Kenilworth Manor Limited

# Kenilworth Manor

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection took place on 22 November 2017 and was unannounced.

Kenilworth Manor is a three storey nursing and residential home which provides nursing care to older people. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Kenilworth Manor is registered to provide care for 34 people and at the time of our inspection, there were 25 people living there.

At the last inspection in December 2015 the service was rated Good. At this inspection, the service continues to be rated Good. However, the registered manager was working towards a possible 'outstanding' rating in the future.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the
service is run.

People were extremely positive about the care and support they received from staff who valued them as individuals. There was a friendly, relaxed atmosphere and relatives commented on how all the staff contributed in a positive way to their family member's wellbeing. Staff enjoyed their work and were motivated to provide people with high standards of care.

There were enough staff to provide responsive, effective care and staff understood their responsibilities to keep people safe. Risks to people's health and wellbeing were managed, and learning from accidents and incidents were shared within the home and the wider provider group.

Staff had the skill, experience and support to enable them to meet people's needs effectively. The registered manager checked staff's suitability to deliver care and support during the recruitment process.

Staff monitored people's health and referred them to other healthcare professionals to maintain and improve their health. There was clear communication between staff which provided them with the knowledge to respond to people's changing needs. Medicines were stored, managed, administered and disposed of safely and people received their medicines as prescribed.

The registered manager understood their responsibility to comply with the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff worked within the principles of the MCA and supported people to have maximum choice and control of their lives.

People spoke very positively about the quality, choice and variety of food they were offered. Meals were social occasions where people enjoyed time sitting and eating together.

People were encouraged to maintain their links with the local community and offered opportunities to engage in activities that were meaningful to them.

The management team had the skills, knowledge and experience to lead the service effectively. Staff felt supported and valued in their role.

The provider and registered manager had a positive approach to examining and auditing processes to identify where improvements were required. They had introduced new systems and policies to ensure the service continued to provide safe, effective and responsive person-centred care.

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

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# Kenilworth Manor

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 22 November 2017. It was a comprehensive inspection and was unannounced. The inspection was undertaken by one inspector, a specialist advisor 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 service. A specialist advisor is a qualified health professional. Our specialist advisor was a qualified nurse.

The provider had completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to our visit we reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority. The Commissioners did not have any concerns about the service.

During our visit we spoke with five people and five relatives/visitors about what it was like to live at the home. We observed care and support being delivered in communal areas and we observed how people were supported at lunchtime.

We spoke with two nurses, three care staff, one activities organiser and three support staff about what it was like to work at the home. We spoke with the registered manager, deputy manager and operations manager about their management of the service.

We reviewed four people's care plans and daily records to see how their care and treatment was planned

and delivered. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system.

Good

# Is the service safe?

## Our findings

At this inspection, we found people received the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

Everyone we spoke with felt safe living at Kenilworth Manor and confident with the staff who provided their care and support. Comments included: "I'm very safe. It's pretty secure here, the doors are locked and there is always someone about" and, "How lucky am I living here. I feel safe as there are no dangers." One person told us they felt safe because they had lockable drawers in their bedroom where they could keep items that were of sentimental value to them.

All staff had completed safeguarding training to make sure they knew how to recognise signs of abuse and keep people safe. One staff member explained their safeguarding responsibilities were to everybody, and not just to people who lived in the home. They told us, "It is keeping myself, my colleagues and the residents safe. Making sure no harm comes to anybody in the building or any abuse or neglect." Staff told us they would report any concerns to senior staff and would not hesitate to escalate it further if they felt appropriate action had not been taken. The registered manager understood their role and responsibilities in reporting and dealing with safeguarding concerns to make sure people remained safe.

The provider was proactive in keeping people safe. Many of the people who lived at the home had their own landline telephones in their bedrooms. The activities organiser was concerned staff would not know if people were receiving unsolicited harassing or pressurising calls from people. They arranged for the community police officer to visit the home and talk to people and make them aware of such practices. There was a poster on the notice board reminding people to be aware and keep safe.

