

Crown Care IX Limited

Kensington Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
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 care home is a residential care home providing accommodation and personal care to 17 older people at the time of our inspection. The service can support up to 64 people in one adapted building over three floors.

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

We received positive feedback from people and their relatives who told us they were happy living at Kensington care home and with the care and support they received.

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. However, some people's care plans and records relating to best interest decisions didn't reflect this. We have made a recommendation regarding recording and auditing peoples best interest decisions.

Medicines were administered safely however, some records regarding people's medicines were not always completed effectively. This was addressed during our inspection.

Infection prevention control practices were in place. All essential visitors had to wear appropriate personal protective equipment (PPE). Additional cleaning of all areas and frequent touch surfaces was in place and recorded regularly by staff. Training included putting on and taking off PPE, hand hygiene and other COVID-19 related training.

There were systems in place for communicating with people, their relatives and staff regarding peoples care and support. The environment was clean, safe and maintained to a good standard. It was also adapted to meet people's needs.

Individualised risk assessments were in place to ensure people could take risks safely. Staff were confident about how to raise concerns to safeguard people. Robust recruitment and selection procedures ensured suitable staff were employed.

Rating at last inspection and update

This service was registered with us on 13 October 2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and management of medicines. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvement. Please see the effective section of this full report. The provider had taken some action during the inspection to mitigate risks and continued to

liaise with the inspector after the inspection to advise of further improvements scheduled and/or carried out

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 not always effective.

Details are in our effective findings below.

Requires Improvement 

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 

Kensington Care Home

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

One inspector a medicines inspector and an Expert by Experience carried out the inspection. 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

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. 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 reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service.

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 used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service, seven care staff and the registered manager. We reviewed a range of records. These included four people's care records, a variety of records relating to the management of the service, audits and procedures.

After the inspection

We carried out telephone interviews with six relatives and one social worker. We continued to seek clarification from the provider to corroborate evidence found. We looked at more audits, care plans, reports and policies.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good

Using medicines safely

- Medicines were mostly administered safely. However, medicine administration records were not always completed correctly in line with the providers policy, which staff did not always follow. The registered manager investigated this and took steps to address this immediately during the inspection.
- Medicine protocol records for people who take medicines 'as and when required' were followed and in place.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured that the provider was using PPE effectively and safely.

Visiting to the home took place in line with current guidance and appropriate testing and checks were in place. Where visiting couldn't take place due to isolation people were supported to make telephone calls and use technology such as face time for regular contact.

Staffing and recruitment

- There were enough staff on duty to meet people's individual needs and maintain their safety. Relatives and people told us that there were enough staff and that their call bell would be answered promptly.
- The provider had measures in place to mitigate the risks associated with COVID-19 related staff pressures.
- Staff were recruited safely, using robust checking methods to ensure only suitable people were employed.

Assessing risk, safety monitoring and management

- People's risk assessments were regularly reviewed, and personal emergency evacuation plans were in place.
- Where risks were identified, care plans showed ways in which staff could reduce these risks.
- Fire safety procedures were in place along with regular checks of equipment and premises.
- Regular maintenance checks, risk assessments and repairs were carried out to keep the home safe.

Learning lessons when things go wrong

- Accidents and incidents were recorded. The registered manager analysed these to look for any patterns or trends and then took appropriate action to minimise risk of further incidents.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- Staff had received safeguarding training and knew how to raise any concerns.
- Where safeguarding concerns had been raised, investigations and appropriate action was taken.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent..

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 decisions and are helped to do so when needed. When they lack mental capacity to take 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.

- Staff ensured people were involved in decisions about their daily care. However, some best interest decisions made for people were not recorded appropriately.
- Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control. However, one person's plan was misleading regarding the use of bed rails and no best interest decision was recorded. Another had them in use and a DoLS had been applied for, but no best interest decision recorded.

We recommend that the provider follows best practice when making records regarding best interest decisions.

- People had records in place to record their consent to care and where they had a power of attorney in place.
- Health professionals completed capacity assessments where required, to ensure people were supported appropriately to make decisions. However, two of the care plans we looked at had information missing. We recommend the provider review all care plan areas relating to people's choices, capacity and any restrictive practices and best interest decisions in line with their own policies and procedures.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained. Feedback from staff regarding their training was positive. However, we found that there was a training gap in relation to one person's specific needs. We recommend the provider sources further training to develop staff knowledge for people's needs around

specific conditions.

