The registered provider responded during the inspection and displayed the current rating in the service entrance hall.

- There was a registered manager in post.
- The provider had sent us notifications in relation to significant events that had occurred in the home.
- Audits and quality monitoring checks were completed within the service. These ensured that practices were regularly reviewed, and any risks reduced.

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

- There was a good system of communication to keep staff, people and their families informed of what was happening. One relative told us, "The manager is very approachable." A member of staff said, "I can talk about any support I need."
- The provider and registered manager were visible and accessible to support people in the home. They knew people, and their needs well.
- The registered manager demonstrated an open approach and listened to people, their representatives and staff when things went wrong.

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

- The registered provider and manager demonstrated a commitment to providing good quality care by engaging with people using the service and their representatives.

- People and their relatives were supported to provide feedback through meetings, surveys and informal discussions. These had been analysed to look at where improvements could be made.

Working in partnership with others; Continuous learning and improving care

- Staff worked closely with other health professionals where people required expert advice and intervention.
- Links with outside services and organisations in the local community were maintained to promote people's wellbeing and independence.
- The provider and registered manager were responsive to feedback we gave them as part of the inspection process.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments  The registered provider failed to display their rating on their website/in the service as required by law.

### **The enforcement action we took:**

We served a fixed penalty notice for a breach of Regulation 20A (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities).