

Sanctuary Care Limited

# Princess Louise Kensington Nursing Home

## Inspection report

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Date of inspection visit:  
20 June 2023

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15 August 2023

## 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.

Princess Louise Kensington Nursing Home is a residential care home providing personal and nursing care to up to 44 people. The service provides support to older people, people living with dementia, and people requiring treatment of disease, disorder, or injury. At the time of our inspection there were 43 people using the service.

The care home accommodates 43 people in one adapted building over 3 floors. There were 2 units per floor, with units on the ground floor specialising in providing care to people living with dementia.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

**Right Support:** People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people to play an active role in maintaining their own health and wellbeing.

**Right Care:** People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

**Right Culture:** People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives. People were supported by staff who understood best practice in relation to sensitivities people with learning disabilities or autistic people may have. Staff knew and understood people well and were responsive, supporting people to live a quality of life of their choosing wherever possible.

At the inspection, we noted that the lift was faulty and did not go to the top floor. This was highlighted to the registered manager who immediately arranged for the fault to be fixed.

We observed that the home was clean, and people appeared comfortable with staff and care workers. People said that they felt safe at the service and thought it was a nice place to live. One relative said, "[Family member] is happy. The place is looked after. I am in touch with 5 other people who see [family member]. Everyone says how nice the home is."

Care plans were person-centred and included information about support needs and aspirations. We saw care workers supporting people to socialise and take part in daily activities in a relaxed and unrestrictive manner.

People and their relatives said they thought the service was caring. One relative said, "The care is first class. They make [family member] very relaxed and content. Very impressed first-class team caring staff."

Regular face to face meetings were held with care workers, staff and relatives and people to ensure concerns or good practice was discussed and shared. Throughout the inspection we observed a friendly relaxed atmosphere. Relatives were free to visit people throughout the day.

People said that they thought the home was well-led. One health care professional said, "The home is well liked by families. After discharge to assessment have been completed, many families wish for [people] to remain in the home."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The service was inspected but not rated, the overall findings at the time of inspection was requires improvement (published 08 March 2022)

#### Why we inspected

The inspection was prompted by a review of information we held about the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.  
Details are in our well led findings below.

Good ●

# Princess Louise Kensington Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 2 inspectors, 1 specialist, and 1 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.

#### Service and service type

Princess Louise Kensington Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Princess Louise Kensington Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used all this information to plan our inspection.

### During the inspection

We reviewed a range of records including care and support plans for 5 people. We looked at records of recruitment, training and supervision records for 5 care workers. We reviewed records relating to the management of the service, including quality assurance and building audits. We also looked at accident and incidents and complaints records.

We used the Short Observational Framework for inspection (SOFI) SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

# Is the service safe?

## Our findings

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

At our last inspection this key question was not rated. At this inspection the key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had robust systems in place to safeguard people from abuse and the risk of abuse. All concerns raised were documented and investigated as appropriate.
- People were cared for by staff who understood how to protect them from abuse. Care workers said they would report safeguarding concerns to the registered manager and would be confident to report to the local authority or to other relevant professionals if they felt they needed to.
- Staff had training courses in safeguarding adults. People were kept safe from avoidable harm as care workers knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- People and relatives understood how to raise a safeguarding concern. One relative said, "I would contact the [registered] manager or [family member's] social worker if I had any concerns over [family members] safety."

Assessing risk, safety monitoring and management

- The provider ensured robust assessments were carried out before people received support. Risk assessments and care plans were reviewed regularly. Daily team meetings were held to discuss issues in the home.
- People, including those unable to make decisions for themselves had choice and control over their lives because staff managed risks to minimise restrictions. One care worker said, "I check care plans and speak to people so that I know I am providing the care and support they want and need."
- People's care plans contained information about potential risks and how care workers should manage them.
- The registered manager understood the importance of learning from incidents. Details of incidents were recorded and plans to mitigate were put in place to prevent incidents being repeated.
- We saw care plans which documented people's mobility support requirements and we saw that care workers were adhering to the instructions documented to provide adequate and safe care on inspection.

Staffing and recruitment

- We saw that 2 recruitment files did not have full information about references for care workers. We were told that there is sometimes a delay gaining references from care workers whose previous employment was overseas. The recruitment department was contacted, and the reference information was available, and files were updated.

We recommend that the recruitment department make more robust efforts to obtain and document

references of care workers before their work placement in the home begins.

