

Mr Mukesh Patel

Kenroyal Nursing Home

Inspection report

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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

This unannounced inspection took place on the 10 and 14 June 2016. Kenroyal Nursing Home provides accommodation for up to 64 people who require nursing care. At the time of our inspection there were 63 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 2008 and associated regulations about how the service is run.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report concerns to the relevant authorities. Staff knew their safeguarding responsibilities and how to report any safeguarding concerns they may have.

Sufficient numbers of experienced staff were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person. Recruitment procedures protected people from receiving unsafe care from staff unsuited to the role.

The registered manager and staff knew their responsibilities as defined under the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately.

People received sufficient support to eat and drink and maintain a healthy balanced diet. Staff monitored people's health and well-being and ensured they had access to healthcare professionals when required.

People's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed. People and their representatives had been involved in planning and reviewing their care.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People experienced caring relationships with the staff that provided good interaction by taking the time to listen and understand what people needed.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensure the care provided was tailored to meet their individual needs.

People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

People were supported by staff that had the managerial guidance and support they needed to carry out

their roles. The quality of the service was routinely monitored by the registered manager and overseen by the provider.

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.

Staff were knew how to safeguard people from abuse.

There was sufficient numbers of staff to provide people's care and support.

The staff recruitment process was robust.

People received their medicines safely and the medicines were managed appropriately.

Is the service effective?

Good ●

The service was effective.

People received care from staff that were appropriately supported to carry out their roles.

Staff were appropriately trained and supported through established supervision and appraisal systems.

The principles of the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) were followed.

People were supported to have sufficient to eat and drink to maintain a balanced diet.

People's healthcare needs were met.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions about their care and support.

People were treated with compassion, dignity and respect.

People were given the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and regularly reviewed.

Care plans were personalised and reflected people's current needs.

People and their representatives were involved in decisions regarding their care and treatment needs.

Complaints were listened to and responded to appropriately.

Is the service well-led?

Good ●

There was a registered manager in post.

There was a positive open culture where staff and people using the service felt included and consulted.

Feedback from people using the service was used to continually review and make positive changes to the service provision.

Established systems were in place to monitor the safety and quality of the service.

Kenroyal 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.

This unannounced inspection was carried out by one inspector on 10 and 14 June 2016.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document just prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

Before our inspection, we reviewed information we held about the provider including, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who monitored the care of people using the service.

Many of the people who used the service were limited in their ability to recall their experiences or express their views; in these circumstances we used the Short Observational Framework inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how the staff interacted with the people who used the service and how people were supported during meal times and during individual tasks and activities.

We spoke with three people who used the service and three relatives. We also spoke with one nurse, four care staff and the administrator. We also spoke with the registered manager and the provider. We reviewed the care records of five people who used the service and five staff recruitment files. We looked at records in relation to the management of the service.

Is the service safe?

Our findings

All the people and relatives we spoke with told us that staff at the staff provided safe care. One relative said, "The staff are very good at recognising when things are not right with [Person's name] they respond very quickly, I just know that [Person's name] is safe and well here".

Staff understood their responsibilities to safeguard people and knew how to raise any concerns if they suspected or witnessed ill treatment or poor practice. One member of staff said, "I would report anything of concern to the manager, I know she would take it very seriously and report it". The staff training records confirmed that they had received safeguarding training and that it was regularly updated to ensure they were aware of the current safeguarding reporting practices.

People had risk assessments carried out that identified potential risks such as falls. People's needs were regularly reviewed so that risks were identified and acted upon. For example where people's mobility had deteriorated their risk assessment reflected their changing needs. People's care plans provided instruction to staff on what they needed to do to minimise identified risks to ensure continued safety. For example, where people were identified at risk of developing pressure ulcers, the risk assessments and care plans were updated to reflect that staff carried out more frequent position changes to relieve people's pressure areas.

We saw that regular maintenance and safety checks were carried out on the fire, water, electrical and gas systems. People had personal emergency evacuation plans (PEEP) in place that outlined their mobility and communication needs, in the event of an emergency requiring an evacuation of the building.

People's assessed needs were safely met by sufficient numbers of staff. People and relatives told us they thought there was enough staff on duty to meet their needs. One relative said, "I have never had to go looking for a member of staff, there is always somebody about". Another relative said, "Staff are always available whenever you need them". The staff told us they thought there was enough staff to meet people's needs. One member of staff said, "I think the home is very well staffed, I've never had any concerns about the staffing levels; we work really well as a team". We saw that people's dependency needs were assessed and the level of staff support required was identified in the assessments. On the day of our inspection we observed that staff responded quickly and calmly to people's requests for assistance.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in the care sector. We saw that pre-employment checks were carried out through the government body Disclosure and Barring Service (DBS). Nursing staff also had checks carried out through their professional body to ensure that their registrations were up to date. We also saw that written references were obtained from previous employers and where this was not possible personal character references were obtained.

People received their medicines safely and in a way they preferred. The medicines were administered by nursing staff who had received training in the safe administration, storage and disposal of medicines. We observed staff administering medicines to people and heard them explain what the medicines were for. We saw that arrangements had been made for people with swallowing difficulties to receive liquid medicines,

wherever possible. The staff followed guidelines for medicines that were only given 'when required' for example pain relieving medicines. We saw the medicines stock and administration records (MAR), including controlled drugs (CD) medicines were appropriately maintained. The registered manager carried out regular medicines audits to identify any areas for improvement and when found, action had taken place to further improve practice.

Is the service effective?

Our findings

The staff told us when they first started working at the service they had been provided with full induction training. One member of staff said, "The training I have received here, has given me the confidence to carry out my job. If I am not sure about anything, I only need to speak with the manager or any of the staff. They will always help in any way that they can". They told us the training had equipped them with the necessary skills and knowledge to enable them to fulfil their roles and responsibilities. They said the induction training included subjects such as, moving and handling, fire safety, food hygiene, infection control and safeguarding. They said during their induction to the service, they worked alongside experienced staff.

Records of staff training showed that all staff received updates to training in subjects such as safeguarding, moving and handling, infection control and health and safety. Staff told us they had also completed training to meet people's specific needs. Such as, nutrition, oral care, Parkinson's and dementia care. We saw that nursing staff had attended training on percutaneous endoscopic gastrostomy (PEG) feeds, colostomy, stoma and catheter care and venepuncture to update their skills and competency.

The staff said they felt well supported by the registered manager and their peers. They told us they had regular supervision meetings and annual appraisal meetings with the registered manager to discuss their work performance and learning and development needs. We saw the meetings were structured and scheduled in advance to allow preparation regarding areas they wished to discuss. We saw that records of the meetings were kept confidential between the supervisor and supervisee. In addition, regular staff meetings took place at which the provider also attended to update staff on employment matters, discuss the needs of the service and plans for future development.

People and relatives told us that the staff always asked for their consent before providing any support and that they respected their choice and personal preferences. Relatives said they had observed that staff sought people's consent before providing their care. We also observed during the inspection that the staff asked for consent before providing any personal care or support.

We saw within people's care files their consent had been sought to have a photograph taken and information shared about them with health and social care professionals involved in their care. We also saw that people's consent to the use of bed rails had been sought and where this was not possible due to a lack of capacity their representatives consent had been obtained.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was knowledgeable of the requirements of the MCA and DoLS. We saw that MCA assessments had been carried out for people to determine their capacity to make specific decisions. The registered manager told us that they had submitted standard DoLS applications for people using the service to the local authority for some people using the service and they were awaiting the decisions to be made.

The staff told us they had received training in the MCA and DoLS. They had a good understanding of working in line with the principles of the MCA when assisting people to make choices and followed best interests decisions made on people's behalf.

