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# Kenroyal Nursing Home

## Inspection report

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Date of inspection visit: 3 December 2014  
Date of publication: 06/03/2015

### 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 

### Overall summary

Kenroyal Nursing Home is registered to provide accommodation and support for 64 people who require nursing or personal care, ranging from frail elderly, dementia care and nursing needs. On the day of our visit, there were 57 people living in the home.

The inspection was unannounced and took place on 3 December 2014.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 told us they felt safe living in the service. This was also confirmed by the relatives that we spoke with, who said that staff kept their family members safe and free from harm.

# Summary of findings

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report potential abuse. Systems in place had been followed and appropriate action taken to keep people safe, minimising any risks to health and safety.

Risk assessments within people's care records were completed accurately and reviewed regularly. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks.

Staff told us that they were not allowed to commence employment until robust checks had taken place in order to establish that they were safe to work with people. There were adequate numbers of staff on duty to support people safely and ensure everyone had opportunities to take part in activities of their choice.

Medicines were managed safely and the systems and processes in place ensured that the administration, storage, disposal and handling of medicines were suitable for the people who lived at the service.

There was a positive culture within the service that was demonstrated by the attitudes of staff who were supported through a system of induction and training based on the needs of the people who lived at Kenroyal Nursing Home.

Staff understood the processes in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Some people who used the service did not have the ability to make decisions about aspects of their care and support; where people lacked the capacity to make decisions, we found that best interest meetings were held and details documented in people's care records.

People told us that the food they had was good and they had sufficient quantities of it. They also said that they had a good choice of meals and were able to get snacks and fluids throughout the day.

People had access to health care professionals to make sure they received appropriate care and treatment to meet their individual needs. Staff followed advice given by professionals to make sure people received the treatment they needed.

People were relaxed, comfortable and happy with the staff that supported them. Staff talked with people in a friendly manner and they assisted people as required, whilst encouraging them to be as independent as possible.

There were regular reviews of care for each person who used the service which enabled individual care to be monitored. Reviews for people who lived at the care home had been carried out with appropriate people.

Staff said that communication in the home was good and they felt able to make suggestions. There were regular meetings for staff which gave them an opportunity to share ideas and give information about possible improvements to the registered manager.

People and their relatives told us that they knew who to speak to if they wanted to raise a concern. They were happy with the service provided and how staff provided their support. There were systems in place for responding to complaints.

The service was led by a registered manager who had good support from the provider. It was evident that staff strived to provide good quality care for people and took the chance to learn lessons so improvements could be made in the future.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service was safe.

People were safe because the provider had systems in place to make sure they were protected from abuse and avoidable harm. Staff had been trained in safeguarding and knew how to report any concerns regarding possible abuse.

Recruitment systems were in place to ensure staff were suitable to work with people.

People received support to meet their needs because the staff rotas were arranged by the manager to ensure safe delivery of care. There were sufficient numbers of staff to meet people's needs.

We found the systems in place for the management of medicines assisted staff to ensure they were handled safely and held securely at the home.

Good



### Is the service effective?

This service was effective.

Staff were well supported through a system of regular training, supervision and appraisal.

People were provided with a choice of food and drink and were given support to eat and drink when this was needed.

We found the location to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People had access to health and social care professionals to make sure they received effective care and treatment.

Good



### Is the service caring?

This service was caring.

We found there was a calm and friendly atmosphere within the home and that staff helped people maintain to their privacy.

People's decisions were respected and we observed that their dignity was protected.

People were able to make choices about their day to day lives and the service used a range of communication methods to enable people to express their views.

Good



### Is the service responsive?

This service was responsive.

Care plans were personalised and reflective of people's individual needs.

Staff told us that this enabled them to know how people wanted to be supported.

People who used the service were supported to take part in a range of activities in the home which were organised in accordance with people's preferences.

Good



# Summary of findings

Systems were in place so that people could raise concerns or issues about the service. People told us that they would be listened to if they had any issues.

## Is the service well-led?

This service was well led.

We found there was an open culture within the home. Staff told us that the manager was approachable if they had any concerns or suggestions.

There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to people and helped the service to continually improve and develop.

People and their relatives were able to comment on the service provided to influence service delivery.

**Good**



# 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 checked 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 inspection took place on 3 December 2014 and was unannounced. The inspection was undertaken by two inspectors.

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.

We checked the information we held about the service and the provider. We saw that no recent concerns had been raised and found that we had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

During our inspection, 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 nine people who used the service, six relatives and two healthcare professionals. We also spoke with the registered manager, three registered nurses, five care staff and one member of kitchen staff.

