

Mr Mukesh Patel

Kenroyal Nursing Home

Inspection report

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Wellingborough
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21 June 2018
22 June 2018

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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 inspection took place on 19, 21 and 22 June 2018.

Kenroyal Nursing Home 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.

Kenroyal Nursing Home is located in Wellingborough town centre and provides care for up to 64 older people who may also be living with dementia. At the time of the inspection 64 people were using the service.

At the last inspection in May 2016, the service was rated Good. At this inspection we found the evidence continued to support the rating of good This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Prior to this inspection we received information of concern that prompted us to fully review how people were safeguarded from the risks of abuse. The registered manager and staff had a good understanding of what constituted as abuse and the safeguarding procedures to be followed to report abuse and incidents of concern. Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Appropriate staffing levels ensured people's needs were met in a timely manner.

Staff induction training and on-going training was provided to ensure staff had the skills, knowledge and support needed to perform their roles and ensure people's needs were met. Staff were well supported by the registered manager and senior team; all staff had regular one to one supervisions.

People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. The care plans reflected people's likes and dislikes, and staff supported people to make decisions about their care and treatment.

People were involved in their own care planning and could contribute to the way in which they were supported. People and their family were involved in reviewing their care and making any necessary changes.

Systems were in place for people to raise any complaints or concerns. Concerns were acted upon promptly and lessons were learned through reflective practice and positive communication.

Quality monitoring systems were in place to continuously learn and improve the service. Routinely audits were carried out on all aspects of the service and areas identified for further improvement had appropriate action taken.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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 19, 21 and 22 June 2018. The first day of inspection on the 19 June was unannounced and 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. The inspection visits on the 21 and 22 June 2018 were announced and carried out by one inspector.

Before the inspection, 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 reviewed other information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law.

We contacted commissioners who place and monitor the care of people living in the home to receive feedback on their monitoring of the service. Prior to the inspection we had been informed of two safeguarding concerns that were currently under investigation.

During the inspection, we spoke with six people using the service, seven relatives, four care staff, two nursing staff, one activity staff and the registered manager. We reviewed the care records of seven people living at the home, four staff recruitment files, staff training and supervision records and other information related to the management quality oversight of the service.

Is the service safe?

Our findings

The systems, processes and practices safeguarded people from abuse. One person said, "I have been here over five years, I feel very safe, if I did not feel safe I would not be living here." A relative said, "I have absolutely no doubts at all that [Name of person] is very safe, believe me, if I did, I would speak up without any hesitation." Another relative said, "The staff are good, kind and caring, I have never seen any kind of abuse, shouting, or anything like that." Other people and relatives we spoke with made similar comments.

The staff understood the safeguarding and whistleblowing procedures, and were confident in reporting any concerns. One staff member said, "If I ever suspected or witnessed any form of abuse I would report it directly to the registered manager, she is always available." Staff received safeguarding training and the registered manager had recently purchased a DVD training package to ensure staff were kept up to date with current safeguarding legislation. Records showed the registered manager co-operated with the Local Safeguarding Authority and the Police to ensure safeguarding concerns were fully investigated.

Risk assessments addressed specific risks to individuals and how to mitigate the risks. For example, the risks of falls, malnutrition and poor skin integrity. The assessments and corresponding care plans informed staff on how to reduce further deterioration and promote good health. Incidents, accidents and behaviours that challenged the person and others were recorded and analysed to try and find the cause and actions needed to mitigate the risk of repeat events.

Safe staff recruitment procedures were followed. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. For nursing staff recruited to work at the service, checks through the Nursing and Midwifery Council (NMC) were also completed to ensure no restrictions to their practice were in place.

People and their relatives told us they felt there was sufficient staff available to meet their needs. One relative said, "You can visit at any time of day, there are always staff available, you are always met with a smiling face whether it be day or night." Another relative said, "I think there is always enough staff on hand, they are very polite and welcoming." The staff rotas confirmed the staffing levels were consistent to continually meet people's needs.

