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Kensington Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Kensington Lodge is a residential care home providing personal care to up to 18 people. The service provides support to people living with dementia, mental health conditions and age related frailties. At the time of our inspection there were 14 people using the service.

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

Quality assurance processes were not always effective to provide managerial oversight of systems and drive improvements. Areas of improvement highlighted from our last inspection were not fully resolved, records were not always confidentially stored. Audits of medicine management and the environment were not always accurate. It had not been identified some care records contained inconsistencies. The registered manager told us how they would make changes to make improvements on these issues

People's health risks were not consistently assessed and managed safely. Some assessments were inaccurate, for example, where people had experienced weight loss, associated assessment tools were not always consistent with this. Despite the inaccuracies, care plans were detailed, reflected people's needs and guided staff on how to safely support them. People told us they felt safe and were comfortable to speak with staff or the registered manager if they had any worries or concerns. One relative told us, "I'm thankful to all of them. She's safe and she's adjusted to being there. They've made a great effort with her." Staff received safeguarding training and understood their duty on how to prevent and report potential concerns of abuse.

People received their medicines by staff who were trained and competent to administer them safely. People and their relatives were aware of any changes to their medicines. One relative told us, "It's good and [registered manager] keeps us up to date." People were protected from the risk of infection such as, the COVID-19 pandemic. Staff followed policies to keep people safe, wore personal protective equipment (PPE) and practised good hand hygiene. The registered manager told us they would review their policy of the continued use of face masks to reflect current government guidance.

People were supported by enough staff who knew them well. Staff were recruited safely and received training relevant to their role. People were complimentary of the care staff. One person told us, "I talk to them a lot. I know them." A relative commented, "They've got to know [person] and me. They make an effort to chat. I have a good relationship with them. If I'm not able to go in, they ring and tell me how my relative

has been. They're lovely."

People and their relatives were involved in planning their care and were given opportunities to give feedback on the service. People, their relatives and staff told us they felt comfortable to make suggestions, they were confident the management team would deal with any ideas or problems. Relatives told us staff and management kept them up to date with changes to their loved ones. One relative said, "The way they communicate with me, with the families. They make you feel very comfortable so you can talk freely with them."

Staff and the management team worked closely with health and social care professionals to improve people's care, safety and well-being. One visiting health care professional told us, "When I have asked them to review something they have always followed my instructions. Staff seem caring, I haven't had any concerns."

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 details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 November 2021). We found a breach of regulation 17 (good governance). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulation 17.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We carried out an unannounced comprehensive inspection of this service on 15 October 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kensington Lodge on our website at www.cqc.org.uk.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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.

Enforcement

We have identified a breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Kensington Lodge

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 was completed by an inspector 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

Kensington Lodge 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. Kensington Lodge is a care home without 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 reviewed information we had received about the service since the last inspection including the action plan submitted by the provider. We sought feedback from Healthwatch, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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

During the inspection we observed support people received throughout the day. We spoke with 4 people who used the service about their experience of the care provided and 2 relatives of people who use the service. We spoke with 4 health care professionals who regularly visited the service. We spoke with 7 members of staff including the registered manager, deputy manager, care staff and kitchen staff.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.



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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks were not always accurately assessed to promote people's safety. Some risk assessments were not always consistent with associated care plans. For example, a risk assessment to prevent a person at risk of choking, stated their food should be prepared to an 'easy chew' consistency. The care plan and instruction from the speech and language therapist (SALT) advised a consistency of 'soft and bite sized' food. Staff knew the person's dietary needs and they were receiving the correct diet; the registered manager updated the records following our feedback.
- One person had experienced some weight-loss and was at risk of malnutrition. Their assessment tools did not consistently distinguish this risk. Although the assessment tools were not always consistent, staff knew people well, care plans were person-centred and contained information to guide staff on how to safely support people with their nutrition and health needs. One person told us, "They (staff) learn quickly what you need. They're very patient."
- Risk assessments in relation to people sustaining pressure damage had been completed and risks mitigated. People at high risk of developing sores had appropriate equipment, such as, pressure relieving cushions and airflow mattresses. Where people required to be supported to change their position, staff were aware of the frequency and the position to be changed into.
- Where possible, people were involved in their risk assessments and enabled to take risks. For example, people who wished to smoke cigarettes were able to do so safely following a risk assessment. People had personal emergency evacuation plans (PEEPs) to guide staff of support required in the event of an emergency.