We looked at ten people's care records to see if their records were accurate and up to date. We looked at two staff recruitment files and further records relating to the management of the service including quality audits.

# Is the service safe?

## Our findings

People told us that they were aware of how to report any concerns about their safety. One person said, “I would always tell the staff or manager. I know that they would help me but I never worry. I always feel safe.” Another person told us, “I know that staff look after me well and keep me safe.” Relatives told us that their family members were kept safe and that the numbers of staff and the environment within the service helped to keep people safe and free from harm. Both the people we spoke with and their relatives told us that if they had concerns about safety or they did not feel safe, then they would feel able to raise this with staff. People were confident that their support was provided safely and they felt safe and secure within the home environment.

Staff told us that if they suspected any abuse, however small, they would report it to the nurse or the registered manager. They demonstrated an understanding of the different forms of abuse; for example, financial and physical neglect. We spoke with a nurse about the process for reporting abuse and they said, “I would pass any information of concern onto the manager. She would make the referrals.” Another nurse told us, “The main thing is to report any suspected abuse and to reassure the person involved.” We asked what would happen if the registered manager was not available and were told that the provider would be contacted for support. Staff knew the lines of reporting in the organisation and felt confident that any concerns they raised would be dealt with effectively. We found that they would raise any concerns to management or with external agencies such as the local authorities or the Care Quality Commission (CQC).

We discussed the safeguarding process with the registered manager and were told that all staff had received safeguarding training. The registered manager told us that safeguarding was due to be discussed again with all staff in the next staff meeting, so the service could be assured that staff were working to the provider policies and guidelines to keep people safe and free from harm.

The provider had taken reasonable steps to identify abuse and prevent this from happening within the home.

Staff told us that risks to people’s safety had been assessed. These included risks associated with malnutrition, pressure damage and falls. We spoke to staff about how risks to

people were assessed to ensure their safety and to protect them. They told us that risk assessments were discussed with people and their relatives, and were in place to manage identifiable risks to individuals. Staff said that risk assessments were reflective of people’s current needs and guided them as to the care people needed to keep them safe. We found that individual risk assessments had been completed for people and were updated on a regular basis. Examples included risks such as falls and manual handling and were specific to each person; each assessment had guidance for staff to follow which helped ensure that people remained safe.

The registered manager told us that individual evacuation plans and general risk assessments were in place for people using the service. There were also plans in place to deal with any foreseeable emergencies which may affect the running of the service. It was evident that these processes were in place to minimise the risks to people’s and staff safety.

People told us that there were enough staff on duty to keep them safe. One person said, “Yes, I can always see a member of staff and they always come quickly, so there must be enough of them.” Another person said, “Yes, I should say there are. I know they are busy but they always come when I call them.” Staff confirmed that there were enough of them to attend to people’s needs in a safe manner; for example they said that when two staff were required to meet people’s needs, that there was no delay in getting support for that person. All of the staff we spoke with said, “There is always enough staff on duty.” One member of staff said, “We can cover shifts in house if anyone is off, there is no need for agency staff.” We found that the number of staff on duty for each shift was clearly detailed on the rota. Our observations confirmed that there was sufficient staff on duty, with appropriate skills to meet the needs of people, based upon their assessed dependency levels. This helped to ensure that people received safe and effective care.

We spoke with a member of staff who had recently been recruited and they told us that they were not able to start work until their recruitment checks had come back. The registered manager told us that relevant checks were completed before staff worked unsupervised at the home; these included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were of good character. The recruitment records that we saw confirmed

## Is the service safe?

this and we found that files contained all relevant information. It was evident that the service was carrying out appropriate checks before a staff member started work and that the service followed safe recruitment practices.

We reviewed the medicines systems to ensure that the processes in place were robust. One person told us, “I don’t have any worries; they give me my medication when I need it.” Another person said, “I always get my tablets when I need them.” Staff told us that it was important to get the administration of medication right. One staff member told us, “It is important that we are not disturbed when we administer medicines so that we can make sure we give them correctly to people.” Staff told us that the monitored dosage system used in the home was a safe system as there was less room for error.

Staff who administered medicines told us they were trained and their competency was observed by the registered manager. Medicines were stored securely in locked trollies

in a locked store room, which was kept locked at all times when not in use. There was also a medicine fridge which was kept at an appropriate temperature and we found records to confirm that regular checks were maintained. Controlled drugs stocks were checked by two staff to ensure medicines had been administered as required. We observed staff administering medication and found that this was carried out correctly. It was evident that medicines were managed in a safe manner.