The registered manager and all staff spoken with told us there was enough staff to provide the care and support people required. People confirmed staff were responsive to their requests for assistance and support. One person told us there were plenty of staff and said, "Sometimes they are very busy, but you just have to be sensible and wait for a bit." Another person told us, "I feel safe. There is always someone about when I use the call bell."

The provider had a recruitment process that ensured staff had the appropriate skills, knowledge and values to provide personal care. Records showed all the relevant recruitment checks had been completed to show staff were suitable and safe to work in a care environment including Disclosure and Barring Service (DBS) checks.

The provider's policies to keep people safe included regular risk assessments of the premises and regular testing and servicing of essential supplies and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. One staff member told us they had recently received training in cardio-pulmonary resuscitation.

Care plans contained individual risk assessments which identified any risk to the person and gave

instructions to staff to help manage those risks. Each person had a 'care risk profile' sheet which gave a comprehensive guide to the dependency of the person based on their physical and emotional care needs. This was colour coded so any risks to their health and well-being could immediately be identified at a glance.

Some people required specialist equipment to protect them from the risk of damage to their skin. Staff monitored the equipment and when we checked one person's pressure relieving mattress, we confirmed it was on the correct setting for their weight.

Medicines were stored, managed, administered and disposed of safely. Only trained staff who had been assessed as competent gave people their medicines. Records demonstrated that people received their medicines as prescribed. Medicines that required additional controls because of their potential for abuse were stored securely and recorded correctly. A medication check list was used at each handover between shifts to identify any gaps in administration records and to monitor stock levels to ensure people had their medicines when they needed them.

During the medication round an emergency alarm went off in the home. Both nurses responded, after putting a medicine that had already been placed in a pot back in the medicines trolley and locking it. This was not in accordance with best practice and increased the risk of a medication error.

Accident and incident records were completed by staff when these occurred and monitored by the registered manager and the provider to identify patterns, and manage emerging risks. For example, one person had recently fallen in their bedroom. It had been identified that a combination of the flooring and unsuitable footwear was a potential cause. The flooring was being replaced at the time of our visit and the person had been advised to purchase some more appropriate shoes. Another person told us the registered manager had arranged for them to attend a 'falls clinic'. They said this had helped them to maintain their independence whilst keeping them safe.

The provider shared any patient safety alerts in respect of medicines or equipment with the registered manager. This included any learning taken from incidents that had occurred in other homes within the provider group. For example, there had been an incident in another service involving a recliner chair. We saw that as a result, risk assessments had been carried out of anybody who chose to use a recliner chair to ensure their safety. Records showed learning from the incident had been shared with staff during a staff meeting.

The environment was clean, well-maintained and there were no unpleasant odours. Housekeeping staff were employed to work every day and had clear cleaning schedules to follow. There was a rota for cleaning clinical equipment and the equipment was regularly checked. Personal protective equipment such as aprons and gloves were available for staff and used appropriately to reduce the risk of cross infection. Staff were observed to wash their hands before giving people their medicines or attending to people in their bedrooms. The deputy manager had recently carried out a full infection control audit of the home. Appropriate action had been taken to address any issues identified. The home had recently retained its five star food hygiene rating.

Good

# Is the service effective?

## Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

All staff received an induction, training and support that gave the skills and confidence to meet people's needs and promote their welfare. Staff told us they felt supported by the registered manager to develop within their roles and study for nationally recognised care qualifications. All staff told us they had regular meetings with senior staff to discuss their work and identify any areas for development.

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When an assessment shows a person lacks 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had applied for a DoLS for four people who lived at the home, because they had been assessed as not having the capacity to consent to certain aspects of their care and treatment which could amount to a restriction to their liberty. At the time of our inspection, one DoLS application had been agreed by the local supervisory board and the rest were in progress.

Staff worked within the principles of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. One person had a condition that meant they had to have special breathing equipment with them at all times. The person enjoyed going out independently and meeting friends in accordance with their wishes. This demonstrated an appreciation by staff that the person had capacity to take risks and live life as they chose. One person told us they used to enjoy going to the communal areas but it was now their preference to 'be quiet in my room.' They told us staff respected that choice.