People were supported to eat a balanced nutritious diet. People and relatives told us the meals were nice and that they had a choice of meals each day. One relative said, "[Person's name] seems to love their meals, they have a good variety of meal choices, sometimes I bring in a curry, he used to really love a curry, but he doesn't seem that bothered with them now". The relative said they came to visit their family member most days and generally stayed with them over the meal time. They said they always saw the staff offered people extra portions. Another relative that lived abroad had regular email contact with the registered manager; they had provided information on the kind of foods their family member liked, such as, fresh cream cakes and quavers. We observed the staff over the lunchtime supporting people with their meals, they offered people alternative choices of meal, and sat with people who needed extra support to eat and drink. The support and assistance people received was done discreetly and in a relaxed way.

We observed that one person seated at the dining table became anxious, saying they did not feel well and were unable to eat their meal. The member of staff that was sat beside them spoke gently to them and suggested they had some of their pain relief medicine and had a lie down. The person agreed to this and they left the room with the member of staff. We heard the member of staff ask another member of staff to put the person's meal to one side and they could have it later.

People had nutritional assessments carried out to identify whether they were at risk of poor nutrition and hydration, whether due to ill health or swallowing difficulties. In such cases we saw the GP had been consulted and the support of dieticians and speech and language therapist (SALT) had been arranged to ensure that people received the right diet for them. The staff followed the guidance they received from health professionals to ensure that people were able to have adequate food and drink, for example where people had difficulty in swallowing, staff followed the advice to provide food that had been fortified, pureed or thickened to help prevent choking. Where it was necessary, staff monitored the amount of food and fluids people had to ensure that they stayed nourished and hydrated.

People were supported to access appropriate healthcare services including hospital appointments, their GP, podiatrist, optician and psychiatrist. One relative told us that since their admission to the service their family member's physical health had greatly improved. The staff spoke with knowledge about the significance of any changes in people's health and behaviours, they reported to the nurses promptly where changes were identified and the nursing staff liaised closely with the GP about people's health and acted quickly on any treatment instructions.

Is the service caring?

Our findings

People and relatives were very complimentary of all the staff and the registered manager. One relative said, "I can only describe the home as a very caring community". The staff are absolutely wonderful, I can't speak highly enough of them, they are so patient, kind and compassionate". Another relative said, "I have no concerns at all, the staff really do care for all the people living here, I see it, every day, first hand".

One relative said, "The communication with the staff is brilliant, they keep me fully informed about [Person's name], I never leave here feeling worried or concerned, I leave feeling comforted that [Person's name] is being so well cared for, better than I could ever do".

During the inspection we observed that all the interactions between staff and people using the service were positive and encouraging. One member of staff said, "I feel very proud to work at Kenroyal, I think we do our very best to look after people with dignity and respect". We heard staff speak with people in a friendly way, we saw they involved people in conversations and acknowledged people in passing, smiling and saying hello to each other.

Relatives also said they were involved in making decisions about the care of their family members who lacked the capacity to make them themselves. One relative said, "I am very much involved in making decisions about [Person's name] care as they are unable to fully understand themselves, the staff have asked me about how they would like their care to be provided. "

We saw that each person and their relatives were asked whether relevant information about them, could be shared with staff members. Such as, important events in their lives, people that mattered to them, past occupations, hobbies and interests. The information helped towards putting in place individual profiles so that staff understood people better and were aware of their specific likes, dislikes and preferences.

We also saw that confidential information about people using the service was stored securely and only shared with health and social care professionals involved in their care.

People were supported to maintain relationships with people that mattered to them. Relatives said they could visit as often as they liked and were always made welcome. One person said they visited their family member every day. One relative said, "The staff are very friendly, the home has a welcoming feel to it". We observed staff welcoming visitors to the service; they offered people tea, coffee and biscuits and offered people the choice as to where they wanted to spend time with their visitors.