Medicines procedures were followed to ensure people received their medicines safely. One person said, "I get my medication on time, I also have tablets for pain relief, they [staff] are quick to respond if needed." Records on the ordering, receipt, disposal and administration of medicines were completed accurately. We observed people receiving their medicines and staff appropriately followed the medicines administration procedures. The registered manager told us, and records showed, that medicines audits were carried out by the dispensing pharmacy and internal medicines audits were carried out by the registered manager monthly.

People were protected by the prevention and control of infection. A relative said, "I have visited at various times of the day, evening and night and always find the home is kept clean." Staff told us and records

showed they received training on infection control. We observed staff used personal protective equipment (PPE), such as disposable gloves and aprons and they were readily available for staffs use.

Lessons were learned and improvements made when things had gone wrong. The registered manager had taken appropriate action when the performance of staff members had placed people at risk. All the staff we spoke with were clear about their roles and expectations, and worked to a high standard.

Is the service effective?

Our findings

People's needs and choices were assessed and their care and treatment was effectively delivered. People using the service and relatives confirmed they were fully involved in the pre-admission assessment process and with the on-going care reviews.

The staff had the skills, knowledge and experience to deliver effective care and support. One person said, "The staff seem well trained to me, they know me inside out, I think they are very efficient." Staff told us, they received induction training and refresher training to keep up to date with current practice. One member of the nursing staff told us they had recently completed an in depth 'train the trainer' course on dementia care. Records showed that all staff received training in subjects such as, moving and handling, fire safety, safeguarding, infection control, medicines, dementia care and equality and diversity. The registered manager showed us a DVD training package they had recently purchased that covered all mandatory training modules to ensure the staff received training that was based on current best practice and up to date legislation.

Systems were in place to ensure all staff were appropriately supported to deliver effective care. Staff told us, and records showed they received regular one to one supervision and that regular team meetings took place.

People were supported to maintain a nutritious balanced diet. One person said, "The food is very nice, if I don't like what's on the menu they will always make me something else." Another person said, "I like to eat in my room the staff will bring it here for me, there is always plenty to eat and drink the staff will come and fill my glass for me." We observed people that lunch took place in a relaxed and comfortable atmosphere that people enjoyed.

During the lunch period, staff took round the food options to people so that they could see and smell what was on offer, then make a choice. We spoke with the chef who had a good knowledge of what people liked, any specific dietary requirements, and a passion to make sure people enjoyed the food on offer. Food and fluid intake was monitored when required, any dietary requirements were recorded and observed accurately. We noted that during the late afternoon hot and cold beverages were served to people with cakes, biscuits and fresh fruit.

People were supported to live healthier lives, have access to healthcare services and receive ongoing healthcare support. All the people we spoke with and relatives were very happy with the healthcare support they received. One person said, "The doctor comes here every week, but I can see a GP whenever I need." A relative said, "My mother has been here eight years, she has never had a fall, she's very well looked, mum has the chiropodist visit. I come here five times a week, and have always seen staff act in a professional caring manner, they are very quick to inform me if mum is having an off day, not feeling well, I have no complaints, only praise."

Records showed a GP visited the service every week to review people's care. The registered manager and staff said they had excellent relationships with the GP, and other healthcare professionals that visited the

People's needs were met by the adaptation, design and decoration of premises. The home was clean and tidy, people's bedrooms were cleaned daily, and the corridors were wide and spacious. In the dementia unit the corridors were wide, and hazard free, but the walls lacked décor, we suggested that a more dementia friendly décor be introduced, made up of signs, and pictures, that would make a welcoming adaption to the walls. People had personalised their bedrooms and furnished them with small items of furniture, photographs, pictures and ornaments. People had access to outside space, the gardens and footpaths were well maintained. Outdoor seating was available with parasols. We observed several people spent time sitting in the garden with their relatives and staff.

