

Mr Mukesh Patel

Kenroyal Nursing Home

Inspection report

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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

Kenroyal Nursing Home is a residential care home that can provide long and short-term residential and nursing care for up to 64 older people, including people living with dementia. At the time of our inspection 61 people were using the service.

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

Improvements had been made to the risk management systems in place to ensure people were cared for and supported safely. Environmental checks had been improved so that the service was a safe place to live and work.

Improvements had been made to the medication practices and procedures to make sure people received their medicines as prescribed. Medicines were administered by trained staff and were stored safely.

Infection control processes had been improved to protect people from the spread of infections. Information regarding infections was in place and procedures relating to infection control were consistently followed.

The systems in place to ensure lessons were learnt when things went wrong had been improved. The registered manager had implemented a system to monitor incidents and accidents monthly so action could be taken to promote people's safety.

The service had improved their governance systems to ensure all aspects of the service and people's care were continuously assessed and monitored. A range of audits were in place to monitor the quality and safety of service provision.

People we spoke with felt safe living at Kenroyal Nursing Home. There were systems and processes in place to safeguard people from potential harm. Staff completed training about safeguarding people from harm and knew how to report abuse.

There were sufficient numbers of staff to meet people's needs safely. People were supported by regular staff who knew them and their needs well, which promoted continuity of care. The provider had followed their recruitment practices to ensure people employed were suitable to work at the service.

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 2 October 2020) and there were two breaches of regulation.

Why we inspected

We carried out an unannounced focused inspection of this service on 18 August 2020. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Safe care and treatment and Good Governance.

We undertook this focused inspection to check the provider 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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to Good. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Orchard House Residential Care Home on our website at 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Kenroyal Nursing 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 included checking the provider was meeting COVID-19 vaccination requirements. 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 undertaken by one inspector.

Service and service type

Kenroyal Nursing Home 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

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 clinical commissioning group (CCG) who commission with the service. We also contacted 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 all of this information to

plan our inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We had discussions with seven staff including three nurses, a member of the housekeeping team, a laundry assistant and two care and support workers. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We used the Short Observation Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including monitoring of quality and risk, policies and procedures and minutes of meetings were examined.

After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance information.

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 Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to assess the risks to the health and safety of people using the service, or take action to mitigate risks, this was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

At this inspection, improvement had been made and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management. Using medicines safely.

- Improvements had been made to the risk management systems to reduce potential risks to people. Records showed risk assessments had been reviewed promptly when changes in people's needs had been identified.
- Referrals were made to an appropriate health care professional where risks to people's health and welfare were identified or had increased. For example, one person was admitted to the home with a pressure sore. The home contacted the tissue viability nurse who completed an assessment and staff adhered to the plan of care. Records showed the person's pressure sore was healing.
- Improvements had been made to the systems in place regarding the environment and fire safety. We saw that people had an individual fire risk assessment and an individual evacuation plan in place. Daily checks were completed of the environment that included fire safety checks.
- Improvements had been made to the processes in place for the safe administration of people's medicines. Timely ordering and supply of people's medicines were robust, and they were stored in accordance with requirements. Staff administered people's medicines safely and the registered manager completed quality checks of medicines stock and records.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Visiting in Care Homes

- Visits to people living in the service were facilitated and arranged in line with national guidance. This included essential carers continuing to visit during an outbreak of COVID-19 when the service was closed to routine visits.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At the last inspection we recommended that the provider ensures any bruising or injuries are reported appropriately and investigated within a timely manner.

- Improvements had been made to the systems in place to safeguard people from the risk of abuse. The registered manager had implemented a system to ensure accidents and incidents were recorded and investigated swiftly. This meant that trends could be identified, and lessons learnt when things went wrong.
- People told us they felt safe living at Kenroyal Nursing Home. One person said, "Yes I'm safe here. They [meaning staff] look after me." Another commented, "It's a very safe place to be. I have my buzzer and they [meaning staff] come quick."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns.
- Staff and the management team understood their role and responsibility in relation to safeguarding and had managed safeguarding concerns appropriately and promptly.

