



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 20 July and 5 August 2019



Kensington

Type of Service: Residential Care Home

Address: 2 Groomsport Road, Bangor BT20 5LN

Tel no: 02891459047

Inspectors: Marie-Claire Quinn and Gavin Doherty

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 registered residential care home which provides care for up to seven residents in the categories of care outlined in section 3.0 below.

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: Jeanne McCullough, Care Assistant	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	Total number of residents in the residential care home on the day of this inspection: 7

4.0 Inspection summary

An unannounced care inspection took place on 20 July 2019 from 10.00 hours to 13.15 hours.

The inspection assessed progress with all areas for improvement identified in the home 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.

In light of issues identified in relation to the environment, an unannounced estates inspection was conducted in the home on 5 August 2019 from 10:00 to 12:00.

Evidence of good practice was found in relation to the homely atmosphere, residents' bedrooms, person centred care planning, liaison with multi-agency professionals and catering arrangements, the culture and ethos in the home, listening to and valuing residents' views, communication and responding to issues raised by residents.

Areas requiring improvement were identified in relation to the environment, activities records and the monthly monitoring reports.

Residents told us they liked living in the home and were happy. Residents who did not wish to speak to us were seen to be comfortable in their interactions with staff.

Comments received from residents and staff during the inspection, are included in the main body of this report.

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	*3	3

*The total number of areas for improvement includes one regulation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Jeanne McCullough, Care Assistant, and Joanne Glendinning, Registered Manager, during and after the inspection. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 22 October 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 22 October 2018. No further actions were required to be taken following the most recent inspection on 22 October 2018.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the agreed time frame of two weeks.

During the inspection a sample of records was examined which included:

- staff duty rotas from 13 July 2019 to 20 July 2019
- the care records of four residents
- activities records
- residents annual feedback questionnaires dated 30 December 2018

- falls audits March 2019 – June 2019
- individual care agreement for one resident
- staff communication log
- monthly monitoring reports for March 2019, April 2019, May 2019 and June 2019 (post inspection)
- RQIA registration certificate

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 the last care inspection dated 25 September 2018

There were no areas for improvements made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

There was a relaxed and homely atmosphere in Kensington. Care was delivered promptly and we did not see any residents in distress. Additional staff are available during the week to help with morning routines. No concerns about staffing levels were raised by residents or staff in the home. Residents told us:

- “Oh, yes (there is enough staff) – you just ask and you get!”
- “You get anything you want! You just call and they come.”
- “I was in another home and hurt my leg; here is better and now I’m in good health. The rooms are lovely, mines just been done up.”

Staff were positive about training arrangements:

- “There’s lots of training; sometimes too much! It’s all relevant and helpful. The home even funded my level 2 NVQ when I started here. I’ve had medication management training and I’m confident with that.”

The front door is not locked, and residents are free to come and go as they please.

Residents’ bedrooms were clean, tidy and personalised. Residents’ bathrooms and the lounge were also well-maintained.

The staff office remains unlocked and we identified that one medication item was not securely stored. This was immediately addressed by staff on the day. We also noted that care records were not securely stored. Following the inspection, the manager confirmed that any confidential information was now retained in a lockable filing cabinet and that additional arrangements were being made to improve the storage facilities in the staff office.

Staff were observed adhering to safe and healthy working practices, including the use of Personal Protective Equipment such as aprons and gloves.

Fire doors were used appropriately and the fire evacuation procedure was clearly displayed throughout the home for both residents and visitors. Review of staff communication records identified that staff had been offered fire safety training in March and May 2019 and that a fire safety inspection had been completed in the home on 4 July 2019.

We had several concerns regarding the communal areas and external environment in the home. Damp was visible in one bedroom. The staff office required cleaning and repainting. Skirting boards required deep cleaning due to dust. The hot water tap in the staff bathroom was not working, and the toilet seat needed to be replaced. The windows of the lounge needed to be cleaned. The wall in the pantry required deep cleaning and repainting. The fly screen at back door appeared to be broken. The laundry room was not securely locked and the floor required repainting. Rubbish and broken furniture had been left outside. Window frames were chipped. A wall light cover in the hall was broken. This was discussed with the manager following the inspection, who explained that work was ongoing to the exterior of the home, and would be completed within the week. She also provided written assurance that several areas had been addressed, or would be addressed within a specified time frame. This was followed up by the estates inspector on 5 August 2019; please see section 6.6 for further detail.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the calm and homely atmosphere and residents’ bedrooms.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total numb of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Residents were bright, alert and friendly. They looked comfortable and relaxed, with personal care attended to. Residents told us:

- “Yes, we are all very happy here. Everyone is nice to us.”
- “I’m well looked after. I have bandages for my leg, and the nurse comes and helps me.”

