

# Shaw Healthcare (Group) Limited

## Kent Lodge

### Inspection report

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

About the service:

- Kent Lodge offers accommodation and personal care for up to 38 older people, some of whom are living with the experience of dementia. The accommodation is provided over two floors. There were 35 people using the service at the time of our inspection.
- The service is provided by Shaw Healthcare (Group) Limited, a national organisation providing health and social care.

People's experience of using this service:

- Improvements had been made to the management of medicines. People were receiving their medicines safely and as prescribed.
- Where there were risks to people's safety and wellbeing, these had been assessed appropriately. There were guidelines and support plans in place and these were regularly reviewed and updated where changes were identified.
- Following concerns about the standards of hygiene in the kitchen, the Food Standards Agency had undertaken a further visit and were satisfied that all actions had been taken and standards were met.
- People were protected by the provider's arrangements in relation to the prevention and control of infection. The home was clean and hazard-free.
- Recruitment checks were undertaken before staff started working for the service and included checks to ensure they had the relevant previous experience and qualifications.
- There were enough staff deployed to support people who used the service and meet their needs. The provider had contingency plans in place in the event of staff absence.
- The provider had processes for the recording and investigation of incidents and accidents. Lessons were learned when things went wrong, and appropriate action was taken to minimise the risk of reoccurrence.
- The provider had effective systems in place to monitor the quality of the service and put action plans in place where concerns were identified.
- The registered manager felt well supported by senior managers and worked with them to implement improvement plans and make the necessary improvements.
- There were regular team and management meetings where important information was shared. People

who used the service and their relatives were consulted about the service and took part in regular meetings.

Rating at last inspection: At the last inspection, the service was rated requires improvement (Published on 28 November 2018) for the second consecutive year. At this inspection, the overall rating had improved.

Why we inspected: At the previous inspection, we found repeated breaches of two Regulations in relation to safe care and treatment and good governance and issued the provider with two warning notices, telling them to make improvements by 31 December 2018 and they sent us an action plan telling us how they would do this. We undertook this focused inspection to check that the provider had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to the key questions 'is the service safe?' and 'is the service well-led?' You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kent Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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 any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

# Kent Lodge

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector and a member of the CQC's medicines team carried out the inspection.

#### Service and service type:

Kent Lodge 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 inspection was unannounced.

#### What we did:

We reviewed information, including notifications we had received about the service since the last inspection. Notifications are about incidents and events the provider must notify us about by law, such as allegations of abuse. We reviewed the action plan the provider sent us following the warning notices we issued, telling us how and when they would make the necessary improvements. We used all this information to plan our inspection.

#### During the inspection:

We spoke with the operations manager, the registered manager, the administrator and a team leader. We reviewed a range of records. These included four people's care records, audits and quality assurance

reports, incidents and accidents, risk assessments, staffing levels and the management of medicines.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- At our last inspection of 24 October 2018, we found that the management of medicines was not always safe because staff did not always follow the procedures to manage medicines. This meant there was a risk that people would not receive their medicines safely and as prescribed. At this inspection, we found that improvements had been made.
- We checked medicines storage, electronic medicines administration record (e-MAR) charts, and medicines supplies. All prescribed medicines were available at the service and this assured us that medicines were available at the point of need and that the provider had made suitable arrangements about the provision of medicines for people who used the service. Medicines were stored securely in locked medicines cupboards or trolleys, and immobilised when not in use.
- Current fridge temperatures were taken each day (including minimum and maximum temperatures). During the inspection (and observing past records), the fridge temperatures were found to be in the appropriate range of 2-8°C. Room temperatures were also recorded on a daily basis.
- People received their medicines as prescribed, including controlled drugs. These were appropriately stored in accordance with legal requirements, with daily audits of quantities carried out by two members of staff. We looked at five e-MAR charts and found no gaps in the recording of medicines administered, which provided a level of assurance that people were receiving their medicines safely, consistently and as prescribed.
- We found that there were separate electronic charts for people who had patch medicines prescribed to them (such as pain relief patches) and topical medicines. These were signed for appropriately by staff.
- We observed that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. People's behaviour was not controlled by excessive or inappropriate use of medicines. For example, we saw five PRN forms for pain-relief/anxiety medicines. There were appropriate protocols in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine did not have its intended benefit.
- We looked at one MAR for a person who was administered their medicines covertly. We found that they had a best interests meeting and the appropriate authorisation to enable them to have their medicines administered covertly. This showed that people who used the service were administered medicines covertly in an appropriate manner in accordance with legislation and recommended guidance.