We found that medicines were checked to ensure staff were managing people’s medicines safely. The registered manager and senior staff carried out checks of the medicines on a daily basis to ensure that stocks remained correct. During our conversations with the registered manager, they acknowledged that some minor improvements were needed to enhance the monitoring systems in place to ensure that any problems with the administration of the medicines were identified quickly.

# Is the service effective?

## Our findings

People told us that they felt staff had the right level of skills and knowledge to provide them with good care and support. Everybody we spoke with was happy with the care they had and told us that it met their needs. One person said, “Staff always know what to do, they never struggle.” Another told us, “Yes they are good. I ask for help and they just know what I need. It really is good.” A visitor told us, “This is by far the best, and they know what they are doing here.” Staff told us that they worked hard to provide good care for people which met their needs. One said, “We have to get it right for people, we work with them to give the right care and to be able to do that we must have the right training.”

One member of staff told us about their induction and said that they felt it was appropriate for someone who had worked in care before. They went on to tell us that if someone had not had previous care experience, that the induction process would be more in depth and detailed. They also told us that they had shadowed a more senior member of staff until they were confident to provide the necessary care. We spoke with other staff members who confirmed this and told us that there was an effective induction system in place that ensured new staff were competent to work unsupervised.

Staff told us that there was a rolling programme of training available, including safeguarding people and moving and handling. Additional training was also offered to staff in subject areas relevant to their roles and responsibilities. This included medication for nursing staff and dementia and dignity in care for others. Some staff told us they were also supported to complete National Vocational Qualifications (NVQs) in Health and Social Care which they thought helped them to provide good quality care and support. All the staff told us and we saw evidence that regular and on-going training was completed, although we found that the training was all delivered by the registered manager who had the appropriate qualifications to train people. We discussed this with the registered manager who agreed that it might benefit staff to receive a range of training from external people. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people who lived at Kenroyal Nursing Home.

Staff said they received regular supervision (both formal and informal) which included observations of their practice. They told us that they had the full support of the registered manager and could discuss anything that concerned them, even if they did not have a supervision session scheduled. We saw that the registered manager assessed and monitored staff skills and abilities, and took action to address issues when required.

People told us that staff always gained consent from them before providing support and care. One member of staff said, “It is so important that we ask people before we do something to them.” We observed staff asking people about their care and how they wanted things done before supporting them; for example, “Would you like me to hold your arm?” Another member of staff asked, “Is it ok to help you move now?” This meant that staff were aware of the importance of gaining consent from people before providing any intervention.

The staff we spoke with understood the basic principles of the Mental Capacity Act (MCA) (2005). Two carers described how they supported people to make decisions that were in their best interests and ensured their safety, for example, in respect of finances and medication. Staff were aware that any decisions made for people who lacked capacity had to be in their best interests. During our conversations with the registered manager we found that they knew how to make an application for consideration to deprive a person of their liberty. There were systems in place to access professional assistance should an assessment of capacity be required. Following recent legal judgements the provider was reviewing each person's care needs to confirm that appropriate measures were in place to ensure that people were not unlawfully deprived of their liberties. The service was therefore meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People told us they enjoyed the food on offer within the home and said that they had a lot of choice, with an alternative option if they did not like what was offered. One person said, “The food is always good.” Another person said, “I have never had to complain about the food but I would if it were not nice.” We were also told, “We have the chance to say the day before if we don't like what is on the menu.” People told us that they had access to food and drink during the day and night and received support from staff when required.



## Is the service effective?

We completed some observations over lunch time and found there was a supportive atmosphere between staff and people during meal times. Staff allowed people to eat at a pace that was appropriate for them and ensured that people liked their meals and whether they had enough to eat. Drinks were accessible for people to help themselves and for those who could not; we saw that staff supported them in a timely manner.

Staff told us that assessment and monitoring tools were used to identify changes in people's health and wellbeing in relation to nutrition. For example we saw that people were weighed regularly; and staff were able to explain the action they needed to take if a person's weight had decreased. Where people had specific healthcare needs, staff were aware of the level of support people needed, for example in relation to nutritional intake or specific dietary requirements.

People told us that they saw their doctor when they needed to and were supported to attend hospital

appointments. One person said, "Yes, they are good at calling the doctor." Another told us, "If I tell staff I don't feel well, then they always act on it." We observed that visits from doctors and other health professionals were requested promptly when people became unwell or their condition had changed. For example, we saw that professional advice was sought when people had lost weight; they required a medication review or their mobility had changed.

