

# Methodist Homes Kenbrook

## Inspection report

100 Forty Avenue  
Wembley  
Middlesex  
HA9 9PF

Tel: 02089045818

Website: [www.mha.org.uk/care-homes/dementia-nursing-care/kenbrook](http://www.mha.org.uk/care-homes/dementia-nursing-care/kenbrook)

Date of inspection visit:  
26 September 2023

Date of publication:  
10 October 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

Kenbrook is a nursing home for up to 51 older people. At the time of our inspection, 51 people were living at the service. Some people were living with dementia.

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

People were well cared for and received personalised care and support. They were happy living at the home, had good relationships with staff and were given choices about their care. Their relatives were also happy.

People were supported to stay safe. The risks to their wellbeing were assessed and planned for. They received their medicines safely and as prescribed. People were supported to access healthcare services. They had enough to eat and drink and they were offered chances to participate in a range of activities.

The provider considered people's equality and diversity needs, promoting different cultures, religions, and LGBT+ (Lesbian, Gay, Bisexual and Transgender) rights. They organised celebrations of people's different needs and provided information to help educate people living at the service and staff about these. There was a Chaplain attached to the home who supported people living there and staff to make sure their wellbeing and spiritual needs were considered and met.

There were enough suitable staff. There were systems for selecting and recruiting staff, as well as good training opportunities. Staff felt supported and worked well as a team.

There were effective systems for monitoring and improving quality at the service. These included recognising, reporting, and investigating when things went wrong. People told us the registered manager was approachable and supportive. There were clear actions, improvements and lessons learnt following adverse events, complaints and feedback from stakeholders.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (Published 19 December 2017).

### Why we inspected

We undertook this inspection based on the date of the last inspection.

## 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 ●

# Kenbrook

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of 2 inspectors, a member of the CQC medicines team, a nurse, 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.

#### Service and service type

Kenbrook is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Kenbrook 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

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

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

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We looked at all the information we held about the provider, including notifications of significant events and contact from members of the public.

### During the inspection

We spoke with 8 people who used the service and 4 visiting relatives and friends. We spoke with another relative on the telephone. We met staff on duty, who included the registered manager, the deputy manager, nurses, support workers, the activities coordinator and kitchen staff. We also met with an area manager who was visiting the service.

We observed how people were cared for and supported. Our observations included 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 with us.

We looked at the care records for 14 people and other records used by the provider for managing the service. These included records of staff recruitment, training and support, meeting minutes, audits, and quality checks. We looked at how medicines were being managed. We looked at the environment and infection protection and control systems.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There were enough staff to care for people and keep them safe. People told us they did not have to wait for care and attention. One person commented, "There are always staff around and I really appreciate what they do." We saw staff were attentive to people's needs and available when needed. However, during lunch some people had to wait a long time for support. We discussed this with the registered manager. Following this, the registered manager reviewed how staff were allocated at mealtimes and set up a new system to enable people to receive more timely help and support.
- There were systems to help ensure only suitable staff were recruited. This included checks on their eligibility to work in the United Kingdom, identity, skills, knowledge, and competencies. The registered manager carried out further checks and assessments during their induction when they started work.

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

- There were systems designed to help safeguard people from abuse. There were appropriate procedures and the staff received training to understand these.
- People using the service and their relatives told us they were safely cared for. Their comments included, "This is a very safe place. My relative has lived here for some time and I'm very happy with the care", "It feels safe because the staff seem quite vigilant – there is always someone around" and "It feels safe because of the quality of the care. There are nurses as well as carers so they are skilled people."
- The provider had worked with the local safeguarding authority and others to investigate concerns and to help protect people from abuse.
- Staff knew how to recognise and report abuse.

### Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing were assessed and planned for. People were encouraged to be as independent as possible, and the provider made use of equipment (such as sensors) to help keep people safe. Risk assessments were regularly reviewed and updated.
- The staff undertook checks on the environment to make sure it was safe. The provider also organised for regular checks and services to equipment and health and safety within the environment. There was an up-to-date fire risk assessment, emergency management plan and plans for evacuation.
- Staff received training to understand how to support people safely. For example, helping them to move and to eat and drink. The registered manager assessed their skills and competencies with these tasks. We observed people being supported in a safe way by staff.

### Using medicines safely

- People received their medicines safely and as intended by the prescriber. Paper Medicines Administration Records (MARs) were in place which provided staff with accurate information about the medicines.
- Each MAR included a personalised cover sheet which explained how the person prefers to take their medicines, enabling staff to provide person-centred care.
- Medicines were stored safely and securely with access limited to authorised staff only. The service monitored and recorded temperatures to ensure medicines were kept in line with manufacturers recommendations.
- The staff were aware of medicines with additional risks and have appropriate information in the MAR regarding potential risks and side effects.
- Risk assessments were in place for those residents being prescribed a paraffin-containing emollient, which could pose a fire safety risk.
- 'When required medicines' (PRN) protocols were in place for prescribed medicines. These explained what a medicine was to be used for, when to use it and what the outcome should be. Medicines used to manage agitation and anxiety prescribed on a PRN basis were not excessively used to control behaviour.
- The service had a robust auditing and stock management system which provided assurances that medicines were being given safely and as prescribed.

