

GCH (Harrow) Ltd

# Kent House

## Inspection report

Augustine Road  
Harrow  
Middlesex  
HA3 5NS

Website: [www.goldcarehomes.com](http://www.goldcarehomes.com)

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05 May 2017

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We carried out this inspection on the 31 March and 5 May 2017. The inspection was unannounced.

At our last comprehensive inspection of 25 February 2016 Kent House was rated as requires improvement. At this inspection, although we found considerable improvements had been made there were still areas that required improvement. Improvements were still required in order to meet Regulations 12 and 17.

Kent House is registered to provide accommodation and support with personal care for up to 40 older people, some of whom have dementia. At this inspection there were 23 people using the service. Kent house is part of Gold Care Homes Limited which provides 20 care homes in England.

On the first day of our inspection on 31 March 2017 we found problems with needs assessments, access to GPs and district nurses and a failure to identify these matters and respond to them through the quality auditing process. Following the inspection the provider informed us they were to make a change to their legal entity. In order to check that action had been taken to address our concerns we carried out a second inspection visit before the legal entity had changed to check improvements. On the second day of the inspection we found that action had been taken to address the failings relating to needs assessments.

The service had not had a registered manager since February 2016. An application to register the current home manager had been submitted to the Care Quality Commission for registration along with the provider's application to change their legal entity. The new legal entity will have a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. It is condition of registration that a registered manager is in place at the home.

Whilst some improvements have been made to the registered provider's governance systems, we found processes for assessing and monitoring the quality of the service were not fully effective. The auditing system had not identified issues we found during this inspection.

We found medicines were not always managed safely. This related in the main for those people who had recently moved to the home.

Following our initial feedback to the home, on the second day of the inspection we saw that the home had started to make improvements.

We saw evidence the home had revised its procedures for admitting new people to the home. The revised procedure aimed to ensure there was a smooth transition when people moved to the home and that care was individually tailored. We saw evidence of this in two admissions that were carried out since our first visit.

The home had made progress in its bid to ensure there were robust local arrangements with members of the

multi-disciplinary team, such as the GP, district nurses and pharmacist. This was necessary in order to ensure these services were accessed in a timely manner by people living at Kent House.

We identified improvements care and support of people who had recently moved to the home. Their needs had been fully assessed, planned for and met.

People's risk assessments reflected their current needs. There were plans in place to mitigate these risks. Staff had clear instructions about the care people required.

Procedures for pressure sore prevention and management had been improved. People were being repositioned according to their tailored schedules.

We saw that the home had improved the practice of seeking consent. They adopted a practice that was in line with the Mental Capacity Act 2005.

The meals provided at the home were good. People were supported to make sure they had enough to eat and drink. Where people had special dietary requirements, this was supported to meet people's needs.

People were treated with respect and kindness. Staff supported people wherever possible to make decisions and express their wishes and views.

We found two breaches of regulations. You can see what action we asked the provider to take at the back of the full version of this report

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Whilst some improvements had been made to make the service safe, we found concerns in relation to the way medicines were managed.

Medicines were not managed safely.

Newly admitted people had their risk assessments updated to ensure their current needs were met.

People were not always protected against the risks associated with the unsafe management and use of medicines.

Health and safety checks had been completed in line with legal requirements.

Appropriate recruitment checks were carried out to ensure staff were safe to work with people.

We could not improve the rating for key question from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

### Is the service effective?

We found that action had been taken to ensure the service was effective.

Work was in progress to ensure robust local arrangements with GP and community service were in place for people to access healthcare services when they needed them.

Staff understood how to apply the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily.

Staff received induction, training and supervision to support them in their roles.

**Good** ●

We could not improve the rating for key question from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

### **Is the service caring?**

**Good** ●

We found that action had been taken to ensure the service was caring

Relatives were happy with the care their family member received.

Staff were kind and pleasant and treated people with dignity and respect.

People were involved and their views were respected and acted on.

We could not improve the rating for key question from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

### **Is the service responsive?**

**Requires Improvement** ●

We found that action had been taken to ensure the service was responsive.

People, including those newly admitted had personalised care plans which had been discussed and planned with them, including their relatives where necessary.

People knew how to complain and felt that they were able to raise any concerns and they would be listened to.

We could not improve the rating for key question from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

### **Is the service well-led?**

**Requires Improvement** ●

We found that action had been taken to ensure the service was well-led.