Consent to care and treatment was always sought in line with legislation and guidance. One person said, "The staff always ask permission to do things before starting anything with you, I am quite independent, I am able to wash myself but they [staff] know I can't reach my back so they are always on standby to do that." People told us that staff sought their consent before carrying out any care and this was also observed during the inspection.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed, as required the registered manager had submitted DoLS applications to the local authority.

Is the service caring?

Our findings

All people and relatives spoken with, were very complimentary of the care they received from the service. People told us that staff always treated them with respect and were kind and caring. One person said, "I think the staff care for me in a genuine way, they always take time they don't rush, nothing is too much trouble for them." Another person said, "I think myself lucky to be in a place like this," One person being cared for in bed said, "The staff are lovely, they will always stop by and pop in and have a chat with me."

The service ensured people were treated with kindness, respect and compassion, and given emotional support when needed. A visitor spoke about the warm welcome they received from the staff when their relative was discharged from hospital back to the home. They said, "It was very late at night when we arrived, the welcome we received from the night staff was wonderful they gave me and [Name of person] a big hug. The staff took their time, nothing was too much trouble, they made sure [Name of person] and I were comfortable, I stayed with [Name of person] until the morning. We were so pleased to be 'back home' with staff that truly care for [Name of person]." Another relative said, "I looked at two or three care homes before choosing this one, it just had a homely feel to it and that's the way it has continued to be, they [staff and management] are very nice people, they did me and my husband a wedding anniversary party, they baked the cake, and everything and threw us a big party."

One relative spoke of how impressed they were of one member of staff that they felt went the extra mile, they said this member of staff always made a point, at the start of their shift to go to each individual person, asking how they were feeling. We observed staff greeting people using the service and relatives with a positive caring attitude. One relative said, "We always have a little chat they [staff] ask about my life and they tell me about theirs, it's nice were like a family."

People were supported to express their views and, as far as possible, be actively involved in making decisions about their care. People and relatives told us the registered manager actively sought their views on the service they received. One person said, "I feel listened to by staff and management." A relative said, "I requested that my husband be moved from upstairs to downstairs, she [registered manager] was good she did it within six weeks."

Another relative said, "I attend regular relatives' meetings, the manager is very open and keen to listen to any suggestions made." Records showed that meetings took place regularly and changes had been response to feedback received from people using the service and relatives. For example, changes to menus and ideas for different activities. The staff spoke of the importance of involving people in their own care and offering as much choice as possible.

People confirmed the staff respected their privacy and dignity. One person said, "I need help to have a shower, the staff are very respectful, they cover me up, and help me in the bathroom. A relative said, "Mum is always nice and clean, the laundry does a good job, my mum came here from hospital and they told us at the hospital mum wouldn't last a week. She came here about four months ago, she's put on weight and looks well, we are so pleased. Whenever we visit, they [staff] will especially let us know how she is getting on,

they know her as a person, not just a number, her face lights up when they walk up to talk to her, that gives us immense satisfaction. I see staff interacting very nicely with other people, they are very patient."

Throughout our inspection visit we observed staff knocked on doors before entering, and were aware of protecting people's dignity when personal care was required. All the staff spoken with understood the importance of respecting people's privacy. One member of staff said, "I would certainly say something if I saw a staff member that was not respectful to a person." The staff also understood the need for confidentiality and were considerate that personal information was not shared with other people inappropriately.

Is the service responsive?

Our findings

People receive personalised care that was responsive to their needs. The care plans were detailed and personalised and reflected people's physical, social, emotional and cultural needs. People and relatives spoken with all confirmed they felt the staff knew the people they cared for very well.

People were supported to engage in meaningful activities. The service employed two staff to plan activities with people and run group and individual sessions. During the inspection, we observed the activity staff worked on different floors, carrying out activities with people. Depending on the level of ability and understanding, some people played bingo, whilst others took part in a quiz on memorabilia questions, keenly shouting out the answers. One person said, "I like the bingo, and the quizzes they put on, we do have other entertainers that come here from time to time. I go to church every Sunday with my son and my friends also take me out." Ann accordion player visited on first day of our inspection visit and entertained residents on both floors, the tunes were songs people knew and they were singing along to them.

