

Potensial Limited

# Kensington Hall

## Inspection report

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25 October 2023

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Kensington Hall is a residential care home providing personal care to 10 people at the time of the inspection. The service can support up to 13 people.

### 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. Based on our review of key questions of safe and well-led, the service was not able to demonstrate how they were consistently meeting some of the underpinning principles of Right support, right care, right culture.

### Right Support:

Medicines were managed safely. However, improvements were needed in the records and guidance for topical and when required medicines. Care records were not always complete or accurate. Care plans and risk assessments had not always been completed with specific details required about people's care and some included out of date information. Audits did not always identify the issues we found.

There were effective staff recruitment and selection processes. There were enough skilled and experienced staff who knew people well to safely meet people's health and physical needs. We received some mixed feedback about how the level of staff consistently supported independence and choice.

Infection control measures were in place, people were supported by staff to keep their home safe and clean. 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.

### Right Care:

People received safe care in relation to their physical and health needs. Staff and people cooperated to assess risks people might face. People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.

### Right Culture:

Governance systems were in place but the oversight of these was not always effective. There was a registered manager in post who is registered across 2 services. There had recently been additional support for the registered manager so they could spend dedicated time in the home making improvements. Longer-term a senior support worker was being upskilled to provide more management support. Both told us they felt supported by the wider organisation.

People did not always receive care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. People's care plans did not always reflect clear goals and outcomes to support people's independent living skills. There was limited evidence that activities were structured or planned to be as person centred as possible. Some people were active in the local community, but other people had limited access. The registered manager was already aware this was an area needing development and had started work to address this. We have made a recommendation about person centred support.

Most people and relatives told us there was a positive atmosphere in the home and staff were kind and caring. People and staff told us the registered manager was helpful, approachable and dealt with concerns if raised. Staff had close links with health professionals and met with them regularly to review people's needs. Management and staff were working proactively on improvement plans from partner agencies. There were systems in place to gather feedback on the service. Most people, relatives and staff told us their feedback was valued and acted on.

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 14 January 2019).

#### Why we inspected

This was a planned focused inspection based on the length of time since the last inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kensington Hall on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to good governance at this inspection. We have made a recommendation about person-centred support.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Kensington Hall

## 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 Health and Social Care Act 2008.

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

The inspection was carried out by an inspector, a medicines inspector, and an Expert by Experience. The Expert by Experience made telephone calls to relatives. 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

Kensington Hall 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. Kensington Hall 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 17 October 2023 and ended on 25 October 2023. We visited the service on 17 and 23 October 2023. The Expert by Experience made telephone calls on

25 October 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 6 people who used the service. Some of the people who used the service had complex needs or limited verbal communication. This meant they could not always tell us their views of the service or did not wish to engage with us. We also spoke with 6 relatives; we spoke to 1 relative in the home and 5 by telephone. We received feedback from 3 professionals by telephone and e-mail.

We spoke with 6 staff including the registered manager, senior support worker, support workers and agency support worker.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at a variety of records relating to the safety and management of the service, including policies and procedures, staff recruitment, risk assessments and safety checks.

# 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 has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Systems were in place to assess risks to people, but records were not consistently accurate or up to date. For example, one person's health had improved but support and risk plans had not been updated.
- Staff were aware of, and working to agreed risk protocols, but these did not always reflect the detail in care records.
- Safety and servicing records for the home were in place and kept up to date. However, food temperatures were not consistently recorded.

We found systems were either not in place or robust enough to maintain appropriate and contemporaneous records. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was already working to an action plan developed by a partner agency that identified that some care records needed updating.

### Using medicines safely

- Medicines were managed safely. However, improvements were needed in the records and guidance for topical and when required medicines.
- Guidance and records were not always in place to support the safe administration of topical medicines. We found that guidance was not clear for creams applied by care staff and records were missing.
- Some people were prescribed medicines to be taken on a 'when required' basis or with a variable dose. Guidance for how these medicines should be administered was inconsistent for some people. The reason for taking a 'when required' medicine or the outcome was not always recorded to review effectiveness.
- An audit system was in place, but this had not picked up the issues we found.