- Medicines were administered by senior staff who had been trained in medicines administration. We observed a member of staff giving medicines to a person and saw they demonstrated a caring and patient attitude towards the person.
- The provider followed current and relevant professional guidance about the management and review of medicines. For example, we saw evidence of several recent audits carried out by the provider including the percentage of medicines not administered, fridge temperatures and stock quantities on a weekly and monthly basis.
- A recent improvement made by the provider included ensuring that all high-risk medicines supplies were in stock before the start of the next medicines monthly cycle. This had been highlighted from a previous incident whereby there had been a delay in a service user receiving their high-risk medicine on time. Improvements included appropriately identifying such medicines and people for whom these were prescribed, tighter monitoring of requests and taking appropriate actions if such medicines were found to be in short supply. Furthermore, we saw evidence of risk assessments for high risk medicines such as lithium and warfarin. This showed the provider had learned from medicines related incidents to improve practice.

#### Assessing risk, safety monitoring and management

- At our last inspection of 24 October 2018, we found that although risk assessments were in place for each person, the level of risk was sometimes wrongly calculated, and guidelines and support plans were not always reviewed and updated when the risk had increased. At this inspection, we found that improvements had been made.
- Where there were risks to people's safety and wellbeing, these had been assessed. Each risk was calculated in terms of likelihood and consequence, and rated either low, moderate, high or extreme. This was measured before and after measures were in place to reduce risk. We viewed a range of individual risk assessments, and saw these were completed correctly. We saw that risk assessments included guidelines about how to mitigate risk. For example, where a person was at risk of choking, and the risk was high, the Speech and Language Therapy team (SALT) had visited and had provided instructions for staff to follow to reduce the risk, such as ensuring food was minced and moist. On the day of our inspection, we saw evidence that instructions were followed by staff.
- There were thorough environmental risk assessments in place which included the use of electrical equipment, moving and handling, hazardous substances, infection and disease and falls from height. We saw these included detailed measures in place to mitigate risk and were regularly reviewed.
- Where people were at risk of malnutrition, the staff used a Malnutrition Universal Screening Tool (MUST) to measure the level of risk and decide on appropriate action to be taken where there were concerns about a person's weight. For example, a person who used the service had recently lost weight. We saw staff had taken appropriate action without delay, including involving the GP and a referral to SALT. Guidelines about how to support the person were available in their care plan and staff were aware of these.
- At our last inspection of 24 October 2018, we found that the provider did not always ensure the safety of people, visitors and staff and a recent Food Standards Agency inspection had highlighted a number of serious safety concerns. At this inspection, we saw that improvements had been made.
- The Food Standards Agency had carried out another inspection of the service on 24 November 2018 and had found that all actions had been taken and there were no further concerns. The registered manager told



us they would ensure that standards would be kept high going forward. We saw that the registered manager and operations manager undertook frequent checks so they could identify any concerns and take appropriate action without delay.

- The provider carried out checks on the safety of the environment and equipment used. These included fire safety equipment, window restrictors, water temperature and electrical safety. Any concerns were identified and recorded and we saw that prompt action was taken to rectify these.
- A fire risk assessment was in place and had been reviewed. People's records contained individual fire risk assessments and personal emergency evacuation plans (PEEPS). These included a summary of people's needs and how to support them to evacuate in the event of a fire. The provider undertook regular fire drill, including unannounced drills. Following these, there was a discussion and reflection with staff about what went well and what could be improved.