Another person said, "It is all very open here, if the weather is nice we go out in the gardens." At the time of the inspection the weather was warm and sunny and a group of people were sitting out in the beautifully kept garden, under shade having afternoon tea. We observed staff enabled people less mobile, to access the garden, so they could take pleasure sitting outside to enjoy the garden and the nice weather. We also noted that fresh drinks were regularly served to residents, to keep them hydrated.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. This is a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw that one person used a word pad to communicate with people, and people with limited verbal communication could choose what foods they wanted from the menu by using a picture bank.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. One person said, "I know how to complain I would tell the manager, but I don't have any complaints." A relative said, "I have said about my husband's personal hygiene, that was not always in-tact, the manger is very approachable, she listened and things changed for the better." Another relative said, "I think they are very responsive, people said about the choice of food, I would say in a few weeks there was a big improvement in the choices available."

All relatives spoken with commented that they would speak directly with the registered manager if they had any concerns or complaints'. We saw the complaints procedure was on display within the home. The registered manager said they had not received any formal complaints over the past twelve months and a recent concern that had been raised with them was being dealt with under the safeguarding procedures. The registered manager said they responded immediately to concerns raised with them, speaking with people either over the phone or face to face. However, they acknowledged they did not always keep records

of the discussions that had with people. The registered manager said this was something they would take forward to evidence how concerns brought to their attention were used to improve the quality of care.

At the time of the inspection no one was receiving end of life care. We found there were systems were in place should anybody require this care, and people were supported with advanced decisions as they required.

Is the service well-led?

Our findings

There was a registered manager in post. 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 and relatives told us they knew the registered manager by name. They said she was very approachable and very visible in the home. People said they were confident in approaching the registered manager or any of the staff with any requests and felt confident they would be acted upon.

There was a commitment to deliver high-quality care and support, and promote a positive culture that was person-centred, open, inclusive and empowering, to achieve good outcomes for people. The registered manager was committed to ensuring people received care that respected their diversity, personal and cultural needs.

People using the service, relatives and staff had confidence in the registered manager. One relative said, "[Name of registered managers] is lovely, she operates an open-door policy, she is always there for us any time of day, she is 100% committed to providing high quality care for people, you can just see she is very passionate about her responsibilities." Another relative said, I think [Name of registered manager] is good at her job, I come at different times and she is always here, she walks about all the time, and she always has a pleasant word."

One member of staff said, "I feel this home is run very well, [Name of registered manager] knows everything that happens, she works alongside us and knows the residents extremely well." In discussion with the registered manager, she could explain how the staff provided individualised care to each person using the service.

The service had a positive and open culture that encouraged people using the service, relatives and staff to influence the development of the service. Questionnaires were sent out to people using the service and relatives and a comments box was available in the front entrance for people to post any comments. We saw the results of the questionnaires were positive about the service people received. The registered manager also held resident and relative's meetings to enable people to share feedback and ideas on how the service could further improve. All the people we spoke with said they felt at ease to speak with the registered manager at any time.

Quality assurance systems were in place to monitor all aspects of the service. During the inspection we spoke with the registered provider who said they regularly visited the service and attended meetings. The registered manager carried out regular audits across all areas of the service, including care and medication records, staff files, the building upkeep and the general environment. They told us that based on feedback they had received from other health and social care professionals they had recently reviewed the systems for recording the outcomes of the audit findings, to provide a more robust audit trail.

The service worked positively with outside agencies. The local authority and the clinical commissioning group had been communicating with the service and had carried out quality monitoring visit. The registered manager had received feedback following the visits and had put together action plans to address areas for further improvement with timescales for completion.

The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.