People told us staff asked for consent before providing them with assistance and support and respected the decisions they made. One person told us, "The staff say to me, would I like some help in case I fall when I am getting ready in the morning and at night as I wobble."

People spoke very positively about the quality, choice and variety of food they were offered. Comments included: "I go to the restaurant, food is very good, always a choice and if I want something else, they will do it for me" and, "The food is excellent, a good balanced diet." One person had a problem with their digestive system and had a very restricted diet. The person was working with the chef to develop some recipes to

improve their appetite. People's special dietary requirements were recorded in their care plans and shared with the chef. Staff monitored people who had nutritional risks to ensure they had enough to eat and drink.

The lunch time dining experience was very tranquil and unhurried with music playing softly in the background. People were offered a variety of drinks including sherry and wine and it was a very social occasion with a member of staff sitting with people and chatting to them as they ate together.

People's needs were assessed before they moved to Kenilworth Manor to ensure they could be met safely and in accordance with good practice. Staff continued to monitor people's health and referred them to other healthcare professionals if there any changes were identified. People confirmed they were supported to attend regular appointments with dentists, opticians, chiropodist and their GP. One person told us, "When I go to the hospital to see my eye consultant, the home arranges a taxi and an escort from the home comes with me."

The design, layout and decoration of the building met people's expressed needs. There was a lift to support people with limited mobility to access their bedrooms on the upper floors. Most people had en-suite bathrooms and these were being updated to wet rooms so people could continue to bathe independently if they wished to. There were plenty of safe and secure outside areas where people could socialise and spend time during the warmer weather. One person told us, "There is a lovely veranda to sit on in the summer."

Good

# Is the service caring?

## Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection. The rating continues to be Good. The registered manager felt their staff often went above and beyond what was expected of them and were working towards an outstanding rating.

People felt staff cared about them and valued them as individuals. One relative told us, "It's a home, not a care home." They explained their parent had been living at the home for a number of years and had chosen it because, "It's brilliant, so caring."

All the staff we spoke with enjoyed their work and were motivated to provide people with high standards of care. There was a friendly, relaxed atmosphere and relatives commented on how all the staff, including housekeepers, catering staff and care staff, contributed in a positive way to their family member's wellbeing. One staff member explained, "I really like the way you have 30 grandmas and you enrich their life as much as they enrich yours."

During our visit we saw staff engaged in friendly and respectful conversations with people and took time to listen to what they had to say. When staff spoke to people sitting down, they sat beside them so they were on the same level. Where people were sleepy, staff stroked their hands to gently wake them up without startling them. When people were concerned or anxious, staff provided reassurance and a compassionate word. A relative told us their family member had to be hoisted for transfers, but was not comfortable with it. However, they heard staff, "Explaining and reassuring her the whole way through."

Staff acted with thoughtfulness and consideration towards people. We saw a staff member walk into one person's room and start reciting some poetry the person had written. As the person had failing eyesight, the staff member was helping the person to write their poems down and doing some illustrations for them. This collaborative approach had given the person a sense of value and achievement.

One person told us how staff had gone the 'extra mile' to make them feel safe and comfortable. One evening they spotted a spider in their room and, "Shrieked for help. The staff came and moved out all my furniture to find the spider because they knew I don't like them."

People told us they were involved in their care and how they would like to receive this. People said they could maintain as much independence as they wished. One person told us, "The staff don't force themselves on you; they just give you a hand." Another person explained, "Staff offer to help me with personal care as they know I like to be independent."

People were put at the centre of the service and this was understood by all the staff we spoke with. For example, one of the housekeepers told us, "Some residents only like us to clean their room when they aren't there so we always work around them. The residents come first." One person told us they liked living in the home because, "It's my own time clock here".

Most people who lived at Kenilworth Manor had lived in the locality for many years and been members of community organisations, churches and groups. People were encouraged to maintain these links so they still had a sense of 'belonging' to the local community. Staff worked with people to ensure their lives were valued and the experiences they brought with them were included in the care provided. One person told us they had looked at other care homes in the area, but Kenilworth Manor was the one that had the homeliness and atmosphere they wanted.