- Staff received a robust induction and were supported in their role.

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

- The environment was fully accessible, with a range of adaptations and equipment to meet people's needs.
- The home was maintained to a high standard and reflected people's needs.

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

- People's eating and drinking needs were met by a varied and nutritionally balanced diet. People gave us positive feedback about the food.
- Staff were aware of people's dietary needs and people who required a specialist diet for example, allergies and food textures, were supported well

Staff working with other agencies to provide consistent, effective, timely care

- People had personalised hospital passports in place. These records share important information in the event of a person visiting hospital for treatment. This enabled information to be shared with healthcare professionals, if needed.
- Staff worked in partnership with external professionals, such as social workers, mental health teams and GPs to support and maintain people's health.

Assessing people's needs and choices, delivering care in line with standards, guidance and the law and Supporting people to live healthier lives, access healthcare services and support

- The service enabled people to maximise their health outcomes by working with specialists such as the speech and language therapy team.
- Timely referrals were made to other healthcare professionals.

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.

This is the first inspection for this newly registered service. This 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

- Staff always treated people with kindness and respect. There was a positive rapport between people and their support staff. Positive interactions were observed throughout the inspection.
- People were supported to maintain relationships with their friends and family during the COVID-19 pandemic through safe visiting and other communication methods. One relative told us, "Friendly yes. Caring yes. Staff are always listening to me and my relative".

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

- People were supported to discuss any changes to their care plans along with their family.
- People were supported to have their say and had an independent advocate where required.
- We observed a positive atmosphere and mutual respect between people and staff. One member of staff told us, "We treat everyone as an individual, people make their own decisions and people are at the centre of their care".

Respecting and promoting people's privacy, dignity and independence

- Staff were trained in dignity and respect. People were supported by staff who respected their privacy.
- People were supported to have increased independence. One person told us, "I can do so much more for myself now since I came out of hospital and then here. I've gone from not being able to do much at all to being nearly independent again. The staff do the things I can't do and help me to do the things I can for myself."
- Staff engaged with people in a dignified way. One Staff member told us, "We always close curtains and doors where it's needed, and we don't discuss people or carers near others".

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans were in place for people who used the service, these covered all aspects of care and support.
- The support people received was individual to their needs.

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

- People were supported to take part in activities, however, there was a vacancy for activity co-ordinators who were due to commence.
- Staff supported people to take part in activities but feedback from people was mixed about the range of activities on offer. One person told us, "Activities - there's nothing going on lately it's been a few weeks since the activity person left. The activity timetable is there but no one to run it". Another person told us, "I can play scrabble with my friends and find things to do and the local nurse children visit us".
- A new activities coordinator had been recruited and was due to start their duties soon.
- During our inspection people were able to visit the hairdresser who was visiting.

Meeting people's communication needs

Since 2016 onwards 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. Large print materials were referred to in care plans and where appropriate Information and communication was adapted to suit people's individual preferences.

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place and followed appropriately by the registered manager and staff.
- People were supported to raise any issues. Where issues had been raised these were recorded and addressed.

End of life care and support

- People were supported to have discussions and make plans for the end of their life where it was appropriate.

Is the service well-led?

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Is the service well-led?

- Policies were up to date and in line with best practice.
- The provider had contingency plans for people, to ensure minimal disruption to care in case of an emergency and in response to the COVID-19 pandemic.
- The provider had sent CQC notifications of significant events occurring within the service, as required.

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

- The culture of the home was positive.
- The registered manager was open and honest and encouraged people and staff to go to them with any issues. Staff told us they could approach the registered manager to share ideas or concerns.

Continuous learning and improving care; Working in partnership with others

- The registered manager took on board the opinions and views of people and their relatives to make improvements.
- People were supported by a range of healthcare professionals and the registered manager had developed good working relationships with other agencies.

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 registered manager was open with the inspector during the inspection.
- Policies were current and in line with best practice to ensure lessons are learned.

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

- People, relatives and staff were asked for their views on the service.
- Peoples care plans included how to support people with emotional support, including expressing their sexuality spirituality and wellbeing.
- People had access to advocacy support to help support their human rights where appropriate.