

Dr Gurkirit Kalkat and Mr GS Nijjar

Kensington Lodge

Inspection report

53 Broadmark Lane
Rustington
Littlehampton
West Sussex
BN16 2HJ

Tel: 01903786003
Website: www.apexhealthcare.co.uk

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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

About the service:

Kensington Lodge is a care home that provides personal care for up to 18 people in one adapted building. At the time of the inspection 16 people were living in the care home. Most people were living with dementia.

People's experience of using this service:

People were supported by staff who had the skills and knowledge to meet their needs safely and effectively. Views of people, relatives and health professionals were valued and used to make improvements to the care and support people received.

People's care needs were being met in line with their personal preferences. The service responded promptly when people's needs changed. The service worked very well with other health professionals to make sure people's care needs were met.

People were actively involved, as much as they were able, in making decisions about their care. Where people were unable to make their wishes known, staff supported them in the least restrictive way and in their best interests.

Staff felt they were valued and respected by the registered manager and the deputy manager, who sought their involvement to improve and develop the service.

People were supported by staff who were caring, kind and thoughtful, who showed respect for dignity and privacy, and promoted independence.

The service was very well managed, by a registered manager and deputy manager who were described as, 'very professional' and, 'brilliant'. Quality assurance systems, including audits, feedback from people who used the service, staff and health professionals were all used to make continuous improvements to the quality of the service people received.

Rating at last inspection: The last rating for this service was good (published December 2016).

Why we inspected: This was a planned inspection. The service was rated Good overall. This was based on the findings at this inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Kensington Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection.

Service and service type:

Kensington Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced and took place on the 30 July 2019. This meant the provider and the registered manager did not know we would be visiting.

What we did:

We reviewed the information we held about the home. This included details about incidents the provider must notify us about, such as notifications about serious incidents.

We assessed the information we require providers to send us at least once annually to give us some key information about the home, what they do well, and improvements they plan to make. We used this information to plan and conduct the inspection.

We spoke with four people living in the home and a visiting relative. Most people were unable to fully express their views, so we observed how people were being cared for and how staff interacted with them.

We spoke with the registered manager, deputy manager, visiting hairdresser and five staff that included catering, laundry and care staff.

We reviewed a range of records. These included four care plans, medicines records, two staff recruitment files, staff training and supervision records. We reviewed records relating to the management of the home. We reviewed how quality assurance checks were completed.

After the inspection, we received feedback from three relatives. We also requested and received feedback from three health professionals to gain their views about the service. We have included their feedback in the main body of the report.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Most people were unable to tell us if they felt safe. However, we observed that people looked really comfortable and relaxed in the presence of the staff who supported them. Relatives told us they felt safe and they trusted the staff who provided their loved one's personal care. Comments included, "We are extremely comfortable that she is safe and secure at the home," and, "We have always found the home to be very safe and secure. Visitors cannot just walk in but must ring the doorbell and wait to be admitted."
- There were policies, procedures and guidance readily available in the home to guide staff on what to do if they suspected a person was at risk of abuse. Staff had received training and were confident any concerns they raised would be acted upon.
- Staff told us the registered manager and deputy manager were very approachable and always listened to any concerns they raised. Whilst staff were confident that appropriate actions would be taken, they were also confident they could raise concerns outside of the organisation if necessary.

Assessing risk, safety monitoring and management

- People received a safe service because risks to their health and safety were well managed. Care records included risk assessments that included risks associated with eating and drinking, skin condition, falls and mobility. Where people needed equipment to help keep them safe, such as bed rails and sensor mats, these were in place with records maintained.
- We did observe one person who had bed rails fitted to each side of their bed, but only one side was actively used. The use of one bed rail only, had not been considered as part of the bed rail risk assessment. The registered manager told us they would complete a full risk assessment to ensure the equipment was used in accordance with current health and safety guidance.
- The environment was monitored to make sure it was safe. Checks included legionella risk management plans and safety certificates for gas appliances, electrical installations, and portable appliances.
- Kensington Lodge had been visited on 18 July 2019 by the local Fire and Rescue Service. Several improvement actions were required. The registered manager had a plan in place and assured us that most actions had been completed.