Staffing and recruitment

- There were sufficient staff on duty to meet people's needs. People told us there were enough staff to support them safely and said when they called for assistance staff responded swiftly. One said, "They [meaning staff] come very quickly when I ring the bell." Another commented, "The carers come right away, within seconds, they never miss."
- We observed plentiful numbers of staff on duty to meet people's needs. People had the support they needed at mealtime's and we saw that call bells were responded to in a timely manner. Staff supported these observations by confirming that staffing numbers were sufficient to meet people's needs and they did not feel rushed.
- Staff underwent a robust recruitment process. Staff records included all required information to evidence their suitability to work with people who use this service. This included a Disclosure and Barring Service check (DBS). Records were in place to evidence nursing staff were registered with the Nursing and Midwifery Council (NMC).

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

The provider failed to have systems and processes in place to assess, monitor and mitigate the risks relating to health, safety and welfare of service users, or have systems to improve the quality and safety of care. This was a breach of Regulation 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

At this inspection, improvement had been made and the provider was no longer in breach of regulation 17.

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

- The service was led by a motivated registered manager and staff team. They demonstrated a commitment to providing a service that promoted person-centred values, independence and social inclusion. One person commented, "I get my care, my way."
- People experienced positive outcomes because staff understood their needs and preferences. One person told us, "This is the best care home in the country. I get great care and the staff are fantastic."
- We observed that staff knew people very well and were able to respond quickly. For example, one person did not want to eat their lunch time meal and a staff member asked the person if they would like a bowl of porridge and said they knew it was their favourite. The person smiled at the staff member and agreed to have a bowl of porridge which they enjoyed.
- There was a very open, caring and nurturing culture at the service. People knew who the registered manager was and said she visited them daily. Staff were very positive about the registered manager also and we saw a letter to the registered manager from the staff team that praised her leadership, her caring nature and her professionalism.

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

- Systems to monitor the quality of the service had improved. There were regular quality checks carried out and action plans were put into place when areas for improvement needed to be addressed.
- The registered manager and staff team were continually making improvements to the care and support provided, to achieve the best possible outcomes for people. They achieved this through satisfaction surveys, gaining feedback from people and relatives and good communication.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
- Systems in place to manage staff performance were effective, reviewed regularly and reflected best

practice. There was a supervision, appraisal and comprehensive training programme in place.

- Improvements had been made to the recording of people's health monitoring. For example, we found that food and fluid charts and pressure area care records were fully completed.
- We found that improvements had been made to the recording and analysis of accidents and incidents. Records showed these were reviewed monthly to identify any trends and patterns. This meant lessons could be learnt and shared with the staff team.

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 ensured there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The provider's policies and procedures had been reviewed and updated to ensure the service delivery would not be interrupted by unforeseen events.

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

- People told us they felt involved with decisions about Kenroyal Nursing Home. One person told us, "We have resident's meetings where we discuss things like the food choices. I suggested a few things I would like to see on the menu, and they were added straight away."
- The registered manager regularly met with staff to identify improvements and address any issues they may have. Staff told us the registered manager had an open-door policy whereby staff could raise issues with them as and when required. One member of staff told us, "The manager is so caring. We can go to her at any time if we have a problem."
- People's equality characteristics were considered when sharing information, accessing care and activities. We saw that picture menus were used to allow people to make choices. We observed examples of how staff could cater to people of different cultures and religions. For example, we saw one staff member speaking gently to a person who did not want to eat their lunchtime meal and was becoming anxious. The staff member spoke to them in their first language and this eased the person's anxiety and they visibly relaxed.
- People and relatives regularly completed satisfaction surveys to give their views about the quality of care and the service provided. Comments were very positive and included, 'An absolutely perfect care facility and the best I've been to.' Another commented, 'The care here is superb, and I would love to give you all a huge virtual hug.'

Working in partnership with others

- The registered manager, nurses and staff team worked in partnership with other professionals and agencies such as the GP, district nurses, occupational therapists and the local authority to ensure people received joined up care.
- Where changes in care were made, we saw staff had good communication systems in place to share information about people's needs.