#### Preventing and controlling infection

- There were systems to prevent and control infection. These included policies and procedures, training for staff and regular audits of cleanliness.
- People told us the service was clean. Their comments included, "They seem to be very good with the cleanliness", "It is absolutely spotless" and "I am very happy with the cleaning. They are always on top of things. My clothes are clean every day."
- There was enough personal protective equipment (PPE) and staff knew when and how to use this.
- Staff and people using the service were supported to access vaccinations for seasonal flu and COVID-19.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The staff and management team reported, investigated and learnt from accidents and incidents. Information about these was shared with senior management and analysed to identify any trends or areas for improvement.
- The registered manager met with the staff and other organisations to discuss incidents so they could share learning.

# 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 we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had enough to eat and drink and were able to make choices about this. We identified where some improvements could be made to improve choice at the point of service, variety, and information about food. The registered manager had already identified these issues through their own quality monitoring and showed us plans for how they intended to improve this.
- People's nutrition and hydration needs were assessed, planned for, and met. The staff monitored their food and fluid intake as well as their weight. They liaised with healthcare professionals, such as dietitians to make sure people had the right support.

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

- The environment was suitable to meet people's needs. Accommodation was over 2 floors. People were able to access different communal areas on each floor. Some doors were secured by codes to help keep people safe, for example the doors to stairways.
- People's bedrooms had been personalised with their own belongings and furniture. They were comfortable and well maintained. People had their own ensuite facilities.
- Lounges, dining rooms and other communal areas were well designed to enhance social contact. The staff had decorated rooms with themed displays. For example, an autumn harvest display was in place at the time of the inspection. There was matching, well-kept furniture.
- There were some information boards for people, including photographs of staff. However, we noted that other information was not on display such as menus and activity planners. We discussed this with the management team, and they wrote to us following our visit to say this had been addressed.
- The building was well ventilated, clean, and well lit. The provider had a planned programme of maintenance and was in the process of converting one area into a sensory corridor. There was an attractive and accessible garden which people told us they enjoyed using.

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

- People's needs and choices were assessed before they moved to the service. The managers met with people and their representatives. They gathered information about their needs and develop care plans to reflect these.
- The provider used established good practice tools for making assessments about people's different needs.
- Care plans were regularly reviewed and updated to help ensure they remained relevant.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and supported. New staff underwent an induction, completed a range of training, and had their competencies assessed.
- There were regular training updates for all staff. These included training on subjects they had requested. Staff were supported to undertake professional qualifications. Registered nurses were helped to develop and maintain clinical skills and knowledge.
- The registered manager had developed bespoke experience training for staff. This included staff putting themselves in the position of people they cared for and reflecting on this experience.
- Staff had the opportunity for regular individual and team meetings with their manager.
- The staff told us they felt supported and had the information they needed for their roles and responsibilities.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were assessed and planned for. Nurses had created care plans for specific healthcare needs. People were supported with these, and the staff had a good understanding of their conditions.
- People had access to doctors and other healthcare professionals when needed. The staff followed their guidance and recommendations. Staff made timely and appropriate referrals when people's health needs changed.
- People's oral healthcare needs were considered and met. The registered manager had followed latest guidance and information about providing good oral care. They supported people to access dentists, had organised training for staff, carried out individual assessments and monitored the care people received.

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 provider was acting within the principles of the MCA. People's mental capacity to make different decisions had been assessed and they had been asked to consent to their care and treatment.
- The provider had consulted with people's representatives to help make decisions in their best interests. They had applied for DoLS when needed.
- Staff had undertaken training in the MCA and understood how to apply this.

# 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 we rated this key question good. The rating for this key question has remained 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

- People were well treated and supported. They told us staff were kind, caring, and responsive to their needs. They had good relationships with staff. Some of the comments from people using the service and their relatives included, "They are always kind, there are no problems with the carers", "They have a lot of patience", "The staff are lovely people and treat me well. They are very respectful and always kind". "The carers have a joke with you, they are easy and friendly" and "I couldn't be cared for any better."
- We observed the staff treating people respectfully and with kindness. Their interactions were positive, gentle, and centred on the person. The staff did not rush people and gave them their full attention when caring for them. They supported people who were distressed or confused in a kind and thoughtful manner.
- People's diverse needs were considered, planned for, and met. The service catered for people from a variety of religious and cultural backgrounds. They celebrated all faiths and special events, organising for religious leaders to visit and lead worship. People confirmed this by explaining they had recently enjoyed celebrating Rosh Hashanah (the Jewish New Year).
- The registered manager had undertaken work to promote better awareness and support for LGBT+ (Lesbian, Gay, Bisexual and Transgender) staff, people using the service and family members. They had involved LGBT+ relatives asking for their views and support to do this well.

