

Abbey Healthcare (Westmoreland) Limited

Kendal Care Home

Inspection report

Burton Road
Kendal
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Kendal Care Home is a care home providing accommodation and personal and nursing care to 90 people at the time of the inspection. The home accommodates up to 120 people in three units. One unit specialises in supporting people who are living with dementia. Accommodation is arranged over three floors and the home has passenger lifts to help people access the accommodation on the upper floors.

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

People were safe and protected from abuse. The provider used thorough recruitment procedures to check new staff were suitable to work in the service. There were enough staff to meet people's needs. The provider had identified and managed risks to people's safety. We were not fully assured that all staff were consistently using Personal Protective Equipment (PPE) effectively and safely. The provider took immediate action to ensure proper use of PPE. Medicines were managed safely and people received their medicines as they needed. We have made a recommendation about the management of some medicines. The provider had systems to learn from incidents to further improve the safety of the service.

People received person-centred care which promoted a good quality of life. The provider was committed to the continuous improvement of the service. They monitored the quality and safety of the service and took account of people's feedback to further improve the service. The provider understood and acted on their responsibilities under the duty of candour. The registered manager and staff worked cooperatively with other services to ensure people received appropriate care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 14 February 2019).

Why we inspected

The inspection was prompted in part due to concerns received about areas of care and treatment including medicines and in part by a notification of a specific incident. As a result, this inspection did not examine the circumstances of the incident. The information CQC received about the incident indicated concerns about unsafe medicines management, this inspection examined those risks. We undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found evidence during this inspection that the provider had made improvements to how medicines were managed. Please see the safe section of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service remains good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Kendal Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, an inspection manager, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Kendal Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of this inspection was unannounced. The lead inspector arranged to return to the home on 24 June 2021 to look at additional records.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted the local authority and healthcare services which worked with the home to gather their feedback. The provider was

not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one visitor about their experience of the care provided. We spoke with 11 members of staff including the deputy manager, administration manager, seven members of the care team, and the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at four staff files in relation to recruitment and training. We also reviewed records relating to the management of the service and how the provider and registered manager maintained oversight of the quality of the service. We walked around the home and observed how the staff interacted with people.

After the inspection

We contacted one person who lived in the home and thirteen relatives of people who lived there to gather their views of the service. We received feedback from three professionals who had regular contact with the service. We reviewed additional evidence we had asked the provider to send us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely and people received their medicines as they needed.
- The provider had systems to assess the safety of how medicines were managed. These had identified areas which required improvement. We saw actions were in progress to improve the way medicines were stored and monitored.
- Staff were trained and competent to administer medicines. Medicines administration systems were robust, well organised and regularly reviewed. Incidents were investigated and appropriate actions taken.
- One infrequently used emergency rescue medicine was not easily accessible and not all staff were confident to administer the medicine. The provider arranged for staff training to take place during the inspection. Clear information detailing where the medicine was stored was also provided to ensure it would be easily accessible in the event of an emergency.

We recommend the provider consults best practice guidance regarding the management of infrequently used medicines.

Preventing and controlling infection

- The staff were trained in infection prevention and control and how to use Personal Protective Equipment (PPE) to protect people from the risk of infection. The provider discussed the use of PPE regularly with the staff team and senior staff carried out spot checks on staff to ensure they were following robust infection prevention and control processes.
- We were not fully assured staff were consistently using PPE effectively and safely. We saw most staff used PPE safely. We saw two occasions where staff were not following good practice in the use of PPE. We discussed this with the provider's nominated individual. They arranged for staff to be reminded regularly of good practice in the use of PPE and of their personal responsibility to challenge poor practice.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the

current guidance.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from the risk of abuse. The provider had robust systems to protect people from abuse. All staff had been trained in how to identify abuse and report concerns. Staff told us they would be confident to report any concerns to a senior staff member and knew how to raise concerns with external agencies. They said they would not tolerate anyone being mistreated and would report any concerns immediately.
- People who lived in the home and their relatives told us they were confident people were safe. One person told us, "I do feel safe, I don't feel in any danger at all." A relative said, "[Relative] feels safe, family feel he is safe."