We found systems were either not in place or robust enough to maintain appropriate and contemporaneous records. This was a breach of the Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our inspection visit the registered manager responded to the issues raised and acted to ensure updated guidance was readily accessible for staff.
- 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.

#### Staffing and recruitment

- The provider ensured there were enough suitable staff. The provider operated safe recruitment processes.
- There were enough staff to ensure people's safety and support their physical care. We received some mixed feedback about levels of staff to consistently support people to have choices, such as where they had their meals or when they accessed the community.
- Staffing had recently increased. Staff told us this allowed them more time to support people.
- Staff were recruited safely and in-line with the provider's policies. The service was using some agency staff to cover vacant posts, but these staff were used regularly and had knowledge of people's needs.

#### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm. Staff had completed appropriate training and knew how to raise any concerns about poor practice.
- People and relatives told us they felt safe. One relative told us, "Yes, they [person] are safe, I have no complaints. I can walk in there anytime and all will be running well,"
- Systems to record and report safeguarding concerns were in place and actions were being taken when risks occurred.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Some documentation about consent was historic but had not been removed from files. The registered manager addressed this when we highlighted it to them.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- There were systems and procedures to check on the safety and cleanliness of the building. People were supported to keep their bedrooms clean.

#### Visiting in Care Homes

People were able to receive visitors without restrictions.

#### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong. Incidents were reviewed and learning had been shared with staff to improve practices.



# 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 our last inspection we rated this key question good. At this inspection the rating has changed to 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; Continuous learning and improving care

- The provider's system did not always effectively monitor the quality of care provided to drive improvements.
- Medicines and care records were not consistently accurate or up to date.
- Some person-centred documents were in development and had not been fully embedded into practice.
- Provider audits had not identified all the issues found at this inspection.

The provider's quality assurance systems and processes were not always effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Issues found at inspection were either addressed by the registered manager during the inspection or we were given assurance they would be reviewed.
- The registered manager had responsibility for Kensington Hall and another registered service and split their time between both. They had recently had a period of dedicated time at the home to focus on improvements. The senior support worker often supervised the day to day running of the service in the registered manager's absence and was being supported to develop their skills and qualifications for this purpose.
- The registered manager was committed to making improvements and delivering good care. They were working to improve the service in-line with action plans from other agencies.
- The registered manager told us they felt supported by the wider organisation.

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

- The provider's systems did not always ensure person-centred care that achieved good outcomes for people.
- People were well supported in terms of their personal care and health requirements, but people did not always have clearly set long and short-term goals which looked to enhance their quality of life and independence.
- Although there were activities and trips on offer, these were not always person centred and for some people there was limited social engagement supported by staff. One relative told us, "I wish staff would do more activities with [family member] and they were not just left sitting."

We recommend the provider continues to review their approach to person centred support and achieving good outcomes in-line with current guidance.

- The provider had recently been working to improve the culture and person-centred approaches. This work included updated training for staff and development of person-centred planning documents.
- Staffing had recently increased allowing staff more time for activities and to support people to complete tasks for themselves. One staff member told us, "We had a residents meeting, people are going to do their own washing. They should be able to do it." Some people fed back about enjoying recent day and evening trips, baking, pamper activities and planning holidays.
- Most people told us there was a positive atmosphere in the home. One relative told us, "Staff are caring, and it is a nice atmosphere. It is a good staff team."
- The registered manager worked directly with people and led by example. They were approachable and knowledgeable about people and their needs. One person told us, "I know [registered manager]. I like them."

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 duty of candour was understood by the registered manager and throughout our inspection they and staff were honest and open.

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

- There were systems in place to gather feedback from people, relatives and staff including surveys and meetings. People could feedback anonymously using the home's suggestion box. One person told us, "[Registered manager] listens and she gets it sorted."
- Managers promoted equality and diversity in all aspects of the running of the service.
- Staff said they felt able to raise concerns with the management team. One staff member said, "In the staff meetings we get asked for our view. Any raised issues get responded to straight away."

Working in partnership with others

- The provider worked in partnership with others.
- There was a positive approach to partnership working and the registered manager had made progress towards improvements recommended by other agencies.
- The registered manager had links to networks to share good practice.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were either not in place or robust enough to maintain appropriate and contemporaneous records. The provider's quality assurance systems and processes were not always effective.</p>