We saw evidence systems were being implemented to monitor the quality of the service, so areas for improvements could be identified and addressed.

We could not improve the rating for key question from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

# Kent House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 March 2017 and 5 May 2017 and was unannounced. The first day of the inspection was carried out by an inspector, inspection manager, bank inspector and a specialist advisor who was experienced in medicine management. One inspector carried out the second day of the inspection.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the service. We also looked at safeguarding referrals, complaints and any other information from members of the public. We talked with the local authority quality assurance team to see if they had any concerns or information on the service. The provider completed a provider information return (PIR) prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we spoke with eight people who used the service, four relatives, the home manager, head of care, the administrator, a covering regional manager, and seven care staff members. We undertook general observations and reviewed relevant records. These included seven people's care records, 11 medicine records and care staff and other relevant information such as policies and procedures.

# Is the service safe?

## Our findings

Whilst some improvements had been sustained, we found concerns in relation to the way medicines were managed. We found medicines were not managed safely. This was particularly common for those people who had recently moved to the home.

We found that medicines for one person who had recently moved into the home were out of stock. We pointed this out to the home manager and she told us this person had been discharged from hospital with incomplete medicines. The service had not considered an emergency supply request from their supporting pharmacy or an intermediate prescription via a 111 NHS non-emergency number. This meant that there were no appropriate arrangements for ordering and obtaining people's prescribed medicines, which increased the risk of harm.

Another person was not supported to take their 9am medicines for the morning of 31 March 2017. We asked the head of care about this and she explained that it was a normal procedure that if this person was attending appointments before 9am this medicine would not be administered as directed. Therefore that dose would have been missed. There was no evidence that the home had sought advice from an appropriate healthcare professional. Therefore, we could not be assured that this person was receiving care that met their needs.

A further person was prescribed two eye ointments as an outpatient by a hospital consultant. The letter from the consultant instructed one of the ointments was to be administered once at night. However, we saw from the person's MAR chart that staff administered this ointment three times a day. Therefore this person did not receive their medicines as prescribed thereby putting them at risk of receiving care that was inappropriate and unsafe.

We looked at how medicines were monitored and checked by managers to make sure they were being handled correctly and that systems were safe. We found that whilst the home completed checks on the MAR charts weekly, some of these checks had not been accurately completed and therefore the issues we found had not been identified.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because medication was not monitored and reviewed appropriately and in a timely manner in accordance with people's needs.

We saw that action had been taken to keep people safe in other areas. People's risks had been assessed and there were plans in place to reduce risks. Waterlow risk assessment had been carried out for people who had recently moved to the home. We saw where risk had increased staff took appropriate action, including completion of body maps and making necessary referrals to relevant health professionals. In another example, we saw instructions for staff to follow pressure sore management plan in order to meet the needs of one person who had a pressure sore. The plan included monitoring a pressure mattress and ensuring repositioning schedules were carried out. There was evidence this was being carried out.



We also identified that action had been taken to make the premises safe. We looked at a variety of safety certificates that demonstrated that utilities and services such as electric and water systems for legionella had been tested and maintained. Fire alarm system had been checked regularly and there was a fire evacuation plan that had been reviewed and updated. Personal emergency evacuation plans (PEEPS) had been completed for all of the people who lived in the home and were readily available in case of an emergency.

We looked at the recruitment process. Staff files were well organised and included a checklist to confirm the required checks and documentation were in place. Documents included proof of identity, job description and at least two references. However, we saw the home did not always obtain references from previous social care employers. When we raised this with the home manager she thought that their system was sufficient. However, on second day of the inspection she acknowledged their policy did not meet regulations and required to be reviewed.

Staff files showed checks had been carried out with the Disclosure and Barring Service (DBS). There was information held in paper files for each staff member which linked to computer records which were held on a computer system that Head Office could access. For example, we were shown evidence of the DBS checks for staff online which linked to the DBS number held on staff records.

People who used the service were protected from the risk of harm and abuse. There was a safeguarding policy and procedure together with contact details of the local safeguarding team. Staff had received training in safeguarding adults. Staff knew and were able to tell us about signs of abuse, including relevant reporting procedures, such as reporting concerns to their manager, care coordinator or where appropriate, the local authority or Care Quality Commission (CQC).