Staff gave us examples of how they used the advice given by professionals to meet people's health and wellbeing needs. This included monitoring fluid intake to prevent infections associated with dehydration. Health professionals told us that the care provided at Kenroyal Nursing Home met people's needs and that staff were quick to react when additional support was required. This demonstrated that care staff ensured people had appropriate access to health, social and medical support.

# Is the service caring?

## Our findings

People and their families told us they were very happy with the care and support provided. One person said, “They do their best for me.” Another person told us, “They are all lovely; they look after us so well.” Everybody we spoke with, both people and their relatives spoke highly of the caring nature of staff and stated that staff were kind and compassionate. One relative said, “Nothing is too much trouble for them.”

When people became distressed we observed that staff comforted them, responding in a calm and reassuring manner. Staff told us that they worked hard to ensure they provided good care. One staff member said, “I give care as I would expect it to be given to me.” We observed that staff spent a lot of time interacting with people. They spoke with people by name, got down to their level and gave eye contact when communicating. They also took time to ensure that people understood what was happening. We saw staff giving people reassurance, through touches and hugs where appropriate, showing that they were aware of people's emotional needs.

People and their relatives told us they were treated with dignity and respect. One person told us, “Yes, they always knock on my door before they come in. They never barge in.” We observed that staff discreetly assisted people to meet their personal care needs and saw that staff respected people's choices. Staff were polite and respectful when talking with people and that people looked relaxed and happy, talking openly about things they were interested in. People were supported in a manner that

promoted and protected their dignity. It was evident in the interactions we observed between staff and people using the service that staff were aware of the need to respect people and protect their dignity.

People told us that they were involved in making decisions about their care and treatment. Some relatives we spoke with told us they had been involved in making decisions about their family member's care. One person's records showed us that a best interest meeting had been held and the records detailed that the person had been represented appropriately and their thoughts had been recorded within the care records. This indicated that systems were in place to identify the support people required to make important decisions about their care.

We saw that people who used the service were given the opportunity to express their views about their care. Although formal meetings were not held on a regular basis, we established through our conversations with people and relatives, that feedback was given to the registered manager and care staff so that the service could be improved.

Staff told us about people's likes and dislikes. For example one staff member told us about one person's daily routine in detail and showed through their discussion that they really knew this person. They also told us about another person's life history and showed an awareness of what was important to them, including information about their past employment history, which meant a lot to them. Staff demonstrated that they had the knowledge to provide personalised care in accordance with people's preferences.

# Is the service responsive?

## Our findings

During our inspection we saw an inclusive approach from staff to involving people in making choices about their day to day care and support. Where choices were offered, we saw that decisions were respected. For example, we saw that people living with dementia were offered choices about their food and drink through visual choices. We also saw a staff member showing someone a choice of activity to participate in, before supporting them to engage in it. This meant staff understood their role in involving people in making choices and decisions about their day to day care and support.

Before admission to the home, people told us that their needs were assessed to ensure that the home was suitable and staff could meet their needs. One person told us that the registered manager had met with them and their family and discussed their care needs, likes and dislikes. They said, "I found that reassuring, it made me feel that my needs were understood." Staff told us that this process helped to develop care plans that were personal to each individual person. Through our discussions; we found that staff were aware of people's specific care requirements. One staff member said, "Information in the care plans is essential. It is important to carry out what it tells you. For example if it says two staff, two staff must always be there." Staff told us they felt that the care plans outlined the likes, dislikes and preferences of each person and guided them in the delivery of good care.

Staff demonstrated through their actions that they were aware of people's current needs. For example, one person's records indicated that they required regular pain control and we observed staff making sure that the person was not in pain through the day. Another person liked to help out after meal times and we observed staff supporting them to do this. We found that this information had been incorporated into this person's care plan.

People told us that they were able to maintain their relationships with their family and friends. They said that they could see or speak to their families and friends at any time and relatives confirmed this. We saw relatives visiting people throughout our inspection. This included meal times where we saw relatives supporting their family members to eat and drink because they wanted to be involved. We discussed with the registered manager that a notice displayed in the communal areas, stated that

visiting hours were between 10am- 7pm. Although relatives told us they were welcome outside of these times, the information available did not make this clear. The registered manager told us that she would ensure the notice was amended.

Throughout our inspection we observed that staff spent time talking with people and were responsive to their needs and requests. Staff sat and engaged with people at a level they could understand and which ensured that care was person centred. We observed the activity co-ordinator working with people living with dementia in an appropriate way. For example, playing a game of cards using very large cards and only looking for picture cards. We heard appropriate music playing in the background and people being encouraged to sing along. We did note that on occasions conversations were limited because of the fact that not all the carers had English as their first language. We spoke with the registered manager and other senior staff about this and were told that where language was a potential barrier, that this was considered within the skill mix and that these staff would be given additional support to improve their spoken English.