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

- People were able to express their views and be involved in making decisions. Care plans were developed with people, taking account of their views and preferences.
- There were meetings for people to discuss the service, including plans for activities, food, staffing situations and any concerns they had.
- People told us the staff offered them choices and respected these.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. They were cared for in private. Staff knocked on doors before entering. They used appropriate terms of address when speaking with and about people. Staff made sure people's dignity was protected by helping them adjust clothing and attending to their needs promptly.
- People told us they were supported to be independent where they were able. We saw staff did not rush people and allowed them to do things for themselves.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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

- People received personalised care which met their needs and reflected their preferences. The staff had developed care plans based on people's needs. These were person-centred and included information about how people wanted to be cared for. Care plans were regularly reviewed and updated.
- Staff completed records to show how and when they had cared for people. These showed that care plans were followed.

Meeting people's 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.

- People's communication needs were met. These were assessed and care plans recorded how staff should meet people's different communication needs. Staff were trained to understand about good communication and how conditions such as dementia could impact on people's abilities to understand others and be understood.
- Information about the service was available in different formats when requested.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in a range of activities. These included planned group events and individual support from staff and the activities coordinator. Special events, festivals and birthdays were celebrated. The home accessed external resources including therapy animals, as well as visits from schools, entertainers, and religious groups.
- People's families and friends were welcome to visit at any time. Some of the visitors we met told us how they appreciated being involved in the care of their loved ones and welcomed to the service.
- The provider employed a chaplain who worked with people using the service and staff to help ensure their spiritual and emotional wellbeing needs were considered and met.

End of life care and support

- People received support at the end of their lives to feel safe, comfortable and well. The staff worked closely with palliative care teams and other professionals to provide personalised support.

- Staff undertook training to understand about best practice for end-of-life care.

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

- There were systems for responding to complaints and concerns. People using the service and their visitors knew who to speak with if they had any complaints. They told us they felt comfortable raising concerns and confident these would be responded to.
- The provider investigated concerns and developed plans to learn from these. Information about complaints was shared with senior managers so they could monitor the response and make any improvements which were 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 our last inspection we rated this key question good. The rating for 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.

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

- There was a positive and person-centred culture at the service. People told us they were happy and well cared for. Relatives were also happy and praised the staff and the care people received.
- Staff told us they were well supported and valued.
- The chaplain had undertaken work on behalf of the registered manager, meeting staff in small groups to discuss ways the staff wanted to improve the culture. From these meetings they had a plan for improvements and change. These included embedding values and praise for good work, improved communication and following shared goals for improvement.
- The registered manager had also developed experience training to help staff understand the perspectives of people they were caring for.

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

- The provider understood their responsibilities under duty of candour. They had been open and honest when things went wrong, notifying CQC and other stakeholders as well as apologising to those who were affected.

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

- Managers and staff were clear about their roles and responsibilities. There was a range of suitable policies and procedures which reflected good practice guidance and legislation. The staff had training and regular meetings to help understand these.
- The registered manager was a nurse and had worked at the service before their promotion to the position of manager. They knew the service well and understood legal requirements and good practice.

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

- The provider engaged with people using the service and other stakeholders. There were regular meetings and opportunities for written feedback.
- The staff completed training to understand about equality and diversity. They understood about people's diverse needs and provided personalised support for people with their religion, culture, sexuality, disability, and other needs.

### Continuous learning and improving care

- There were effective systems to monitor and improve the quality of the service. Following the inspection site visit, we gave verbal feedback about our findings to the registered manager. They developed a comprehensive action plan which included investigating areas where improvements were needed, speaking to staff, and making changes to the environment and systems. This proactive approach was replicated following any audits and checks by the provider themselves or external parties.
- We saw there were regular audits by staff. These covered a range of different areas. The registered manager analysed incidents and accidents and shared their findings with staff so these could be learnt from.
- Senior managers had a good overview of the service and regularly checked information, visited, and conducted their own audits.
- The management team were approachable. They welcomed and acted on feedback from stakeholders and made improvements because of this.

### Working in partnership with others

- The provider worked in partnership with others. The staff sought support and guidance from healthcare professionals, making timely referrals when people needed additional support.
- The registered manager met with other managers within the organisation and locally to discuss good practice and share learning when things went wrong.