- “See if you take your clothes off and leave them on the floor, they’re gone straightaway to be washed! And you get them back the next day.”
- “We get a cup of tea when we want and plenty to drink. It’s been warm but we’re kept cool.”

Staff were able to detail individual resident’s need and preferences. Staff were positive about working in the home;

- “I’m very happy working here. Residents are content and get all they need; they are well cared for. I just love talking to the residents. I didn’t have the same time to spend with them at night, so I’m glad I’ve switched to days.”

Residents received additional care from multi-agency professionals such as dentists, podiatry and district nursing. Professionals were asked to review residents in the privacy of their bedrooms. This information was also visible for visitors and residents, and reminded everyone of the importance of health and safety practices in the home to minimise the risk of infection.

Review of care records highlighted some areas of good practice. Needs assessments and falls risk assessments were in place and regularly reviewed. Care plans were holistic, person centred and reviewed and updated on a monthly basis. Staff were responsive to any noted changes in resident’s presentation. There was clear evidence of regular liaison and care planning with multi-agency professionals such as opticians, district nursing and other specialist services as required.

Some documentation needed to be updated to accurately reflect the name of the home. We noted that in two care records, weight management records were incomplete. We also highlighted the need to archive some documentation which remained in care records. Annual care reviews had not been completed for one resident. This was discussed with the manager following the inspection, who provided confirmation to RQIA that these issues had been resolved.

Meals are freshly prepared in the home, and the staff were making stew for the lunch time meal when we arrived. One resident required a textured diet, and staff were vigilant in managing this. We observed part of the lunch time meal; the dining room was clean, bright and airy. The table was set and residents enjoyed laughing, joking and singing with staff. There was a calm and jovial atmosphere and residents appeared to enjoy their meal. Large portions were served and some residents requested additional portions which were provided. Residents were also provided with a range of choice of drinks and dessert. For instance, one resident disliked the apple crumble on offer, but was very happy with the alternative of ice-cream. Residents told us:

- “The food is lovely. I like my breakfast at 9am. It’s great!”
- “Yes, it’s nice. You get enough.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to person centred care planning, liaison with multi-agency professionals and catering arrangements.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We saw care being delivered in a way which maintained residents' privacy and dignity. Residents were encouraged to be independent, where possible, with staff available for support and reassurance when necessary. Support with personal care was offered in a quiet and thoughtful manner.

Resident's individual routines were respected and supported. Some residents were finishing breakfast and some residents were enjoying a lie in when we arrived to the home for an unannounced inspection. One resident was waiting to go out with visitors and told me they enjoyed regular outings, "I have a bus pass, and the stop is just outside."

Information on resident's rights was available outside the main lounge, including the resident's charter of rights and an easy read guide to adult safeguarding.

Resident's choices were sought and listened to. If there was no identified need or risk, residents could 'opt out' of the use of bed rails or night time checks, which was reflected in care plans. This is good practice.

The majority of care records contained written records of consent which had been dated and signed by the resident and/or their relative. This confirmed that residents had been involved and included in planning their care. We noted that this had not been completed with one resident; the manager confirmed this had been addressed following the inspection.

On the day of inspection, some residents were enjoying watching television together in the lounge; "We love the Walton's." Other residents spent time in their rooms or went out with family. There was ample supply of books, board games and CDs available in the home. Staff had told us, "we try and encourage activities, like even sitting outside on the summer seat, but the ladies like to be together in the lounge. They love quiz shows." Review of the home's activities records included details of how residents spent their day, for instance having visitors, going for a walk or watching television. However, activities offered by staff were not captured. The manager advised that this would be addressed with staff and an area of improvement has been made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and listening to and valuing residents' views.

Areas for improvement

One area for improvement was identified within this domain regarding activities records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Residents were positive about management in the home:

- “Joanne – she’s the head – she’s very good.”
- “Joanne’s lovely.”

The manager was not on duty on the day of inspection, and was unable to attend however they maintained regular telephone contact with staff to offer guidance and support. Staff confirmed that management were accessible and supportive:

- “I’ve recently moved from night duty to days and Joanne (manager) was very understanding and flexible. She’s in most days and you can always get her on the phone.”

There was evidence of good communication throughout the home between management and staff; for instance, memos and the communication log advised staff of dates for training, including moving and handling, first aid and adult safeguarding. Relevant information was displayed in the staff office including evidence that staff had read the home’s updated General Data Protection Regulation (GDPR) policy, which staff had to date and sign to confirm.

The home’s certificate of registration and liability insurance were in date and displayed in the home. Information on how to make a complaint to RQIA, or join the membership scheme, was also visible.