People we spoke with were aware of the formal complaints procedure in the home and told us they would tell a member of staff if they had anything to complain about. One person told us, "I don't have any issues but if I did, I would talk to staff. I know that they would listen." A relative said, "I would be happy to speak with anyone if I had a complaint or a concern, the staff are all approachable." We noted that the complaints policy was not displayed on notice boards for people to see, although they could access it in the service user information package that was available. We discussed this with the registered manager who told us that this would be attended to.

The complaints log showed that complaints and concerns were responded to appropriately and in a timely manner. It was evident that action was taken to address issues raised and in a way that would improve the service. For example, one person told us that they had expressed a desire to visit the garden more frequently in the better weather. We discussed this with the registered manager who told us that work would be undertaken to landscape the garden, to create a pleasant space for people to sit in and enjoy. We found that there was an effective complaints system in place that enabled people to express their concerns and improvements to be made.

# Is the service well-led?

## Our findings

People we spoke with were positive about the staff, the management and the way in which the home was run. One person told us that the registered manager was, “Wonderful, she works so hard for us and to make sure the home runs well.” Another said that all the staff were, “Great, they all work hard to look after us. They are a good team.” A member of staff told us, “The manager is very supportive; we can discuss what we want to with her, any worries or to share our ideas.” This meant that people and staff were happy with the way in which the registered manager led the home.

Relatives told us they had regular conversations with the registered manager and that any issues raised, were dealt with quickly. We looked at the processes in place for responding to incidents, accidents and complaints. Staff told us that where incidents or other untoward events had occurred, the provider had analysed patterns to prevent future occurrences. The provider analysed this information and used it for discussion within staff meetings and individual staff supervision so that lessons could be learned where appropriate.

Staff also told us they would be confident to report members of staff who they witnessed doing something wrong. They told us they would have no hesitation to use the whistleblowing systems should the need arise. We asked what they would do should they have concerns about the registered manager’s actions and were told that they would speak with the provider or the local authority. Everybody told us that the registered manager had an ‘Open Door’ policy and they were able to speak with her at any time. The registered manager showed us a whistleblowing policy and confirmed that this would be used as a topic for learning at a future staff meeting to reiterate the process to all staff members.

We spoke with the registered manager and they explained their role in relation to safeguarding, disciplinary action and notifying CQC of any statutory notifications. Where necessary, the home worked in conjunction with the local authority for safeguarding matters and the community nursing team for wound care needs. From speaking with these organisations, it was clear that the service worked in partnership for the benefit of the people who lived there.

People who used the service, their representatives, staff and health and social care professionals were asked for their views about their care and treatment. An annual questionnaire was sent out by the registered manager and staff told us they supported people to complete their questionnaire when required. We reviewed some of the comments received from the most recent questionnaire and found that the comments were all very positive about the service and the care delivered. The registered manager told us that the results would be fully analysed and that action would be taken to address areas where improvement had been suggested. This meant people were supported to make their views known about the service.

Staff we spoke with recognised the visions and values of the home and their role within that. Staff also told us they had the opportunity to give their comments on service delivery and ideas for improvement, based upon lessons they had learned. We found that staff regularly had the opportunity to express their views during staff meetings and through supervisions with the registered manager at the home.

Staff told us they understood that they had varying levels of accountability for their actions and those of others. One said, “I would like to take more responsibility for the care provided.” For example, she cited having to speak with the manager if she wanted to alter a dressing and felt that this was not reflective of the level of responsibility that she had. We discussed this with the registered manager and they agreed to review staff member’s roles within the home; for example, to consider having a specific dignity champion or dementia care champion. They agreed that this would enable staff to develop further and give them a sense of pride in their work.

We saw the registered manager worked well with other staff and was available to support them when needed, working in the floor to ensure that they were fully aware of the issues that might face people and staff. The rota detailed the availability of the manager and the nursing staff so that all staff were aware of when management support was available to them.

Staff were clear about their responsibilities and knew what the manager’s expectations of them were. One member of staff said, “We work really well as a team, and do a good job.” Another said, “We can talk about anything and all work hard together.” Staff we spoke with told us they were

## Is the service well-led?

happy in their roles and worked hard to ensure that people received the support they needed. Our observations throughout the day demonstrated that staff provided the people who used the service with kind and compassionate care.

The registered manager told us that frequent audits had been completed in areas such as infection prevention and control, medicines administration, health and safety, fire

safety and environmental audits. They told us these were important as part of making sure that the service given to people was of good quality. We saw that maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given.