- There were mixed views on whether people thought there were sufficient staffing available. One relative said, "The staffing levels are low at the weekends." We discussed this comment with the registered manager who said that the same number of staff are on shift at the weekends as there are during the week.
- On inspection, we saw that the number and skills of staff matched the needs of people using the service.
- Recruitment procedures were safe. Appropriate pre-employment checks, including Disclosure and Barring Service (DBS) checks were carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff recruitment and induction training processes promoted safety. All care workers spoken to said that they had an induction at the beginning of their employment and completed a period of job shadowing before they began to deliver care to people.

#### Using medicines safely

- The provider had guidelines, policies, and procedures in place to ensure that medicines were managed safely. Care plans contained adequate information about people's medical support needs, including information about allergies, covert medicines, inflammatory creams and dietary requirements.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- We observed good practice on the medicine's rounds. 2 nurses were administering medications. The number of tablets were counted prior and post administration to ensure robust accounting.
- People's allergies were highlighted on the front of their electronic profiles so nurses administering medication would be immediately aware, this greatly reduced the risk of medicine errors in relation to allergies.
- During the medicine round, people consent was sought before prescribed medication was administered.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The service had relatives visiting people throughout the day. There were notices around the home advising on good hand hygiene and infection prevention control. There were notices of good practice and infection prevention control in the home.
- The entrance to the home had a book for visitors to sign in. There was also hand gel available for visitors to use.

Lessons learned when things go wrong.



- The provider had processes in place for recording, investigating and monitoring accidents and incidents. The registered manager ensured incidents were discussed and investigated with all relevant parties. Lessons learned were shared at the daily face to face meetings, by phone with relatives or by email to staff and relatives as appropriate.

# 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 our last inspection this key question was not rated. At this inspection the key question has been rated good. This meant that people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had measures in place to ensure people's needs and choices were assessed and documented prior to the delivery of care in the home.
- People's support needs were reviewed, and risk assessments conducted prior to support being delivered. Information from people, the local authority, relatives and healthcare professionals was all used to develop plans ensuring people's needs and choices could be adhered to.
- Care plans were reviewed on a regular basis to ensure documented needs and requirements were up to date so care workers could continue to provide appropriate and relevant support. One relative said, "They go through all the [care plans] and update it. I assume they ask my [family member] what they want."
- Care plans reflected a good understanding of people's needs and included relevant assessments of people's communication support needs, future goals and aspirations.

Staff support: induction, training, skills and experience

- We saw records to support that all staff and care workers received adequate training to support people with their care needs. Training included, dementia awareness, medicines handling and management, moving and assisting people and safeguarding adults.
- Care workers said that they had completed an induction at the beginning of their employment. They had to complete a period of job shadowing, and they were introduced to people before they began to support them.
- Care workers received regular supervision and appraisals where they could discuss training and development needs, they needed in relation to supporting people.
- The registered manager ensured all staff attended and completed relevant training. There was a schedule for staff who were due to attend refresher training courses.

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

- People's needs and preferences around eating and drinking were assessed and documented. Staff were aware of people's dietary needs. People were offered alternative food options at mealtimes. One relative said, "The dining room is well set out and the menu looks impressive, [family member] is guided by care workers to make choices at mealtimes."
- Short observational framework inspections were conducted at mealtimes. It was noted that people were supported with their meals in a friendly and caring manner. People without capacity were supported with eating in a dignified way.
- All relevant staff had completed food hygiene training and followed the correct procedures when preparing and storing food.

- We witnessed that alternatives to set meals such as jacket potatoes, salads and sandwiches were available. There was also ice creams, yoghurts and fruits available for people. Hot and cold drinks with biscuits or sandwiches were provided in the evening.

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

- The provider worked with the local authority and healthcare professionals to ensure they were able to support people to access healthcare services as required. One health care professional said, "We meet with the home every 2 weeks to address any areas of concern and we have a strong proactive relationship."
- The provider worked closely with registered GPs to ensure reasonable adjustments and treatments were in place to support people's health and wellbeing.
- We saw evidence to support the provider works with occupational therapists, dieticians, podiatrists, tissue viability nurses and GPs to support people's health needs. All health updates are documented on care plans and risk assessments are reviewed and adjusted accordingly.

