

Inspection Report

18 & 19 April 2024



Kensington

Type of service: Residential
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Kensington</p> <p>Responsible Individual: Mr Sathrouhun Bogan</p>	<p>Registered Manager: Ms Joanne Glendinning</p> <p>Date registered: 28 May 2010</p>
<p>Person in charge at the time of inspection: 18 April 2024 Ms Joanne Glendinning, Manager</p> <p>19 April 2024 Ms Joanne Andrews, Senior Carer 09:45am to 10:20am Ms Joanne Glendinning, Manager 10:20am to 4:40pm</p>	<p>Number of registered places: 7</p> <p>This includes one resident in RC-MP(E) category of care.</p>
<p>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.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 6</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 7 persons. Residents' bedrooms are located over two floors.</p>	

2.0 Inspection summary

An unannounced inspection took place on 18 April 2024 from 10.30am to 12.30pm by a pharmacist inspector and on 19 April 2024 from 09.45am to 4.40pm by a care inspector.

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

The inspection on 18 April 2024 focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. Medicine records and medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team in relation to medicines management.

Evidence of good practice was found in relation to care delivery, the dining experience and maintaining good working relationships.

Four areas for improvement have been identified in relation to the maintenance of the premises, audits and the monthly monitoring provider visits. The total number of areas for improvement includes one which has been stated for a second time.

The home was found to be clean, tidy, comfortably warm and free from malodour.

The manager advised that staffing levels were reviewed regularly in order to meet the assessed needs of the residents. Staff were observed to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served by staff in an unhurried, relaxed manner and residents said that living in the home was a good experience.

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

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience to enhance the quality of care and service in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

To prepare for the medicines management inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Discussions took place with staff and management about how they plan, deliver and monitor the management of medicines in the home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms Joanne Glendinning, Manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents and staff spoken with provided positive feedback about Kensington. Residents told us that they felt well cared for; enjoyed the food; that staff were kind and there was enough staff on duty to meet their needs. Staff told us that the manager was approachable and they felt supported in their role.

Residents spoken with commented:

“The staff are very good and I can speak to them about anything. I’ve no issues but I would be confident any concerns would be sort out” and “I’ve settled in well now. It’s a good place to live”.

Following the inspection no resident, resident representative or staff questionnaires were received within the timescale specified.

A staff member spoken with commented:

“I enjoy looking after the residents and have enough time to complete my daily tasks. I have no issues at all”.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 19 May 2023		
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: First time	The registered person shall ensure that the general observations highlighted in the 'assessment of the premises', are undertaken in a timely manner.	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This area for improvement is stated for a second time. See section 5.2.3 for details.	
Area for improvement 2 Ref: Regulation 30 Stated: First time	The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any notifiable event in keeping with regulation and shall ensure that accidents, incidents are reported to relevant bodies, specifically the Health and Social Care Trust and the residents' General Practitioner (GP) in accordance with legislation and procedures and a record is maintained.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 31 Stated: First time	The registered person shall ensure that all obsolete records are discontinued and securely archived.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. See section 5.2.6	
Area for improvement 2 Ref: Standard 30 Stated: First time	The registered person shall develop and implement a robust auditing process which covers all aspects of medicines management.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. See section 5.2.6	
Area for improvement 3 Ref: Standard 23 Stated: First time	The registered person shall ensure staff are trained for their roles and responsibilities and that all mandatory training requirements are met.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. This was discussed with the manager who advised that new staff had not been employed in the home for a number of years. The manager confirmed that a robust system was in place to ensure staff were recruited correctly to protect residents, in accordance with relevant statutory employment legislation and mandatory requirements.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including dementia awareness, first aid, moving and handling, Deprivation of Liberty Safeguards (DoLS), adult safeguarding, food hygiene, infection prevention and control (IPC), control of substances hazardous to health (COSHH) and fire safety.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Ms Joanne Glendinning, Manager, was identified as the appointed safeguarding champion for the home.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Staff told us they were confident that they could report concerns about residents' safety and poor practice. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

A robust system was in place to ensure effective managerial oversight of competency and capability assessments. Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Review of records evidenced that staff supervision and appraisals had been completed and were up to date.

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. They were knowledgeable about individual residents' needs including, for example, their daily routine preferences. Staff respected residents' privacy and spoke to them with respect. It was also observed that staff discussed residents' care in a confidential manner.

Review of a selection of records showed that residents' needs were assessed 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.

Review of care records regarding nutrition, weight and urinary catheter management evidenced that they 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.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Supplementary care records were well documented in relation to food and fluid intake, nightly resident checks and personal care records evidenced that residents were offered a bath or shower on a regular basis.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

We observed the serving of the lunchtime meal in the dining room and noted that this mealtime provided residents with an opportunity to socialise together.

Staff wore aprons and the daily menu was displayed in the dining room showing residents what is available at each mealtime. A choice of meal and drinks was offered and staff had made an effort to ensure residents were comfortable throughout lunch. The food was attractively presented and smelled appetising and staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks. Residents said they enjoyed lunch.

5.2.3 Management of the Environment and Infection Prevention and Control

On arrival to the home, it was observed that the paintwork of the external building and the surrounding wall of the premises was in need of redecoration. This was discussed with the manager who advised that she would bring this to the attention of the responsible individual.

Residents spoken with said they would benefit from an outside seating area with colourful plants where they could enjoy time to relax and socialise. This was discussed with the manager for consideration.