We also reviewed staff rosters, which confirmed there were sufficient staff deployed to provide care and support to people when they needed it. Peoples' files contained dependency needs assessments showing how many care hours they required. The home manager told us that any staff absences were covered by home bank staff or bank staff from other services of Gold Care. The staffing rota showed that staffing levels were evaluated and arranged according to the needs of the people using the service. For example, if people had arranged social activities or needed to attend health care appointments, additional staff cover was arranged.

People received appropriate support with the management of their finances. There were procedures in place for the safe handling of people's money. The administrator showed us the home's system for looking after people's money. She said they only looked after small amounts of money for service users. We checked three records and the amount kept was accurate and the recordings of money coming in and expenditure were up to date and well kept. The administrator said the records were audited by Head Office.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA (2005). The application procedure for this in care homes is called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The home manager showed a good understanding of the MCA (2005) and its application. We saw that staff had received MCA training.

We saw that the service had made improvements to their practices around seeking consent to care and treatment. There was evidence that people had been asked to sign their care records. Where a family member signed consent on behalf of a person receiving care, the legal status of the family member was established.

Following our feedback on the first day of the inspection, when we returned on 5 May 2017 we saw evidence of on-going dialogue between the home and local health teams such as GP, district nurses and pharmacist regarding arrangements for new referrals, emergencies and medicines orders. Appropriate action, including referrals to GP, and district nurse had been carried out.

The service used the care certificate framework as their induction tool for staff who were new to care. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment. When staff started their employment they had a four week induction programme which covered mandatory training. This included shadowing experienced staff to get a good overview of the running of the service. Staff also had the opportunity to sign up for vocational qualifications in health and social care.

Staff received supervision from their line manager to discuss their work six times a year. We looked at a sample of records of supervision sessions which showed staff were able to discuss key areas of their employment. Staff felt they were well supported by the management and those who had been employed for over one year had completed a yearly performance appraisal of their work with their manager.

There was a training programme that was delivered to staff as part of the mandatory induction. Modules included safeguarding, moving and handling, fire safety, MCA (2005), medicines and infection control, which were refreshed on an annual basis. Staff also received training which was specific to people's individual needs, including, dementia awareness, falls awareness, continence care, and pressure sore awareness. Staff spoke highly of the training available to them and how it improved their understanding of their role.

The dining experience for people was positive. People looked relaxed and calm. Dining tables were set up with cutlery, condiments and napkins. There was a wipe clean board displaying the date and the menu and there were menus on each table.

People were asked by staff where they would like to eat their meal. We observed staff supporting people with their meal and this was carried out in calm, caring unrushed manner. There was a reasonable amount of conversation between people and staff. The meal wasn't rushed and neither did people have to wait a long time for their food.

People were monitored to ensure that they were eating their lunch. We observed one person described the food as "delicious". Most people in the dining room were independent and able to eat without assistance.

Most people in the dining room were independent and able to eat without assistance. Those who required support were supported to eat and drink.

## Is the service caring?

### Our findings

People and relatives we spoke with gave positive feedback about the staff. One person told us, "I am fine and happy." Relatives told us they were happy and that staff were caring. Other visitors told us, that the home was purpose built and had a good reputation locally.

People's privacy and dignity were respected. There were dignity champions who worked with the home manager to improve people's experience of care. We found staff were helpful, considerate and kind. Staff were aware of the importance of ensuring that people's privacy was protected. They informed us that they would knock on doors before entering bedrooms and close the curtains if necessary, which we observed during this inspection. People were able to stay in their rooms if they preferred privacy and we observed people were able to go to their rooms at any point during the day.

We observed that staff supported people wherever possible to make decisions and express their wishes and views. We noted that care plans contained information about people's wishes and views and we observed staff supporting and encouraging people using the service to make decisions and have choice and control over their support.

We saw some caring and sensitive interactions between members of the care team and people with dementia. We saw staff reassuring and re-orientating people in a kind and patient way. We heard a number of staff explaining and providing information to people in an appropriate manner. Staff spent a lot of time sitting with people, chatting and listening intently to what they had to say. The people who lived in the home responded well to staff.

People and their family members were involved in planning care. People's life history was recorded in their care records, together with their interests and preferences in relation to daily living. People's bedrooms were personalised and contained photographs, pictures and personal effects each person wanted.

We saw sensitive personal information was stored securely in locked cabinets. Relatives and people who used the service confirmed their permission was sought before their confidential information was shared with other healthcare professionals and we saw this documented in care files. This meant people could be assured their sensitive information was treated confidentially, carefully and in line with the Data Protection Act.