People and relatives told us the staff treated them with respect and ensured their privacy and dignity was promoted. One relative said, "In all the time I have been visiting, I have never heard the staff talk about any of the other residents, they are very aware of keeping people's private lives confidential".

The staff understood what privacy and dignity meant in relation to supporting people with personal care. We observed during the inspection that they discreetly attended to people's personal care needs.

Is the service responsive?

Our findings

People and their relatives told us that assessments of their needs had been carried out before they moved into the service. They also confirmed that on-going assessments took place in response to people's changing needs. We saw that care plans were put in place based on people's assessed needs and we observed the care they received corresponded with what was recorded in the care plans.

Specific care plans were in place in response to individual risks. For example, people at risk of developing pressure ulcers, due to frailty and immobility had pressure relieving care plans in place. They detailed the pressure relieving equipment in use and how frequently the staff needed to assist people to change position to relieve pressure areas.

Relatives told us they were involved in planning and reviewing their family members care. One relative said "I feel fully involved and informed about [Person's name]. The staff communicate very well with relatives". We saw within people's care files that staff recorded when they had contacted relatives and the reasons for contacting them.

One relative said, "[Person's name] is very difficult to engage in any activities, the staff do a marvellous job, they are very patient and persevere with [Person's name]". During the inspection we observed staff spent time talking with people. We observed they interacted with people well, using tone of voice and smiles to gain people's attention. They sat beside people chatting, listening to music and singing along to the music. Activity staff employed at the service had a programme of daily organised activities available for people to engage in if they wished. We saw photos of various events that had taken place, most recently a celebration of the queens 90th birthday.

People had information available on how to raise complaints. One relative said, "If ever I have any concerns they are dealt with there and then by the manager, she is passionate about people receiving a high standard of care". Another relative said, "Any concerns brought to the manager's attention are dealt with immediately". A member of staff said, "If there are any concerns about people's care the manager calls the staff together to address it there and then, you can see she is upset when things are not right, she cares so much about all the people living here".

We saw that information was made available to people on how to raise any complaints they had about the service. We saw that people had written letters and thank you cards to the registered manager and the staff complimenting them on the care their family members had received.

The registered manager confirmed that one complaint was currently being investigated. We saw the details of the complaint were appropriately recorded and meetings had taken place with the family, social worker and commissioners to try and resolve the complaint.

Is the service well-led?

Our findings

People were supported by a team of staff that had the guidance and support they needed to do their job. The registered manager operated an open door policy and ensured they were available whenever needed. We saw that people, relatives and the staff were comfortable and relaxed with each other. All staff we spoke with demonstrated they were knowledgeable of all aspects of the service and the people using the service.

We received many positive comments from staff about the service and how it was managed and led. Staff told us that the manager was very supportive and staff told us they were proud of the standards of care they provided. One member of staff said, "[Registered manager] has passion and zeal, she really inspires us to take pride in our work". Another member of staff said, "We want to do a good job, people deserve the best".

Established systems were in place to assess and monitor the health, safety and welfare of people using the service. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and the individual care records we looked at accurately reflected the care each person received.

People's care records were reviewed on a regular basis and were securely stored to ensure confidentiality of information.

Communication between people, relatives and staff was encouraged in an open way. Relative's feedback told us that the staff worked well with people and there was good open communication with staff and management. People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. We saw the comments in questionnaires completed by people using the service, relatives and stakeholders were all positive.

Policies and procedures were in place to guide staff and they had been updated when required. The staff demonstrated a good understanding of the policies, which underpinned their job role such as safeguarding people, whistle blowing, health and safety and confidentiality.

Quality monitoring systems ensured that regular safety checks were carried out to the building and equipment, such as, the fire, water, heating, lighting, electrical and gas systems. In addition quality monitoring checks were carried out on care records, risk assessments, medicine records and stock, accidents and incidents and staff management and training records. Any areas identified for attention had action plans with timescales put in place. We saw that areas identified for attention had been fully addressed by the registered manager.