Assessing risk, safety monitoring and management

- People were safe and protected from harm. The registered manager had carried out risk assessments to identify and manage risks to people's safety. People's care records included guidance for staff about how to provide their care in a safe way and how to manage risks.
- On the first day of our inspection we found some records were not accurate and up to date. We shared the issues found with the management team in the home. At our second visit to the service we found action had been taken and the records had been reviewed to ensure they contained detailed and accurate information for staff.
- Staff had been trained in how to provide people's care in a safe way. The staff knew how people may be at risk and said the risk assessments gave the guidance they needed to provide their care in a safe way.

Staffing and recruitment

- During our inspection we observed people received their care as they needed and call bells were answered promptly.
- Some people told us there were enough staff to provide people's support, but other people said there were times more staff were needed. One relative told us, "They are short staffed and busy, but they always have time to listen and explain things in our terms." A staff member said, "Staffing levels are good, sometimes we are short staffed but everyone 'chips in'." We passed this to the provider to look into.
- The provider carried out robust checks on all new staff before they were employed in the home. These included checking people's conduct and confirming their good character by taking references from their previous employers. All new staff were checked against records held by the Disclosure and Barring Service. This checked they had not been barred from working in a care service and that they did not have criminal convictions which would make them unsuitable to work in the home.

Learning lessons when things go wrong

- The provider had systems to learn and share lessons when incidents occurred. They robustly analysed incidents and accidents in the home to ensure any lessons were learnt to further improve the safety of the service. Learning from incidents and accidents was shared with the staff team and appropriate external agencies to ensure learning was shared.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider, registered manager and staff were committed to providing people with person-centred care which promoted a good quality of life. One person told us, "Staff are person centred, not only the carers [care staff], the dining room staff, housekeeping all are involved with us, seeing that we are happy and well cared for."
- Staff included people and their families in decisions about their care. They knew people well and knew what was important to them. One relative told us, "I cannot praise them [staff] enough, they understand and know [relative]."
- People valued the service and said they would recommend it. One relative told us, "It is a home that cares, not a care home." Another relative said, "I have recommended the home twice before, I cannot fault it."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider, registered manager and staff were clear about their roles and responsibilities. The provider and registered manager monitored the safety and quality of the service. Where they found areas which required further improvement they took prompt action. This helped to ensure people received safe care and the service met legal requirements.
- The registered manager had notified us, as required, of significant events which had happened in the home. This meant we could check they had taken appropriate action in response to incidents. The notifications showed the provider had acted on their responsibilities under the duty of candour. They had shared information about incidents with appropriate people and given an apology, where appropriate, when incidents had occurred.
- There were clear lines of accountability and staff knew who they could contact if they required guidance or advice.

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

- The provider and registered manager asked for people's views about the service and used the feedback received to further improve the service.
- People and their relatives told us if they made suggestions about how the service could be improved the provider took action where possible. This included extending visiting arrangements to include weekends

and making changes to people's rooms in response to their feedback.

- During the pandemic the provider had arranged 'group calls' with people's relatives to keep them informed about what was happening in the home while they were unable to visit. People told us they had found the calls useful. One relative said, "The manager [registered manager] is helpful, we were doing conference calls and beforehand we could give questions to be asked, that was fine." Another relative said, "We had group phone calls with the home and we were told what was being done, precautions, safety measures. Those calls were very helpful."
- People knew how they could speak to the registered manager or the provider's nominated individual. They said they had the nominated individual's telephone number and could contact them directly if they had any concerns or suggestions to improve the service. One person said, "Any concerns, I have the [Nominated Individual's] mobile number. I have the registered manager's email and she responds really well."

Working in partnership with others; Continuous learning and improving care

- The registered manager and staff worked cooperatively with other services to ensure people received appropriate care. They identified if people's needs had changed and if they required support from specialist services and arranged for this to be provided.
- The provider was committed to the continuous improvement of the service. They had identified how the COVID-19 pandemic had challenged their ability to access specialist services for some people, leading to delays in care being provided. They had reviewed the processes in the home to ensure any delays in access to services were highlighted so alternative services could be contacted if necessary. The provider learnt from any incidents to identify where the service could be further improved.