Families and friends were able to visit without restrictions and were always made to feel welcome. They were invited to join people with meals and participate in activities in the home. One person told us, "They look after me and my daughter."

People told us they were treated with equality, dignity and respect and their cultural and spiritual needs were met. The home was visited by two different churches from the local area. One person told us they were a Buddhist and although they did not wish anyone of the same beliefs to visit them at that time, they were aware this could be arranged.

Good

# Is the service responsive?

## Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

Staff were very responsive to people's social needs. The activities organiser arranged daily activities in the home, such as scrabble, poetry, dominoes, cards and manicures. The activities organiser encouraged people to share their memories and history so they could plan activities that were particularly meaningful to them. One person had always loved dogs and used to show them. Representatives from the local dog's home now brought a dog to the home and in turn people fund raised for the charity. Other people had always enjoyed spending time in their gardens so there was a gardening club where people could help plant tubs and hanging baskets. Even bad weather did not stop the activity as it was sometimes carried out in the lounge with the carpet covered. The activities organiser explained, "Never say can't. We will work around it."

Where people were unable to join in group activities, or chose not to, the activities organiser and staff spent time with them on an individual basis. A relative told us their family member was quite an 'insular' person but they knew care staff had spent time with them as they could tell they had looked through the family photographs together. Another person who was being cared for in bed was able to join in some songs with a visiting choir when they visited them in their bedroom.

The home had strong links with the local community. Local schools went to the home to perform their latest productions and local shops brought in 'mini shops' for people to look at things and choose what they wanted to buy. Other groups came in to sing or do hand bell demonstrations for special events. Recently the home had been involved in the launch of the Poppy Appeal in the local town. All the people in the home had been involved in making cards and poppies and were featured in the local paper. One of the local funeral directors had given them window space to display their work. At the time of our inspection visit, people were busy planning for the annual Christmas Fair.

Each person had a care plan that was person centred and specific to their individual needs and preferences. For example, one person's care plan stated they preferred a named member of staff to support them when they had a bath. However, we found more detail in some care plans would support staff in providing a more consistent approach to some people's care.

Staff knew people well and explained how this knowledge helped them respond to people in a person centred way. "You can pin point their personality, their likes and dislikes. It also gives you something to talk about and it is nice that they feel valued as well."

Handovers between each shift provided staff with clear information about people's needs and kept staff informed of any changes. We observed a handover and found it was comprehensive and included a discussion about input from another healthcare professional for one person and the response to a new medication for another person. The nurse in charge gave clear instructions to the team of care staff about what they wanted them to do during the shift. This information and direction ensured people received the

right care and staff were available to respond to their needs.

People and their relatives felt the responsiveness of staff had a positive effect on their health. One relative told us, "The excellent care has kept [person] going. Everyone in the home has contributed and helped stabilise her health." Another relative told us how the staff had arranged for their family member's tablets to be changed to liquids which they found easier to take. Relatives told us they were informed of any changes in their family member's health.

When needed the service provided end of life care for people. The deputy manager had a keen interest in developing the Gold Standards Framework principles in the home. This is a framework that guides staff to provide 'a gold standard of care' for people at the end of their life. The deputy manager was working with one of the local GP practices and McMillan nurses to progress this further. Where people wished to, they were encouraged to share their wishes for their end of life care and an advanced care plan was put in place. The plans helped to ensure people's last wishes were met. There had been a recent death at the home and the deputy manager had worked with the family and the wider multi-disciplinary team to ensure anticipatory pain relief medicines were immediately available and family were supported. Family members were offered the use of an overnight room so they could be with their relative at the end of their life.

Staff told us they were committed to keeping people as comfortable and pain free as possible. One staff member explained, "We make sure they are comfortable. We have to know what they want and work alongside the family. Their choice is what they get." Another staff member told us, "We support the family as well, they are just as important."

The deputy manager was developing an 'After Death Analysis' as a model of reflection. They explained that this would support staff and develop their learning of providing a gold standard of end of life care.