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.

Using medicines safely

- At our last inspection, medicines were not always managed safely. Improvements had been made, a system had since been implemented to record the opening date of oral suspension and topical medicines.
- Staff were trained and assessed as competent before being permitted to administer medicines to people. We observed people being administered their medicines in line with their preferences. When discussing medicines, a person said, "It's all done automatically. I take so many pills a day. They bring them and I trust them 100%."
- Medicines were stored, ordered and disposed of safely. A system for recording medicine storage temperatures had been introduced and maintained following our last inspection.

Preventing and controlling infection

- At our last inspection, the prevention and control of risk of infection was not always managed safely. Concerns relating to staff use of personal protective equipment (PPE) were identified. At this inspection, improvements had been made. Some staff continued to wear masks when supporting people, staff told us this was their personal choice.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning checklists did not always specify equipment which required sanitation. The service was clean; however, we identified a piece of equipment which required deep cleaning.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. The provider's policy continued the use of face masks and did not reflect current government guidance. The registered manager said they were going to review the policy.
- 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 making sure infection outbreaks can be effectively prevented or managed.
- People were able to welcome their friends and families into the home and to go out with them if they wished.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained in safeguarding and knew how to report any concerns about potential abuse. One staff member told us, "I would report to [registered manager] straight away, I could go to West Sussex safeguarding if [registered manager] didn't respond but, I am sure they would. If things needed urgent action, I would call the police. I would also document everything I have seen or heard."
- We observed people were comfortable with staff and they told us they felt safe. One person said, "100% safe, I'm well looked after. If I was choking or something they'd know what to do." A relative commented, "I

visit, and I can see she's safe. They're kind to her."

- The registered manager demonstrated their knowledge of safeguarding. Safeguarding incidents had been appropriately identified and referrals had been made to the local authority. Investigations included actions taken to reduce risks of reoccurrence.

Staffing and recruitment

- Staff were safely recruited and there were enough trained and competent staff to support people. Some staff were trained in dual roles, for example, as a cook and housekeeper. The registered manager and deputy manager were available to provide support to people in the event of staff shortages.

- People, their relatives and staff said there were enough staff to meet people's needs. Our observations confirmed this. Staff were unhurried throughout the inspection and were on hand to assist people as requested. One relative said, "At the weekend they've got new ones (staff), but you wouldn't know they're new. They're on the ball. They've got really good staff." A staff member told us, "We have enough staff here, generally we do well, we cover each other shifts if needed. There's always enough."

- Staff were recruited safely. Applications forms were completed in full, pre-employment checks such as, the right to work, references and Disclosure and Barring Service (DBS) checks had been obtained prior to staff starting their employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. Accidents and incidents were analysed and considered on an individual basis; intervention included a review of the equipment used to support people, reviews of the environment and referrals to professionals, such as, the falls prevention team. Equipment was available to minimise risk of future falls or injury if a fall was sustained. These included low beds and sensor mats to alert staff if the person required support.

- Where errors and near misses were identified, lessons were learned to mitigate the risk of reoccurrence. For example, the registered manager arranged further training and competency assessment for a staff member who had made a medicine error.



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 requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, the provider had failed to maintain records securely. Records relating to risk management contained incomplete information and were not maintained accurately. Issues found at inspection had not been identified through the provider's audits. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that not enough improvements had been made and the provider remained in breach of Regulation 17.

- Managers and staff were not always clear about their responsibilities and the provider did not always continually learn to improve care. At our last inspection, people's confidential information was not stored securely, the provider arranged new storage for the records identified. At this inspection the new storage facilities were found to be unsecured. At our last inspection, systems did not identify oral suspension medicines and topical creams were not documented with an opening date. Although a new system had been implemented, at this inspection, 2 creams were found to be undated. Whilst there was no impact for people the medicines audit had not identified these omissions.
- At our last inspection, quality monitoring processes had not identified the documentation of people's fluid intake was not completed. At this inspection, although fluid intake was being recorded, food intake was not being robustly documented. One person was at high risk of malnutrition and had fluctuating weight, staff had not consistently recorded what they had eaten. Staff told us, and we observed the person liked to eat at different times of the day and night, however, this had not always been documented.
- Quality assurance processes were not always robust or documented. The registered manager told us upon

checking the service, they would rectify concerns but did not always record their findings. The shower chair required sanitisation; this had not been identified in audits nor included on the cleaning schedule. Once highlighted, the management team arranged for the shower chair to be deep cleaned. The fire risk assessment had been completed stating electrical extension leads were not in use, during the inspection electrical extension leads were being used. This did not demonstrate quality assurance processes were meaningful and effective.

