The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Kensington**

Provider: **Kensington**

Date of Inspection: **5 June 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Kensington
Responsible Individual:	Mr Sathrouhun Bogan
Registered Manager:	Ms Joanne Glendinning
Service Profile – This home is a registered residential care home which provides health and social care for up to 7 residents. Residents' bedrooms are located over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 5 June 2025, from 10.00am to 5.00pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 19 April 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care. Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated for a second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoke positively about life in the home.

One resident told us "There is plenty of choice, the food is good and the staff are great." Another resident said," The staff are attentive, I have no concerns over the care in the home."

A visiting professional spoke highly of the care in the home, and spoke of the," Very homely environment," and of the," Good communication with staff."

Residents told us that staff offered them choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was evidence of regular residents' meetings in the home which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

No completed questionnaires from residents or relatives, or responses to the staff survey were received following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Review of the staff duty rota highlighted that the manager's hours were not recorded. An area for improvement was identified.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The menu board for the residents could have been displayed in a larger format. The manager confirmed via email on the 13 June 2025 that a new menu board was in use in the home.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The activity programme was not on display in the home. The manager confirmed via email on the 13 June 2025 that a new activities board was now in use. Residents' needs were met through a range of individual and group activities such as board games, arts and crafts and musical activities.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Care plans reviewed were not signed by residents. An area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment Control

Recent redecoration had been carried out to the home. The home was clean and tidy. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

A fire door in the conservatory was not opening. RQIA received notification on the 13 June 2025 that this had been repaired.

Two bedroom doors, and a door into the conservatory were not effectively self-closing. An area for improvement was identified.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example, resident call system checks, electrical installation checks and water temperature checks. A system was in place to test the fire alarm, but not all the fire alarm points were being checked. An area for improvement was identified.

Double glazed windows in the home in the lounge and some bedrooms had condensation internally. These windows required attention to ensure the view was unobscured. An area for improvement was identified.

Hand towel dispensers and paper hand towels were not available in each bedroom. This was discussed with the manager and an area for improvement was identified.

A shower chair and a toilet frame in a downstairs bathroom needed to be replaced. RQIA received confirmation since the inspection that this had been completed.

Residents' bedrooms did not have a lockable storage space for them to keep valuables in for example. This was discussed with the manager and an area for improvement was identified.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Joanne Glendinning has been the manager in this home since 28 May 2010.

Residents and a staff member commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that there was a limited system in place for the manager to review the quality of care, other services and staff practices. The range of audits in the home could have been wider. This was discussed with the manager and an area for improvement was stated for a second time.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. Review of these records highlighted that they were not completed in sufficient detail, in terms of a sample of staff and relatives spoken with on the visit; and their views recorded. An area for improvement was identified.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	5*	4

* the total number of areas for improvement includes one that has been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Joanne Glendinning, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 27 (4)(d) **Stated:** First time **To be completed by:** 5 June 2025	The registered person shall ensure that the fire doors in the home effectively self-close. This is stated in relation to the two identified bedroom doors, and the door into the conservatory. Ref: 3.3.4
	Response by registered person detailing the actions taken: Both the conservatory door and the two bedroom doors have been adjusted to ensure they self close.
Area for improvement 2 **Ref:** Regulation 27 (4)(d) **Stated:** First time **To be completed by:** 5 June 2025	The registered person shall ensure that all the fire alarm points in the home are tested as part of the system in the home. Ref: 3.3.4
	Response by registered person detailing the actions taken: All fire alarm points are and have always been tested on a weekly basis, a different point each week. Since the inspection however they have all been individually numbered for identification purposes.
Area for improvement 3 **Ref:** Regulation 27 (2)(b) **Stated:** First time **To be completed by:** 5 September 2025	The registered person shall ensure that all the double glazed windows in the home are fit for purpose. Ref: 3.3.4
	Response by registered person detailing the actions taken: Several window replacement companies have been contacted about either replacing the glass or replacing the entire unit, to date only one company has came back with a price, another company is due to view the windows on Monday 4th August once they have submitted an estimate a decision will be made as to who will complete the work as soon as possible.
Area for improvement 4 **Ref:** Regulation 10 (1) **Stated:** Second time **To be completed by:** 5 August 2025	The registered person shall ensure that robust governance arrangements are put in place to ensure that comprehensive audits are implemented and maintained to effectively review the quality of care delivery and service provision within the home. These audits should include but not necessarily be limited to infection prevention and control and the environment. Ref: 2.0 & 3.3.5
	Response by registered person detailing the actions taken: TThe manager has put several more audits into place following the advice from the inspector.

Area for improvement 5 **Ref:** Regulation 29 (4)(a) **Stated:** First time **To be completed by:** 5 June 2025	The registered person shall ensure that the person carrying out the visits, interviews with their consent such of the residents, representatives and the persons working in the home, to form an opinion of the standard provided. Ref: 3.3.5
	Response by registered person detailing the actions taken: The registered person moving forward will ensure there is engagement and feedback from residents, their family members and members of staff when completing monthly Reg 29
Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.2 Dec 2022)	
Area for improvement 1 **Ref:** Standard 25.6 **Stated:** First time **To be completed by:** 05 June 2025	The Registered Person shall ensure that a record is kept of all staff working over a twenty-four-hour period and the capacity in which they worked. This is stated in relation to the manager's hours. Ref: 3.3.1
	Response by registered person detailing the actions taken: The manager is now recording her visits to the home as requested.
Area for improvement 2 **Ref:** Standard 6.3 **Stated:** First time **To be completed by:** 05 July 2025	The Registered Person shall ensure that residents sign their care plan. Ref: 3.3.3
	Response by registered person detailing the actions taken: Residents care plans are all signed with the exception of one, this gentleman refuses to sign his careplan, there was no reason given, the resident in question has full capacity.
Area for improvement 3 **Ref:** Standard E38 **Stated:** First time **To be completed by:** 5 September 2025	The registered person shall ensure that there are paper towels available in areas where care is provided. Ref: 3.3.4
	Response by registered person detailing the actions taken: Paper towel dispensers have been fitted into every bedroom.

Area for improvement 4 **Ref:** Standard E26 **Stated:** First time **To be completed by:** 05 September 2025	The registered person shall ensure that each resident's bedroom has a lockable storage space, for use by the resident. Ref: 3.3.4
	Response by registered person detailing the actions taken: Several residents already had there own lockable storage and are happy with what they have, a joiner has been instructed to fit locks to the other residents bedside cabinets as soon as possible.

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