Staffing and recruitment

- Overall, safe recruitment processes were in place to ensure suitable staff were employed. We did note one shortfall in that a required recruitment check was not included in the staff recruitment record. However, the registered manager took prompt action and rectified the shortfall before the end of the inspection process.
- The registered manager ensured staffing levels were sufficient and relatives told us their loved one's needs were met.

- People were supported by a consistent group of staff, which meant they had got to trust and know them well.

Using medicines safely

- People were supported to receive their medicines safely. We heard a member of staff asking a person, "How would you like these tablets." Shall I put them in your hand?." The member of staff made sure people had taken their medicines before they left them.
- Staff received regular training in the safe management of medicines and their competency was assessed on an annual basis.
- One person received their medicines covertly, which meant they did not know they were being given. There were clear records in place, that included authorisation from the GP and consultation with the person's relative and the pharmacist. This all confirmed that it was in the person's best interests to be given their medicines in this way.
- The medication records we checked were accurate, fully completed and up to date. Systems were in place to check for errors and actions were taken if shortfalls were identified.

Preventing and controlling infection

- Staff received training to make sure they were aware of good infection control practices. Personal protective equipment was readily available.
- The registered manager was developing a written protocol for the new external laundry area. This was to ensure there was a workflow system for the safe separation of dirty and clean laundry to reduce the risk of contamination.

Learning lessons when things go wrong

- Accident and incident reporting forms were completed. They were all reviewed by the registered manager and deputy manager to identify actions to prevent recurrence. For example, one person had fallen on a number of occasions. The falls prevention team were consulted. Changes were made to the person's care plan. It was agreed that staff needed to use equipment to help the person stand and mobilise safely.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Relatives told us the staff were able to meet people's needs. One relative told us, "The staff appear to take good care of my mother and deal with her physical and mental health monitoring her 24 hours a day."
- Staff completed an induction and worked with more experienced staff until they were confident they knew how to care for people effectively.
- Staff spoke positively about the training they completed. This included refresher training such as health and safety, food hygiene, first aid, safeguarding and moving and handling. They told us they felt well supported and received regular supervisions and annual appraisals.
- Staff completed role specific training that included supporting people when they were end of life and living with dementia. Staff were also allocated key roles, for example, one member of staff had taken on the role of 'Dignity Champion.'

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started to use the service. The registered manager completed an assessment to ensure they could meet people's needs.
- Personalised care plans were developed, and care plans considered people's diverse needs and aspects of their life that were important to them.
- People's care records were updated regularly and when their needs changed. A health professional told us, "The patient I was dealing with had some complex health issues at the time; I put plans in place and found that at each review the plan had been adhered to and there was good documentation to support the feedback that I required." A relative commented, "They keep me up to date and often ask me to read the book (care plan)."

Supporting people to live healthier lives, access healthcare services and support

- We saw evidence within people's care records of how the service worked closely with a range of health professionals that included the GP, NHS hospital admission avoidance matron, speech and language therapists (SALT), district nurses, opticians, dentists and the falls prevention team to meet people's health needs.
- A good relationship had developed, and external healthcare professionals were very complimentary about Kensington Lodge. Their feedback included, "They were quick to request assistance, either from GP or myself," and, "I have found the staff helpful and timely in their requests for my input and they appear well organised."

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

- People were supported to eat and drink, and meals looked appetising and nutritious. Staff were encouraging and supportive and people were not rushed. We heard staff check, "Are you enjoying this?" "Is it tasty?" and, "Is it close enough for you?"

Most people who ate in the main communal area had their meals in their armchairs with individual tables in front of them. Dining tables were also available, although used by very few people. Where people needed clothes protectors while they were eating, staff explained to people what they were doing.

- The support people needed, including the use of eating aids was clearly recorded in their care plan. For example, for one person their care plan included, 'Requires a plate guard and angled spoon.'

- Catering staff were made aware of people's likes, dislikes, needs, choices and preferences, and informed when people's needs changed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decision and are helped to do so when needed. When they lack mental capacity to make decisions, any made on their behalf must in their best interests and as least restrictive as possible.

- People had consented to their care where possible. Staff told us they always asked people's consent before delivering care, and we heard staff asking and checking with people before they provided support. One person told us, "They always ask me if I want to stay in my chair, which I do."