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

- People's care and support was provided in a safe, clean, well equipped, and well-furnished environment. We noted that there was a lack of dementia friendly aesthetic in the home and discussed this with the registered manager. Arrangements were quickly made for pictures to be utilised around the home and for bright signage to be implemented to aid people with dementia.
- At the time of our inspection, the lift was faulty and did not go all the way to the top floor. This was discussed with the registered manager, who consulted the maintenance support on site and the issue was quickly rectified.
- Some people's rooms were personalised while others were plainer. This was discussed with the registered manager, who said that correspondence would be sent to relatives and people, to see if they wanted their rooms personalised, and take steps to doing this where requested.
- The home had quiet seating areas along the corridor which people could use. People's rooms were of different sizes and had either en suites or toilets and washbasins attached. All bedrooms had wi-fi connection and televisions.
- There were separate toilets for people and for visitors. All toilets were clean with full and working hand soap dispensers.
- People were able to move around easily, there were grab rails on the walls of the corridors so people could use this as an aid to move around the home. The corridors were wide with good flooring so wheelchairs could be operated easily along corridors.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The home has CCTV coverage at the front and back of the home which also covers the garden. At the time of the inspection, though there was consent sought for video and photography, there was no implicit consent for CCTV. This was discussed with the registered manager who clarified there was no CCTV inside the home. The registered manager confirmed that no CCTV footage was held outside the home.

We recommend as the garden is part of the home and classed as a private space, we recommend that consent is sought from people about CCTV coverage.

- Care workers were aware of the principles of the Mental Capacity Act. One care worker said "We must always assume that someone has capacity and can make a decision about their care needs until it has been ascertained that they cannot. Then a deprivation of liberty assessment will be completed.
- Care workers respected the rights of people with capacity to refuse their medication and ensured that they sought consent prior to medication being administered.
- At the time of our inspection, the service was supporting people who lacked capacity to make day-to-day decisions relating to their care. There were systems in place to assess, record and review people's capacity.

# 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 our last inspection this key question was not rated. At this inspection the key question has been rated good. This meant 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; Respecting and promoting people's privacy, dignity and independence

- At the inspection, we saw that people were treated with kindness and respect. Care workers supported people with dignity. Care plans had documented people's protected characteristics.
- Care plans had information about people's life history, their interests, lifestyle choices and daily goals. They also included people's physical and mental health needs and aspirations. Information about sexual orientation and religious beliefs needs were also included.
- People said that they thought care workers were caring and that people's dignity was respected. One relative said, "[Family member] has their own bathroom and whenever [family member] needs changing they will use this bathroom.
- One relative said of care workers, "They are first class. They made my [family member] very relaxed and content, they spoke to [family member] go give reassurance when [family member] was distressed."
- We observed care workers speaking to people in a manner which was as an equal. Care workers would gain eye contact and were gentle and supportive, they spent time listening to what people had to say.

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

- Care plans were created with people and relatives and included information about how they would like to live their life on a day-to-day basis.
- Care workers respected people's choices and accommodated their wishes when possible. One relative said, "Care workers know what [family member] wants, they support [family member] to meet his requests, I am grateful for their efforts."
- We saw care workers work with people to express their views in their preferred method of communication. One care worker had learned some phrases in a 2nd language so that she could communicate with people in their native language. We discussed this good practice with the registered manager who then arranged for crib sheets with phrases in all languages spoken in the care home so care workers could communicate with them more effectively.

Respecting and promoting people's privacy, dignity and independence

- The provider ensured staff and care workers received training in equality, diversity and inclusion and person-centred care to ensure the service was equipped to support people with respecting and promoting people's privacy, dignity and independence.
- Care workers understood how to treat people with dignity and respect. One care worker said, "I encourage people to express themselves, to gather information from them so that I can better support them with their

choice of care needs."

- We witnessed staff engaging with people in a relaxed and friendly manner and supporting people with socialising in the garden with people from the adjoining service. One person said, "It's very nice here, I am able to come out here and relax, I can go to my room when I want, it's very nice."

