



Unannounced Care Inspection Report 10 September 2020



Kensington

Type of Service: Residential Care Home
Address: 2 Groomsport Road, Bangor, BT20 5LN
Tel no: 02891 459047
Inspector: Linda Parkes

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to seven residents.

3.0 Service details

Organisation/Registered Provider: Kensington Responsible Individual: Sathrouhun Bogun	Registered Manager and date registered: Joanne Glendinning - 28 May 2010
Person in charge at the time of inspection: Tori Larmour – Deputy Manager	Number of registered places: 7 6 – RC - I 1 – RC – MP (E)
Categories of care: Residential Care (RC) I - Old age not falling within any other category MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	Number of residents accommodated in the residential home on the day of this inspection: 6

4.0 Inspection summary

An unannounced inspection took place on 10 September 2020 from 10.30 to 15.00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- the environment/Infection Prevention and Control
- staffing and care delivery
- residents' records
- governance and management.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*1	*5

*The total number of areas for improvement includes three which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Tori Larmour, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with four residents individually. Questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No staff responses were received within the timescale specified. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas
- daily cleaning schedule
- regulation 29 monthly quality monitoring reports
- complaints records
- incident and accident records
- resident activity record book
- 3 residents' daily care charts regarding showers/baths
- 3 residents' records regarding night-time checks
- 3 residents' care records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 20 July 2019 by the care inspector and on 5 August 2019 by the estates inspector.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 Stated: Second time	The registered person shall ensure that the external laundry facility is suitably refurbished to meet current infection control best practice.	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and observation of the laundry evidenced that the walls and ceiling had been refurbished and the floor had been painted. This area for improvement has been met.	
Area for improvement 2 Ref: Regulation 29. – (4) (a) Stated: First time	The registered person shall interview residents' representatives' as necessary in order to form an opinion of the standard of care provided in the home. If no representatives are present during the visit, attempts can be made to contact them via telephone, letter or email.	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and review of records confirmed that each residents' representative participated in a survey in September 2019 regarding the standard of care provided in the home. This area for improvement has been met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the general observations, highlighted in the 'assessment of the premises', are undertaken in a timely manner within the time frame stipulated.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the deputy manager and observation of the environment evidenced that;</p> <p>All residents' wardrobes have been secured to the wall.</p> <p>The stain glass window has been made safe by the fitting of a protective screen.</p> <p>The dining room, conservatory and hallway flooring has been replaced.</p> <p>The first floor bathroom has been retiled and grouted.</p> <p>Rubbish from the rear of the property has been removed.</p> <p>External walls and window frames have been painted.</p> <p>The flower beds and window boxes have been attended to.</p> <p>Observation of the office evidenced that it had not been repainted.</p> <p>This area for improvement has been assessed as partially met and will be stated for a second time.</p>		

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 13.9 Stated: First time	<p>The registered person shall ensure that a record is kept of all activities that are offered or take place, the person leading the activity and the names of the residents who participate, or choose not to participate.</p>	Not met
	<p>Action taken as confirmed during the inspection: Discussion with the deputy manager and review of the resident activity book evidenced that the last recorded entry was on 12 August 2020 and that a new record book is required. This area for improvement has not been met and will be stated for a second time.</p> <p>See Ref: 6.2.3 for further details.</p>	
Area for improvement 2 Ref: Standard 20.11 Stated: First time	<p>The registered person shall ensure that the monthly monitoring report summarises any action taken to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>Ref: 6.7</p>	Not met
	<p>Action taken as confirmed during the inspection: Discussion with the deputy manager and review of monthly monitoring reports from 31 March to 30 July to 2020 evidenced that records were unavailable to view for June and August 2020. This area for improvement has not been met and will be stated for a second time.</p> <p>See Ref: 6.2.4 for further details.</p>	
Area for improvement 3 Ref: Standard 27.3 Stated: First time	<p>The registered person shall undertake a survey of the door handles used throughout the premises and replace as necessary with suitable new door handles.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the deputy manager and observation of door handles throughout the home evidenced door handles have been replaced. This area for improvement has been met.</p>	

6.2 Inspection findings

6.2.1 The internal environment/Infection Prevention and Control

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, the lounge, the dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout.

The environment had been adapted to promote positive outcomes for the residents. Bedrooms were personalised with possessions that were meaningful to the resident and reflected their life experiences.

Pull cords in bathrooms throughout the home were seen to be uncovered and could not be easily cleaned in order to adhere to infection prevention and control best practice. This was discussed with the deputy manager and an area for improvement was identified.

In an identified bathroom the seat of a perching stool was observed to be cracked and broken which could potentially cause harm to a resident. This was discussed with the deputy manager and an area of improvement was identified.

Notices throughout the home were observed to be laminated in order to be easily cleaned to adhere to infection prevention and control. However, it was noted that two notices on the notice board outside the office were not laminated. The deputy manager addressed the issue immediately.

Fire exits and corridors were observed to be clear of clutter and obstruction.

6.2.2 Staffing and care delivery

A review of the staff duty rota from 7 to 20 September 2020 evidenced that the planned staffing levels were adhered to. It was noted that additional staff were on duty during the week to help with the morning routine. No concerns regarding staffing levels were raised by residents or staff in the home.

Observation of the delivery of care evidenced that residents' needs were met in a timely and caring manner. We observed that personal protective equipment, for example face masks, gloves and aprons were available throughout the home for staff and were used appropriately. Dispensers containing hand sanitiser were observed to be full and in good working order.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in Kensington. We also sought the opinion of residents and their representatives on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Four residents commented:

"The manager and the staff are excellent and are approachable. I've no concerns. My room is clean and the food's very good too. You get what you want."