- The records showed how people communicated their views and how they provided consent. For example, for one person the records stated they, 'Can communicate verbally and can answer if asked a short direct question.' When best interest decisions were made, the reasons were recorded, including the relatives and health professionals that had been contacted and involved in the decision-making process.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Records showed that 13 people had DoLS authorisations in place to keep them safe. The registered manager had submitted applications to the local authority for a further three people and these were awaiting an assessment.

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

- People's rooms were personalised and contained pictures and possessions that were important to them.
- There were one large communal lounge/dining room and a smaller quiet lounge that was also used for staff meetings.

- A redecoration programme was on-going, and new furniture had been ordered for the lounge. Plans were in place to enhance the outside area of the home to make it more accessible for people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well by staff. They looked relaxed and comfortable and comments included, "They are all so nice," and, "They are lovely and always wave at me when they go by."
- The registered manager and deputy manager were highly visible in the home. It was clear they knew people well and were excellent role models for staff. On several occasions we saw them speaking with people and providing support with personal care. Their approach was always respectful, friendly, compassionate and caring.
- Relatives spoke positively about the care and support their loved ones received. One relative said, "Nothing's too much trouble for the staff. They are so kind, and they've supported me so much too."
- Staff had developed good relationships and spoke fondly about the people they supported. Comments included, "It is up to all of us to make sure people get as good a quality of care as possible," and, "Everyone is different. We get to know the residents well and get to know what's important to them and how they like things done."
- There were compliments recorded on a national care home review website and in the office from people and their relatives. These included, "Great staff who make you feel welcome and part of their family," and, "My nan has received the care she needs from a kind and caring team."
- A health professional commented that, "Whilst visiting, I have witnessed the staff to be treating the residents with kindness and compassion, in a way that I strive to in my own practice".

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

- People and their relatives where appropriate were involved in decisions about their care and support. One person told us about how they liked to spend the day and about their specific night routine. They told us, "They know I like the television on low at night and that's ok."
- Care plans directed staff to involve people in their care. Relatives were encouraged to be involved in care planning too. Staff told us they checked the care records for guidance, especially if they had returned from their days off. They told us they encouraged people to express their views and we heard this often during our inspection.
- One person was tired during the morning, so they stayed in bed until they were more awake later in the day. Staff checked when they wanted to get up and provided support when the person wanted it.

Respecting and promoting people's privacy, dignity and independence

- We saw that people were treated with kindness and respect. A relative commented, "We have observed genuine concern and respect for all the residents at different times of the day. There is constantly a member of staff ready to get the best out of a resident or help them with a drink or food or bring a smile to their face."
- Staff were able to give us examples of how to maintain people's privacy and dignity. They told us how they made sure people were fully covered when they supported with personal care, and how staff were always expected to knock on people's doors before entering.
- Throughout our inspection, we saw that people were treated with dignity and compassion. There was also lots of friendly 'banter' and lovely conversations. We heard a member of staff speaking with a person about the holiday they were planning. They told the person they would, "Take some pictures and bring them back for you to look at."
- People were encouraged to be as independent as they could be. We heard people being supported with encouraging words such as, "You'll be able to stand using this frame. Just one, two, three, ready and up". The person managed to stand and looked pleased when the member of staff complimented them on how well they had done.
- Visitors were made welcome in the home and told us they had been treated well. One relative commented, "Nothing is ever too much trouble here."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The records showed that people and their relatives where appropriate told us they had been involved in planning and reviewing their care to make sure it met individual needs and preferences.
- A personalised approach was used when care plans were developed and reviewed. Information included people's life histories and future wishes in a 'My life, My wishes, My future' section of the care plan.
- Care plans described details of the care and support needed. For example, for one person their plan described how they were often restless at night. There was guidance for staff about the monitoring that was needed, and that they were aiming aim to improve the amount of sleep the person had at night.
- Staff understood the Accessible Information Standard (AIS). This standard requires service providers to ensure those people with disability, impairment or sensory loss have information provided in a format accessible to them and they are supported with communication. The registered manager told us they would provide whatever was needed, such as 'large pictures or letters.'
- Details were recorded in people's care plans to capture their specific preferences. For example, for one person their records stated, 'Has kept their hearing aids at home. [Name of person] has said they won't wear them.' Staff were still able to verbally communicate with the person.
- People were provided with a range of activities, outings and events and there were records of 'client activity,' so the management team could review and identify what had worked well for people.
- Entertainers visited regularly each week, in addition to activities and outings arranged by the care home team. On the day of our inspection, a reminiscence box that contained items such as a feather boa were handed round to people. There was a lot of enjoyment and laughter during this activity.
- Staff were aware of people's preferences and activities they enjoyed. For example, staff told us about one person who enjoyed music and knew the lyrics of most 'old songs.' This was also noted in their care records.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was readily available and displayed in the home.
- No complaints had been received in the last 12 months. However, the registered manager told us how they would investigate, respond and take actions taken to resolve any issues raised.
- Relatives told us they would not hesitate to raise any issues of concern and found the management team approachable. A relative told us, "I would complain if needed, but haven't needed to as nothing's too much trouble and I can talk to the management team at any time."

