

Bagshot Rehab Centre Limited

# Kingston Rehabilitation Centre

## Inspection report

36 Beaufort Road  
Kingston Upon Thames  
KT1 2TQ

Tel: 02039616920  
Website: [www.chdliving.co.uk](http://www.chdliving.co.uk)

Date of inspection visit:  
10 January 2023

Date of publication:  
20 February 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Kingston Rehabilitation Centre is a residential care home providing personal and nursing care to up to 36 people. The service provides support to people requiring neurorehabilitation, stroke rehabilitation, post-COVID rehabilitation, complex nursing care and specialist tracheostomy care. This includes older people and those with a learning disability. At the time of our inspection there were 35 people using the service, with 33 of them receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

**Right Support:** Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

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.

**Right Care:** Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

**Right Culture:** People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 last rating for this service was good (published 10 February 2022).

### Why we inspected

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.

We received concerns in relation to staffing levels, staff conduct and visiting restrictions. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingston Rehabilitation Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

**Good** ●

The service was safe.

Details are in our 'safe' findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our 'well-led' findings below.

# Kingston Rehabilitation Centre

## **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.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Kingston Rehabilitation Centre 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. Kingston Rehabilitation Centre 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

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 about important events that the provider is required to submit to us as well as reviewing intelligence received from members of the public. We used all this information to plan our inspection.

### During the inspection

We spoke with 3 care staff, 2 nurses, the deputy manager, registered manager and the regional manager. We spoke with 4 people living at the home and 2 visiting relatives. We reviewed the care records and medicines administration records for 4 people. We also reviewed 4 staff files. We reviewed a range of documents important to the running of the service such as policies, incident and accident records and audits. Following the inspection we received feedback from 5 other relatives.

# 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.

Systems and processes to safeguard people from the risk of abuse

- Prior to the inspection we received concerns in relation to staff conduct during personal care. These concerns were not substantiated during the inspection. Records showed that safeguarding concerns were effectively identified and raised with the appropriate involvement of relevant professionals.
- Staff were clear on how to escalate concerns both inside the organisation and were confident to whistle blow to the local authority or Care Quality Commission.
- Concerns were received that people's call bells were left out of reach. We visited multiple people's rooms and found that call bells were close to people should they need to use them.
- People told us, "It can vary how long it takes staff to answer the buzzer but its normally answered pretty quickly" and "When I have use the call buzzer, the staff are razor sharp." Staff informed us that as a minimum standard they would provide people with an estimated attendance time should they be delayed in carrying out the required task.
- We shared the above concerns with the provider who told us that there were plans to link call bell response times to their electronic case management system; to allow effective analysis of staff response times. We will review their progress at our next inspection.

Staffing and recruitment

- People continued to received care and support from sufficient numbers of staff to keep them safe. One person told us, "I don't really have to worry about the staffing levels as I don't need much help, but I know they are there if I need them."
- Staff members also confirmed there were adequate numbers of staff deployed at all times. Records confirmed what staff told us.
- Records showed staff were recruited safely. Staff recruitment files contained satisfactory references, photographic identification, full employment history and a Disclosure and Barring Services check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- Risks were clearly assessed to ensure that management plans were in place to guide staff. This included areas such as mobilisation, falls, nutritional need and specialist equipment.
- At the time of inspection the provider recognised that steps to mitigate risk would have benefited from additional clarity. The lead nurse had been allocated to complete this task and submitted evidence of updated risk assessments following the inspection. We were assured that these risk management plans

provided clear guidance to staff.

- One person had a comprehensive risk management plan for falls detailing bed positioning, bed rails and carer requirements.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Clear records were kept to ensure that staff had access to people's DoLS requirements and the registered manager ensured these were applied for prior to expiry. Staff were clear on the principles of the MCA and how it applied to their roles and the support they provided to people.

Using medicines safely

- People's medicines continued to be managed safely and in line with the prescribing GP.
- One person told us, "I'm working on my independence and staff remind me to take my medicines. I'm aware of what my medicines are for and what each one does." A second person said, "I've been told if I need anything for any pain I need only to ask."
- Records showed that people received their medicines when they needed them, with protocols in place for 'as needed' medicines. The provider was actively addressing their links with local GP surgeries to support people to receive a more effective service.

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.

People and their relatives were supported to visit their loved ones. This included access to sufficient hand washing facilities and the option to wear PPE where required.

Learning lessons when things go wrong

- Incidents and accidents were clearly reported, recorded and investigated. Records showed that where



incidents occurred management had sufficient oversight to ensure that lessons were learned.

- Any changes in need following an incident were updated within people's risk assessments as well as sharing any learning with staff through handover and team meetings.

# 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

- People and their relatives were positive about the management of the home. Comments included, "I can approach [registered manager], she has always said I can go and talk to her if I need anything", "The manager is very pleasant and approachable", "She is very amiable and is happy to talk to residents and relatives" and "She is extremely professional, clearly incredibly hard working and experienced yet she is kind, compassionate and thoughtful."
- Staff felt well supported by management and felt that their work environment was inclusive. Comments included, "I couldn't be happier in my job, it's really, really good", "She's [registered manager] dedicated, perfect, kind and takes on all of us. She is very supportive."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives were consulted on their views about the service. This included regular surveys and phone engagement with those who were key to improving people's care delivery.
- Some relatives told us they felt that feedback in relation to their loved ones day to day care needs was not as frequent as they would like. We raised this with the registered manager who told us communication books had been recently introduced, nursing staff were briefed and that a weekly open afternoon would be introduced. We were satisfied with their prompt response.
- The service had a clear implementation plan in place to ensure that care delivery was continually evaluated with clear plans for improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team had clear oversight of the governance and day to day running of the service. This included quality checks of care records, medicines administration records and day to day safety checks.
- The registered manager ensured they submitted information about important events to the Care Quality Commission. The registered manager also understood when they needed to inform other professionals of important occurrences.
- The registered manager understood their responsibilities under the duty of candour, and the need to

apologise where mistakes were made.

#### Working in partnership with others

- The service worked alongside a range of other professionals to meet people's needs. This included inhouse physiotherapists, funding authorities and mental health teams. The registered manager said "[Partnership working] is team work, the communication to make sure people have the correct standard of care."