# Is the service responsive?

## Our findings

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

At our last inspection this key question was not inspected. At this inspection the rating for this key question is good. This meant that people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interest and to take part in activities that are socially and culturally relevant to them

- Staff had a good understanding of the wishes of people, and they were supported according to their needs and preferences. The homes caterer had people's dietary requirements and needs documented and ensured food preferences including halal, Caribbean, vegetarian and diabetic relevant foods were ordered.
- Care workers said that they had time to review care plans before they delivered support. Care workers said that they always asked for consent before they delivered care to people.
- There was an activities lead in post who provided activities for people in the home. Planned activities included coffee mornings, arts and crafts, classical cinema time, and sing along in the lounge as well as music and movement sessions. There were also gently exercise sessions and jazz sessions on the plan.
- We witnessed people enjoying a sing-along session in the afternoon. People appeared to actively take part and enjoy the session.
- There were celebrations for key dates in the calendar, including the coronation and Father's/Mother's Day. The home had volunteers who attended on Thursday's and Friday's who helped with activities for people.
- Religious festivals in the calendar were celebrated. The service was in contact with local churches to support this.

### Meeting peoples communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We discussed the communication needs with the registered manager. A range of methods were used to communicate with people with sensory loss, which included electronic tablets and sign language. The provider had an accessible information standard policy in place.

### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. People had mixed views on how responsive complaints were addressed. One relative said, "I don't feel comfortable about making complaints if there are other things going on." Other relatives said, "If I need to make a complaint, I will just speak to the [registered] manager." and, "Yes, I can raise concerns, care workers and nurses are receptive."
- People have said that their complaints are acted upon. One relative said, "I made a comment that the laundry was a problem. [Family member] was sometimes not dressed in their own clothing as clothes were

getting mixed up. Since I mentioned this [family member] is always smartly dressed in own clothes.

- We saw complaints folder which documented complaints that had been made and steps that had been taken to resolve any issues along with the lessons learned from the complaints raised.

End of life care and support

- The provider had an end-of-life care policy in place. Care plans had a section for people to record their preferences in relation to end of life care if they wished to do so.

- Care workers received end of life training, and refresher training courses were in place.



# Is the service well-led?

## Our findings

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

At our last inspection this key question was not rated. At this inspection this key question is rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created prompted high-quality, person-centred care.

Prompting a positive culture that is open, inclusive and empowering, which achieves good outcomes for people.

- The provider had regular meetings with the registered manager and staff worked together to ensure the home had a positive, inclusive, and empowering culture.
- The registered manager had an open-door principle, where people were able to contact and voice concerns or ideas wherever possible. There were daily meetings where all staff were able to contribute their concerns or ideas for improvement.
- Staff felt respected, care workers said they were confident in approaching the registered manager if they had any concerns and they would be confident things would be dealt with. One care worker said, "The registered manager is very approachable, I have no concerns in raising concerns or ideas as required."

How the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- We saw evidence to support the registered manager was aware of the legal responsibility to notify CQC and relevant agencies when things went wrong and sent relevant notifications through as required.
- We saw evidence to support the service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong. One relative said, "I am always contacted if there is any concern with [family member]. I'm well informed."

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

- The registered manager and all staff understood their roles and responsibilities and their individual duties in ensuring the service kept people safe and provided appropriate care and support to people. The provider had clinical supervision sessions in place for nurses and refresher training was provided.
- The provider invested in staff by providing quality training to meet the needs of people using the service. The registered manager told us that all staff were 95% compliant with training, and sessions were booked for care workers who had not yet completed their refresher training.

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

- Care plans and risk assessments were created with input from people, relatives and health professionals, and detailed people's protected characteristics so appropriate care workers could deliver appropriate care

and support.

- The service had a dedicated relatives meeting once a month which was led by the registered manager. Relatives and people were able to speak freely and discuss concerns or put forwards ideas to better care for people.
- People were asked about their religious requirements when they were admitted into the home. People were supported to practice their chosen religion with the support of care workers. One person attended Mass every Sunday.
- Health care professionals said, "The home has a very good activities programme which engages with families. A recent example was a grow your own vegetable competition where families, residents and staff were all engaged."

Continuous learning and improving care

- The provider had measures in place to ensure continued learning and improvement of care. Internal inspections were completed by the district management teams to ensure appropriate care was delivered consistently.
- The registered manager had arranged regular fire drills to ensure safety and learning.
- The registered manager contacted relatives by phone to notify them of any concerns with people.

Working in partnership with others

- The provider worked in partnership with a variety of agencies such as NHS trusts, local authorities, and GPs to ensure people's needs were met.
- Volunteers attended to assist with activities to help with entertainment for people, and to help people avoid social isolation.
- Health care professionals said, "The registered manager does a considerable amount of work with local authorities, families and local trusts."