#### Learning lessons when things go wrong

- At our last inspection of 24 October 2018, we found that although the provider had processes for the recording and investigation of incidents and accidents, an accident form had not been completed where a person who used the service had a fall, with actions in place to reduce future risks. At this inspection, we found that improvements had been made.
- The provider kept a log of all incidents and accidents that occurred at the service. We saw that each incident and/or accident was recorded appropriately and included guidelines on how to reduce the risk of reoccurrence. For example, where there had been an altercation between two people who used the service, we saw both people were checked every 15-minutes during the day and night. These checks were recorded and detailed where the person was at the time of the check, any observation, and these were signed by the member of staff on duty. Staff were advised to use distraction methods such as going outside, or having a chat with a member of staff. Behaviour charts were being recorded every time a person displayed behaviour that challenged. These included possible triggers, action taken and consequences.
- Lessons were learned when things went wrong. We saw evidence that incidents and accidents, as well as any safeguarding concerns were discussed in staff meetings, and in staff supervision meetings. The registered manager told us they had "Gelled as a team" and were all working in the same direction to ensure that people's needs were met and they were safe. They also added they had improved the management of medicines and said, "Now we do more checks. Better relationship with the pharmacy. They are coming next week to speak with staff and look at medication." They added that following the last inspection, they had a meeting with the pharmacy staff and things improved. In addition, the pharmacist had a meeting with the quality team each month to discuss any issues.

#### Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding adults and we saw evidence of this. The provider had a safeguarding policy and procedures in place and staff were aware of this. We saw evidence that the provider worked with the local authority's safeguarding team where concerns had been identified and appropriate measures were put in place to address these.

#### Staffing and recruitment

- Recruitment practices ensured staff were suitable to support people using the service. This included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service. This included obtaining references from previous employers,

reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a Disclosure and Barring Service (DBS) check was completed.

- We saw there were enough staff on duty on the day of our inspection to support people. We viewed the staffing rota for four weeks and saw there was adequate cover at all times. The registered manager told us they only used agency staff at night to cover staff absence. However, they added that new staff had been recently recruited and would be starting soon, so the need for agency staff would decrease.

#### Preventing and controlling infection

- On the day of our inspection, we saw that appropriate measures were in place to prevent cross infection. All staff received training in infection control. The home was clean, hygienic and odour-free and there were appropriate hand washing facilities. Staff wore protective equipment such as gloves and aprons and these were disposed of appropriately.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last two inspections of 3 April and 24 October 2018, we found that the provider's audits and quality assurance systems were not always effective because these had not identified and addressed the concerns we found in relation to the safe management of medicines, the management of risk and the health and safety and standard of hygiene in the kitchen. At this inspection, we found that improvements had been made.
- The registered manager stated they had worked hard to improve the shortfalls we identified. Following the last inspection, they had met with senior managers and all staff to discuss how they were going to make the required improvements. Minutes of meetings showed us evidence that discussions had taken place and action plans were in place. The registered manager stated that, following the last inspection, communication had improved in the service, and they found that this had contributed to the improvements made.
- The registered manager told us they had increased the frequency of their internal audits and these were more in-depth, for example, medicines audits were more thorough and detailed. In addition, the operations manager visited regularly and undertook detailed audits which included safeguarding concerns, mental capacity assessments, staff meetings and incidents and accidents. Records we viewed confirmed this.
- We saw the operations manager had undertaken a monitoring visit on 25 February 2019. Each area checked included which actions were needed. These were recorded and fed into an action plan with target dates for completion. For example, we saw that it had been identified that a person recently admitted did not have a care plan in place. We saw evidence that this had been put in place without delay. The registered manager told us this was work in progress as they got to know the person and their individual needs. They added that this would be regularly reviewed to include any changes.

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

- There were regular meetings to discuss any issues and share information about people and the running of the service. Items discussed included health and safety, incidents and accidents, training and any relevant news about the service or developments within the social care sector.
- The provider undertook satisfaction surveys for people and relatives. We saw that these showed an overall

satisfaction with aspects of the service. We saw evidence that where issues were identified, action plans had been put in place to improve these.

Continuous learning and improving care; Working in partnership with others

- The registered manager was experienced in managing care services and had a relevant qualification. They kept themselves abreast of developments in the social care sector by liaising with healthcare and social care professionals, seeking advice from other managers and reading social care publications. They ensured they shared important information with the staff team to help them develop their knowledge and make them feel valued.
- The management team in the home consisted of a registered manager, a deputy manager, an administrator and team leaders. The registered manager told us they felt supported by their line manager who was always willing to help and advise them. The operations manager told us, "[Registered manager] has worked really hard. We have learned from the last inspection. We are getting there. Things are much better now."