Review of the internal environment of the home evidenced that work identified at the previous inspection had not been fully addressed. General observations of the environment highlighted areas of the home that require attention. For example, the vinyl flooring in the downstairs entrance hall was raised at the skirting board and the hall and conservatory flooring was damaged in places. It was noted that the door strip to the threshold of the conservatory had not been fixed as it remained to be repaired with tape which could cause a possible trip hazard. The radiator in the conservatory had been padded underneath due to a leak and is in need of repair or replacement. Painted skirting boards throughout the home were seen to be chipped and could not be effectively cleaned. In the first floor toilet, exposed plaster was noted beside the window frame. This was discussed with the manager as areas for improvement have been partially met and are stated for a second time.

Observation of the home's environment evidenced that the home was clean and tidy. For example; residents' bedrooms were personalised with items important to the resident. Review of the daily cleaning schedule confirmed that tasks had been documented and signed by staff on completion.

Equipment used by patients such as the stair lift, bath chair and bathroom perching stools were noted to be effectively cleaned.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order and staff were observed to carry out hand hygiene at appropriate times.

5.2.4 Quality of Life for Residents

It was observed that staff offered choices to residents throughout the day which included, for example, preferences for what clothes they wanted to wear, food and drink options. Residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend time in their room and staff were observed supporting residents to make these choices.

Discussion with residents and staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities such as card games, jigsaw puzzles, quizzes, arts and crafts. Residents told us that they were aware of the activities provided in the home and that they were offered the choice of whether to join in or not. Residents advised that they often declined to take part in daily activities as they prefer to plan their own time.

Review of the activity book evidenced that a record is kept of all activities that take place, the person leading the activity and the names of the residents who participate or decline to participate in the planned activity.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in management arrangements. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin and their care manager and appropriate action had been taken.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding falls. However, IPC and environmental audits were not available to view. An IPC/environmental audit was submitted to RQIA and reviewed post inspection. It was noted that the audit record was not comprehensive in detail to effectively review the quality of care delivery and service provision within the home. This was discussed with the manager and an area for improvement was identified.

It is required that the home is visited each month by a representative of the registered provider to consult with residents, their representatives and staff and to examine all areas of the running of the home. These reports are made available for review by residents, their representatives, the Trust and RQIA. Whilst a record was kept of engagement with residents, their representatives and persons working in the home in order to form an opinion of the standard of care provided, the reports of these visits did not identify many of the external and internal issues of the premises raised on inspection. This was discussed with the manager and an area of improvement was identified.

The manager confirmed that systems were in place to ensure that complaints were managed appropriately. Residents and staff said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive, approachable and responsive to any issues that were brought to her attention.

5.2.6 Medicines management

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a resident's behaviour and was aware that this change may be associated with pain. These medicines were administered infrequently but staff advised that if they were administered a record would be maintained of the reason for and outcome of each administration.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Care plans were in place and reviewed regularly.

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. The temperature of the medicine storage area was monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

Satisfactory arrangements were in place for the safe disposal of medicines.

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. All of the records were found to have been fully and accurately completed. The records were filed once completed and were readily retrievable for audit/review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice. An audit tool was shared with the manager to aid documenting audit activity.

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

There had been no recent admissions to the home. However, the admission process for new residents or residents returning from hospital was reviewed. Staff advised that robust arrangements were in place to ensure that they were provided with a current list of the resident's medicines and this was shared with the community pharmacist.

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that medicines were being administered as prescribed.

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. Medicines management policies and procedures were in place.

6.0 Quality Improvement Plan/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.

	Regulations	Standards
Total number of Areas for Improvement	4*	0

* 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 27</p> <p>Stated: Second time</p> <p>To be completed by: 25 August 2023</p>	<p>The registered person shall ensure that the general observations highlighted in the ‘assessment of the premises’, are undertaken in a timely manner.</p> <p>Ref: 5.1 & 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: All works highlighted have either already been addressed or we have a date for completion. Unfortunately the painters were unable to give us a sooner date, however they are now booked.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (b) (d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing 19 April 2024</p>	<p>The registered person shall ensure that the premises are kept in a good state of repair externally and internally and are reasonably decorated.</p> <p>An action plan should be provided to RQIA in response to the Quality Improvement Plan.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <ol style="list-style-type: none"> 1. Painting to the upstairs and down stairs hallways = to be completed by the end of July 2024. 2. Repair leaking radiator = plumber confirms that the radiator is not leaking, however as a precaution the handyman has sealed the conservatory roof joint directly above the radiator. 3. Flooring in entrance hallway & conservatory = The floors in both the entrance hallway and the conservatory is being replaced, carpet fitters are booked for the week beginning 24/06/24, the door strip will also be replaced by the carpet fitters. 4. Exposed plaster in residents upstairs bathroom = tiles have been replaced. 5. Dining room wood work and radiators all to be painted = to be completed by the end of July 2024. 6. Painting of the exterior of the building and surrounding exterior wall. We have been able to book a painter to complete

	<p>work on the exterior of the home and surrounding wall, works to be completed before the end of July 2024.</p> <p>7. Outside seating area for the residents = A large table and chairs have been purchased for the residents use, flowers have been used to brighten up the seating area.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing 19 April 2024</p>	<p>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.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>A new more detailed monthly review document has now been put in place and covers all areas including IPC. The new documents will run alongside the existing weekly audits.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing 19 April 2024</p>	<p>The registered person shall ensure that a comprehensive inspection of the premises is completed during monthly monitoring visits by the registered provider. Action plans should be detailed and clear on the actions required to drive the necessary improvements in accordance with regulation.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The registered person will ensure that moving forward the monthly monitoring visits will be much more detailed.</p>

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