"I've no concerns. The staff are good and my room is cleaned daily."

"The staff and food's brilliant. The staff are good to me and I have no concerns."

“I can’t complain about anything. My room is clean and I’m well looked after and well fed. Joanne (manager) has done a lot for me and I’m happy here. I like to keep active and during lockdown I did the same as Captain Tom and walked circuits of the car park for half an hour daily.”

Discussion with the deputy manager evidenced that care staff were required to attend a handover meeting at the beginning of each shift that provides information regarding each resident’s condition and any changes noted. She advised that there was effective teamwork and that staff members know their role, function and responsibilities.

The deputy manager was knowledgeable and had good understanding of adult safeguarding principles. She was aware of her role, responsibility and duty to report concerns in relation to adult safeguarding.

6.2.3 Resident records

Review of three residents’ care records evidenced that care plans regarding falls management were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed.

Review of three residents’ supplementary charts in relation to showers/baths and three residents’ night-time checks were observed to be well maintained.

The deputy manager acknowledged that residents were enabled to make decisions regarding their individual care requirements in order to meet their identified needs.

Review of the resident activity book evidenced that it had not been updated since 12 August 2020 and that a new book was required. The deputy manager advised she would ensure that a new book is obtained and activities offered daily would be recorded. It was noted there was no recording for residents who choose not to participate in activities. The deputy manager advised that residents often declined to take part in daily activities as they like to plan their own time. It was agreed that if a resident wishes to decline to participate in the activity offered that this is recorded in the activity book. This was discussed with the deputy manager and an area of improvement was identified for a second time.

It was observed that resident record folders were in an unsatisfactory condition and are required to be replaced as this does not adhere to best practice regarding infection prevention and control. One resident’s file was noted to be repaired with transparent adhesive tape and another resident’s file had information that was not current and required to be archived. Files viewed were noted to be untidy with paperwork falling out. This was discussed with the deputy manager and an area for improvement was identified.

6.2.4 Governance and management

Since the last inspection there has been no change in management arrangements. The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the deputy manager and observations confirmed that the home was operating within the categories of care registered.

Review of records for the week commencing 7 September 2020 evidenced that the daily cleaning schedule had been completed to assure the quality of care and services in relation to infection prevention and control measures.

We reviewed accidents/incidents records from 5 June to 13 August 2020 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Monthly quality monitoring visits by the responsible individual in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 were reviewed. A selection of records from 31 March to 30 July 2020 evidenced that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed. However, no records or action plans were available to view for June and August 2020. The availability of monthly quality monitoring reports for inspection was discussed with the deputy manager and an area of improvement was identified for a second time.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

The manager was not on duty on the day of inspection and was unable to attend. Staff confirmed that management were approachable, accessible and supportive.

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, the use of personal protective equipment (PPE), in relation to the cleanliness of the environment and the personalisation of the residents' bedrooms. Good practice was found regarding adult safeguarding, risk management, management of accidents/incidents and communication between residents and staff.

Areas for improvement

Three new areas for improvement were identified during the inspection regarding Infection Prevention and Control (IPC), equipment maintenance and resident record files.

	Regulations	Standards
Total number of areas for improvement	*1	*5

6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and regarding the use of Personal Protective Equipment. Measures had been put in place in relation to Infection Prevention and Control, to keep residents, staff and visitors safe in order to adhere to the Department of health and the Public Health Agency guidelines.

Correspondence received on 7 September 2020 from Joanne Glendinning, Manager, advised that refurbishment of the office is due to commence this coming week. The Manager confirmed that a process was in place to monitor the registration status of care staff with the Northern Ireland Social Care Council (NISCC).

Enforcement action did not result from the findings of this inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tori Larmour, Deputy Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 Stated: Second time To be completed by: 28 October 2019	<p>The registered person shall ensure that the general observations, highlighted in the 'assessment of the premises', are undertaken in a timely manner within the time frame stipulated.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: The area outside the upstairs bedroom has been repainted and made good, the refurbishment of the office is now completed. Due to the high demand for Perspex we have been unable to cover the stain glass window as requested, the joiner assures the provider that he will supply a Perspex cover the week beginning the 2nd November.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 13.9 Stated: Second time To be completed: Immediate action required	<p>The registered person shall ensure that a record is kept of all activities that are offered or take place, the person leading the activity and the names of the residents who participate, or choose not to participate.</p> <p>Ref: 6.1 and 6.2.3</p> <p>Response by registered person detailing the actions taken: The manager has discussed this matter with the staff, the manager has put together a template for the staff to use as a guidance when completing the daily activities record, to include which residents took part, what activities were offered and which residents declined the offer to join the activities.</p>
Area for improvement 2 Ref: Standard 20.11 Stated: Second time To be completed by: 27 September 2019	<p>The registered person shall ensure that the monthly monitoring report summarises any action taken to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>Ref: 6.1 and 6.2.4</p> <p>Response by registered person detailing the actions taken: The monthly visits are completed at the end of each month by the registered provider, the provider will forward the completed reports to the manager who will print the report of and ensure a copy of the report is available for inspection in Kensington Residential Home. The provider recognises the report should be more detailed going forward.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that all pull cords throughout the home are fitted with washable covers in order to adhere to infection prevention and control best practice.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: The two missing wipeable pull cord covers have been replaced.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that equipment used by residents is maintained in order to comply with Health and Safety legislation.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: The equipment in question (perching stool) has been replaced with a new one.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2020</p>	<p>The registered person shall ensure that resident record folders are maintained and monitored to an acceptable standard in order to adhere to infection prevention and control procedures. Information that is not current should be archived.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: All the care record files have now been replaced, the manager took this opportunity to update, review these files, archiving any documents that were no longer relevant.</p>

Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)