- The service had introduced an electronic care management system (ECM), the registered manager told us the transfer from paper records was being completed. Different assessment tools were used throughout care records, a high number of assessments were inconsistent. Inconstancies had not been identified through quality assurance checks, although the registered manager told us the care records were 'work in progress.'

The provider had failed to maintain records securely. Quality assurance systems had not identified shortfalls in records including for the monitoring and management of risks. This was a continued breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager accepted our feedback and shared plans to address our concerns throughout and shortly after our inspection. The registered manager had arranged further training to ensure quality assurance processes were completed robustly. People's confidential information was moved to a secured storage area.

- The registered manager had appointed a 'hydration executive' for each shift. Staff told us they made sure people had a variety of drinks to choose from and they held responsibility for recording what people had drunk. Staff told us they noticed a reduction of urine infections as a result. One staff member said, "It has helped with fluid intake, to stop urine infections. I keep an eye always to make sure clients have fluids there, especially in the summertime and ask other staff to keep an eye on clients and they are drinking."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A positive and person-centred culture was promoted by the registered manager and staff. People were engaged and encouraged to be involved with the service.

- Some people were living with advanced dementia or had mental health needs. Where people were not always able to communicate their needs and decisions, staff and management watched closely for reactions to see if they were content with the service offered. For example, activities were monitored for people's involvement and enjoyment. Where people did not appear to enjoy their meals, staff would offer alternatives.

- Staff knew people well and were seen to anticipate their needs. We observed staff offering drinks or when people did not look comfortable, staff discreetly asked them if they wished to use the toilet. Staff responded to people's requests promptly. A relative said, "[Person] is quite spontaneous. She'll ask to have a shower or her hair to be washed and they'll usually do it straight away."

- People's care plans were detailed, person-centred and included information which was important to them. Care plans contained information, such as, previous employment, hobbies and which family members were important to a person. Specific detail was given, for example, a person enjoyed classical music, but did not like opera. Staff ensured their preferred music was played.

- Staff told us they were well supported by the management team. They had regular supervisions and team meetings to stay informed and updated. Staff told us the registered manager was approachable and available when needed. Comments included, "[Registered manager] is great, they are really nice. They have the knack to empathise with you." And, "The manager is very supportive, they always give us regular

supervision, any problem and issues we can openly talk to them, they try to find the best solution."

- The registered manager told us they had distributed surveys to people and their relatives. The response was low; however, they would be open to people's feedback when received. A suggestion box was available for any person to anonymously share their feedback. The registered manager mostly obtained people's feedback verbally through casual conversations. Staff had completed a feedback survey, there were no negative areas for the management team to address.

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 demonstrated a full awareness of the duty of candour. They described the duty of candour as being transparent and admitting mistakes when things went wrong. They told us, "I love the words open and transparent and I always stand by it."
- The registered manager understood their regulatory requirements. They understood their duty to notify CQC of events in the service, records confirmed this had been done appropriately.

Working in partnership with others

- The staff and management team worked effectively with professionals. Staff had access to all professional's contact details to ensure timely care and support for people.
- Visiting health care professionals were informed of people's changes of needs. The registered manager gave examples where professional input had been sourced following medicine changes for people. They told us, "We are not afraid to ask for help. We are also not afraid to challenge." A visiting health care professional said, "I don't have any issues with them, we have a good relationship, they know how to access support and help."
- Visiting health care professionals told us staff and management were open and worked well with them. Comments included, "We think they manage very well; they are super with end of life care. I saw a patient a few weeks ago, they were lovely with the patient and stayed with them." And, "[Registered manager] is very approachable and easy to work with. Quite often I leave things to try, and they (Staff) have always followed my advice."

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to maintain records securely. Records relating to risk management contained incomplete information and were not accurately completed. This was a continued breach of Regulation 17 Good governance.