End of life care and support

- At the time of our inspection, the service was not supporting any person to receive end of life care.
- However, people were supported to make decisions about their preferences for end of life care where appropriate and where people had a 'do not resuscitate' directive, this was clearly recorded in the care plan.
- A relative of a person who had passed away at Kensington Lodge was very complimentary and positive about the care that had been provided for their loved one. Their feedback included, "The standard of care throughout was without fault. The staff somehow managed to create a homely atmosphere both for the residents and their visitors. During the days leading up to Mum's passing, my wife, sister and I were shown care with great sensitivity".
- Staff worked closely with appropriate health professionals to make sure people received the care and support they needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Staff were supported with learning and encouraged to improve the care people received. Staff performance was monitored to ensure they were supporting people effectively. Staff spoke positively and told us the management team actively encouraged them to participate in training.
- The registered manager demonstrated their commitment to making continuous improvements to the service they provided for people. They took all opportunities to seek feedback and review practices to make sure they made improvements. This was evident in the actions and improvements they made in response to audits, incidents and other feedback received.
- There was a positive staff culture and staff were motivated and enthusiastic. There was a real commitment to providing care that was right and personalised for each person.

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

- People, their relatives and staff were encouraged to contribute their views on an ongoing basis. Everyone we spoke with and received written feedback from commented positively. There was a high level of satisfaction with the care and support with comments included, "The standard of care throughout was without fault."
- There were initiatives to reward and recognise good practice and commitment such as 'Employee of the Month.' These were appreciated by staff who, in addition to a certificate, received a personalised gift.

Working in partnership with others

- The registered manager told us how they worked in partnership with other health and social care professionals to ensure positive outcomes for people. The feedback we received and the records we reviewed showed how people had benefitted from this collaborative approach. In addition, a health professional told us, "I found both [registered manager and deputy manager] to be very professional in their approach to visiting professionals, residents and their families and the patient care appeared good. I was always made to feel very welcome by all members of staff, greeted courteously".
- The registered manager worked with other local care homes and told us they were in the process of setting up local support groups. This enabled them to keep up to date on what was going on within the local area and share ideas.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team were committed and passionate about providing a personalised service to people living in the care home. They were very knowledgeable about all of the people they supported.

- Everyone provided positive feedback about the registered manager and deputy manager with comments including, "[Registered manager and deputy manager] whom we speak to most often, have an impressive knowledge of procedures in all areas, including practical matters, medical and financial," and, "The management of the home seem to be very professional and helpful and always give me an update on how my mother has been getting on."

- Staff told us there was good communication and support from the registered manager and the deputy manager. Feedback about them included, "Brilliant" "Just fantastic" and, "Amazing support from the manager when I really needed it."

- Learning took place from accidents and incidents, concerns were listened to and acted upon to help improve the services provided by the home.

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

- The registered manager was aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send to the CQC by law.

- The registered manager and deputy manager completed a range of quality audits on a monthly basis and actions were identified and addressed to bring about improvements. All opportunities were taken to make improvements to the service people received. The operations director visited regularly. We did not see any written evidence of their quality monitoring. However, the registered manager told us they provided verbal feedback and guidance during their visits.