## Is the service responsive?

### Our findings

We found the home was in the process of improving how it handled new admissions. The home manager told us they were working to ensure people's needs were comprehensively assessed to help identify their specific care and support before they moved to the home. She told us it was important that staff understood people's background and knew what support people needed before they moved in. At this inspection we identified that action had been taken to improve assessments and care planning. However, we could not improve the rating from 'requires improvement' because to do so requires consistent good practice over time.

On the first day of this inspection, we found that the care needs of people who had recently moved to the home were not always fully assessed and planned for. For example, one person had been admitted a week prior to our first visit and we found some of their complex needs had not been identified at the pre-admission stage. We highlighted this to the home manager and by the second day of this inspection we saw that action had been taken to make sure people's needs had been assessed in order to identify the support they needed. People's care plans had been reviewed and updated. For example, in one file we saw instructions for staff, including the monitoring of pressure sore mattress, elevation of the leg with pressure sore, administration of painkillers and the need for the wound healing to be monitored by the district nurse.

Two people had been admitted to the home since our first visit. We examined their care records to check if their needs had been assessed and planned for. In both examples, we saw that needs had been assessed and personalised care plans had been written. These care plans had been reviewed to help ensure they reflected people's current needs. Relatives and visitors we spoke with told us the home was responsive to the needs of their relatives. One relative told us about how they were kept informed about the changing needs of their relative.

We also saw that where needs had been identified these had been appropriately monitored. A variety of charts, including for fluid intake, repositioning and weights were kept for the purpose of monitoring people's health and wellbeing. Improvements had been made to ensure these needs were monitored. For example, one person's pressure sore mattress needed monitoring and we saw this was carried out. Another person required repositioning every two hours and we saw this was carried out. Therefore records were being used to enable staff to monitor people's health and welfare.

People had opportunities to take part in activities. We saw that some people spent most of the day in the lounge. However, a few other activities such as games and puzzles were available in the home. We also saw some people received visits from the Catholic Church. People gave us feedback about the activities provided in the home. One person told us that she liked the activities and identified to us TV programmes she liked. A relative of one person told us, "[My relative] is very active. She can walk without help and she's on the go all the time".

There was a complaints policy and procedure on display in the entrance hall of the service. This described what people could do if they were unhappy with any aspect of their care and support. Staff knew they

needed to take all complaints seriously and report them to the provider. People were aware they could raise any issues with staff and felt confident these would be addressed.

## Is the service well-led?

### Our findings

During our inspection in February 2016 we found that improvements had been made in how the home identified and monitored risks. However, at this inspection, whilst some of these improvements had been sustained, we found processes for assessing and monitoring the quality of the service were not effective. The systems in use had not identified issues we found during this inspection.

The home had not been consistently managed. The home has not had a registered manager in post since January 2016. This meant the home did not have a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found there was a home manager who had been in post since September 2016. We saw evidence the home manager had submitted an application to be registered with the Commission. She recognised that the home needed to improve and that they were committed to improve the quality of care. We found the home manager with support from the regional manager was implementing new systems to improve the governance arrangements of the home.

On the first day of this inspection we found processes for assessing and monitoring the quality of the service were not effective. For instance, the home had completed medicines audits but these were not robust and had not identified the issues we found. This was also true of other audits, including audits of care records and pressure sore monitoring.

The home did not maintain accurate records in respect of care and treatment of people who used the service. Records of food and fluid intake were not reliable as they were not always completed fully. Therefore they did not reflect people's current needs or preferences.

The registered provider oversight was not robust. For example, the registered provider had known of on-going problems with people's access to community services prior to our inspection. We found people who had been recently admitted to the home did not have timely access to primary care; GP and district nurses. Yet, we did not see evidence that any action had been taken to address this problem, until we highlighted the need.

This was a breach of Regulation 17 (Good governance) Health and Social Care Act (Regulated Activities) Regulations 2014.

We asked staff if they felt supported in their role. There was evidence of effective management and leadership in some areas according to feedback from staff, for example, in relation to their concerns previously about insufficient staffing. Staff said that they felt supported by the manager.

We asked people if they thought the home was well run. One person said "Staff are friendly and helpful." Another person told us, "The manager is wonderful." These views were also shared by people's relatives we spoke with. Visitors we spoke with were also positive about the home.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The service did not manage medicines safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not operate effective systems and processes to make sure they assessed and monitored the service.