When people died, with family permission, a discreet notice was put on the piano in the main entrance hall so other people would know. Gatherings after a funeral often took place at the home which allowed other people to pay their respects and share their memories.

People and their families were given information about how to complain and details about the complaints procedure was displayed in the entrance hall of the home. Staff told us they would support people to ensure their voice was heard if they had a concern or complaint. One staff member explained, "I would ask them if there was anything I could do first. If not, I would tell [registered manager] there was someone who wanted to make a complaint. I would have to tell them I would have to break confidentiality and tell somebody if it was a serious complaint." The provider had not received any complaints about the service provided at Kenilworth Manor in the 12 months prior to our inspection visit.

Good

# Is the service well-led?

## Our findings

At this inspection, we found the service continued to be well led by a provider and registered manager committed to providing a service that placed people at the heart of it. The rating continues to be Good, but it was clear the registered manager had plans to become an outstanding service.

The service had received positive feedback in the form of compliments: "Everyone, cleaners, kitchen staff, carers and nurses were all efficient, cheerful and compassionate" and, "It was almost worth having the operation to spend two weeks with you."

The registered manager understood their responsibilities and the requirements of their registration. For example, they understood what statutory notifications were required to be sent to us and had submitted a provider information return, (PIR) which are required by the Regulations. We found the information in the PIR reflected how the service operated. The registered manager had also ensured that the ratings from our last inspection were conspicuously displayed within the home.

The management team consisted of the registered manager and a newly appointed deputy manager. Both the registered manager and deputy manager were nurses and had the skills, knowledge and experience to lead the service effectively. Comments from staff included: "The manager communicates with us really well", "Everybody knows what they are doing, it is well-organised" and, "[Registered manager] was a nurse herself so she does actually understand the realistic side of things."

Staff had a positive attitude and felt supported and valued in their role. Several of the staff team had worked at the home for a number of years which demonstrated their commitment to the service and the people who lived there. One staff member told us, "I absolutely love it. It is more like a family, we all work together. Everybody is supportive of each other and we work as a team." Staff told us they had regular opportunities to get together and discuss the service, any issues or good practice.

People and relatives were invited to share their views of the service and suggest improvements. This was at regular meetings and through surveys and questionnaires. The provider had recently introduced a new questionnaire which was to be sent out every two months. Each questionnaire was based on the key questions of safe, effective, caring, responsive and well-led to identify any suggested improvements in each area. People who stayed at the home on respite were asked to comment on the service they received before they left. We saw the comments were very positive with comments such as, "All the staff were fantastic." We saw the registered manager had acted to address any negative comments received.

There was a system of regular checks and audits. For example infection control, medication, weights, end of life care and pain management assessments. Actions had been taken when issues had been identified. For example, one person had been identified as losing weight. They had been referred to the GP, the chef had been informed and their care plan updated.

The provider and registered manager had a positive approach to examining and auditing processes to

identify where improvements were required. For example, even though care staff did not give people their medicines, the provider was going to introduce medication training for them so they had an awareness of the impact of medicines on people.

The provider had recently carried out a 'mock inspection' and action had already been taken to address some concerns identified. Staff had received more training in the Mental Capacity Act 2005 so they had a better understanding of how it impacted on their job role.

One area we found needed improvement was consistency of detail in care planning records. This had already been identified by the provider who had asked for 'care planning' to be added to people's training requirements. The provider was embracing new technologies to aid and assist better involvement and communication with families by introducing an electronic care planning system. The provider would be able to audit the system to identify any gaps in care delivery or individual staff knowledge so appropriate action could be taken. The electronic system would also provide a 'gateway' which would enable relatives to stay fully informed and involved in their family member's care.

There had been some changes within the provider's management team at area level. Following these changes new policies and procedures had been introduced. All the registered managers within the provider group were going to attend workshops to ensure they were updated with the changes and to share best practice. The registered manager acknowledged that the changes would take time to become embedded in everyday practice, but spoke positively of the support they had received from senior managers. "[Operations director] makes you feel valued as a manager." They felt the changes would support the service to continue to provide high quality care for the people who lived at Kenilworth Manor.