The complaint’s policy and procedures were also made available throughout the home. Staff advised that there had been no recent complaints, and the residents we spoke to confirmed this. There was evidence that management responded to any issues raised by residents and relatives. For instance, memos were displayed asking visitors to be considerate of other residents who may wish for peace and quiet in the lounge. Visitors were welcomed to use the conservatory or residents bedrooms if required.

Systems were in place to gather views and feedback from residents. The most recent feedback received confirmed that residents felt able to speak to staff and management if needed, but that they had no current concerns:

- “It’s alright the way it is.”
- “Everything is good.”
- “Yes, staff and management are approachable.”

Review of the weekly falls audits were satisfactory. These were completed by staff and reviewed by management; there was evidence of quality improvement strategies being implemented regarding this.

A sample of monthly monitoring reports were provided to RQIA following the inspection. Review of these highlighted that relatives' views were not routinely sought, and that action plans were not implemented in a timely manner. Two areas of improvement have been made regarding this.

Assessment of premises

An estates inspection was undertaken at the home subsequent to this inspection on 5 August 2019. This inspection looked in detail at the condition of the premises both internally and externally, the mechanical and electrical services and fire safety. It was noted that some work had been undertaken in the home since the care inspection on 20 July 2019. This included further redecoration to the exterior of the home, the lounge and dining room. The tap and toilet seat in the staff toilet had also been replaced.

Despite some improvements having been undertaken to the external laundry facility since the last estates inspection, significant further improvements are required. This will include the provision of easily cleaned floor and wall surfaces to meet current infection control best practice. An area for improvement has been made regarding this.

With regards to the premises the following general observations were made at the time of the inspection.

- Ensure all wardrobes and furniture are suitably secured in place
- Cracked glazing at the foot of the staircase should be made good
- The laminated flooring in the Dining room should be replaced
- The grouting in the first floor bathroom should be made good
- Rubbish should be cleared from the rear of the property
- The painting of the external walls (including the boundary wall) should be completed
- The external flower beds should be attended to

The manager should also undertake a survey of the door handles throughout the premises. At the time of inspection many of these handles were in very poor condition and the use of door knobs in certain cases could prove difficult for the residents to operate. On completion, suitable new door handles should be provided. An area for improvement has been made regarding this.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication and responding to issues raised by residents.

There were also examples of good practice in relation to the ongoing upkeep of mechanical and electrical contracts within the premises. These included the fire alarm & detection, emergency lighting, water safety, electrical safety and gas safety. The in house user checks were also comprehensive and well maintained.

Areas for improvement

Two areas for improvement were identified within this domain in relation to the completion of monthly monitoring reports.

With regards to the estates element of the inspection three areas for improvement were identified.

	Regulations	Standards
Total number of areas for improvement	3	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jeanne McCullough, Care Assistant, and Joanne Glendinning, Registered 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 care 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 27</p> <p>Stated: Second time</p> <p>To be completed by: 28 October 2019</p>	<p>The registered person shall ensure that the external laundry facility is suitably refurbished to meet current infection control best practice.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: A contractor has been appointed and was due to commence work around the end of September 2019, unfortunately the contractor has had an accident and works have been postponed until the end of October 2019, the contractor has order up all the supplies needed. The contractor has stated he will make the work in Kensington his priority once he is fit to return to work.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 29. – (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 27 August 2019</p>	<p>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.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: A family member or a next of kin from each resident was contacted by the registered person in order to form an opinion as to their views on the care the home is providing. The family member or next of kin were asked if the residents were telling them that they are happy and well cared for living in Kensington Residential Home and if there were any changes they would like to see.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p> <p>To be completed by: 28 October 2019</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>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The wardrope has been secured to the wall. The stain glass window has been made safe. The dinning room flooring has been replaced along with the conservatory and hallway flooring. The bathroom grouting will be attended to on the 05/10/19. The rubbish from the side of the home has been removed. The exterior window frames had been sanded down in preparation for painting which has now been completed to include the surrounding wall. The flower beds are also being attended to.</p>

	The replacement of door handles will commence from the 05/10/19. The office is due to be repainted.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 13.9 Stated: First time	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. Ref: 6.6
To be completed by: with immediate effect	Response by registered person detailing the actions taken: This matter has been addressed by the manager, the members of staff have been instructed to record in full what exact activities were offered to the residents that day, recording the names of the residents that took part in that particular activity and if they decided not to did the residents suggest anything that they would like to do.

<p>Area for improvement 2</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 27 September 2019</p>	<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>
<p>Area for improvement 3</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p> <p>To be completed by: 28 October 2019</p>	<p>Response by registered person detailing the actions taken: The registered provider will ensure that the monthly monitoring report is completed in full each month. Should any actions be required then these actions should be completed sooner rather than later.</p> <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> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Replacement of door handles will commence from the 05/10/19.</p>

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



The **Regulation** and
Quality Improvement
Authority

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)

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