

Abbeyfield Society (The)

Kenton House

Inspection report

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Date of inspection visit:
09 May 2023
10 May 2023

Date of publication:
12 June 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Kenton House is a residential care home providing accommodation and personal care to up to 11 people. The service provides care and support to older people some of whom live with dementia. At the time of our inspection there were 7 people using the service.

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

Since the last inspection we found that improvements had been made.

The service ensured people's safety was fully assessed and managed. Risks to people were identified at their initial assessment and the provider had systems in place to ensure risk assessments were regularly reviewed and updated where required. Staff were provided with the guidance they required to ensure potential risks to people were minimised as far as possible.

The provider had ensured a sufficient number of staff were in post to meet people's care and support needs. Staff had received an induction at the commencement of their employment to ensure they had the knowledge they required to meet people's needs. The provider had a system in place to ensure training was refreshed annually or as required. Staff received regular supervision from the manager.

People's care was planned and delivered in a person-centred way. People's care needs, wishes and preferences were assessed and their care plans contained guidance for staff on how they should ensure people's needs were respectfully and effectively met.

There was a process in place to report, monitor and learn from accidents and incidents. The provider had procedures in place to ensure incidents and accidents and concerns were managed and reported effectively, and lessons learned from these where required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's relatives gave positive feedback about the support their family members received from staff. The provider had systems in place to monitor and assess the quality of the care and support provided to people. Policies and procedures which reflected current best practice were in place to underpin this. People's views about their care were sought on a regular basis.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 31 October 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider considers appropriate guidance to ensure people are protected from discrimination and their differences are recognised, respected and valued. At this inspection we found the provider had acted on the recommendation and they had made improvements.

Why we inspected

This inspection was prompted by a review of the information we held about this service. 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

Good ●

The service was effective

Details are in our effective findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below

Kenton House

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 Health and Social Care Act 2008.

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 1 inspector.

Service and service type

Kenton House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kenton House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 3 people using the service, 2 relatives, 1 team leader, the manager, 2 care workers, the activities coordinator and the chef. We reviewed a range of records. This included people's care records, staff files, training records, incident records, environmental checks and quality assurance processes.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had not demonstrated that they had deployed sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that people were safe and their needs met. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Improvements had been made to ensure the service had enough suitably qualified, competent, skilled, and experienced staff.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take account of people's individual needs, wishes and goals.
- During the inspection we saw that the staff rota matched the needs of people using the service. If people required more staff time because of their changing needs the manager would request additional staffing.
- One relative told us, "I feel that my [relative] is in safe hands and there are enough staff employed in the home."
- The service had extended the role of the chef to include breakfast preparation. This enabled staff to concentrate on tasks such as medicines administration and answering call bells to ensure people's care and safety.

Learning lessons when things go wrong

At our last inspection the provider did not ensure that it always operated effective systems to assess, monitor and improve the quality of service provided to people who used the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and the manager investigated incidents and shared lessons learned.
- The service had debriefing sessions after all incidents and accidents with a description of what happened,

the recommended action and what they could have done better.

- One staff told us, "If something has happened like an incident, we discuss it as a team and see where we could improve. The manager has this on the agenda at all our meetings."
- There were daily morning meetings with all staff where the manager could address any concerns raised immediately.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to safeguard people from the risk of abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff told us, "I would report safeguarding concerns to the manager as soon as I knew about it. I would also take some notes and write it up in a report. There are safeguarding teams in the local authorities that deal with these concerns."
- The service had a system in place which automatically raised safeguarding alerts to the relevant authorities, this included the local authority, police, health and safety executive and the CQC.
- There was an up-to-date safeguarding policy in place.

Assessing risk, safety monitoring and management

- There were systems and policies in place to assess, monitor and manage safety well.
- One person's relative told us, "[Staff member] was very good and knew how to assess the risk of [the person's] walker on the pavement and kept them safe when [the person] was walking."
- One staff told us, "The information from risk assessments shows us how to support the person in the safest way."
- Safety checks in the service were carried out on a regular basis. This included fire safety, water checks and health and safety.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- Medicines were managed safely. All staff who were trained to administer medication had received competency checks.
- During the inspection we saw that medicine administration records (MAR) were completed appropriately and regularly audited.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

There were no visiting restrictions to the home. People had visitors on a regular basis.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection the provider failed to ensure people received care and support in line with their all their needs and preferences. This was a breach of regulation 9 (Person- centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People had care and support plans that were personalised and reflected their needs and aspirations, including physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Staff had the guidance to provide people with high quality personalised care. People's care plans and risk assessments demonstrated clear steps for staff to take in order to lower any risk identified.
- One staff told us about a person who needed support when getting upset. They said, "I try to talk to [the person] in a calm and understanding way, if they don't respond I leave them alone but will be nearby so I can keep an eye on them. When they are calmer, I pop back to support them to do something they like for example this person likes crosswords. This information is in the risk assessments and shows us how to support the person in the safest way."
- One relative told us, "The staff know the residents well and take into account their likes and dislikes. We are included in reviews and our opinion is counted."

At our last inspection we recommended the provider consider appropriate guidance to ensure people are protected from discrimination and their differences are recognised, respected and valued. The provider had made improvements.

- Since the last inspection care plans had been updated to incorporate a section about knowing the person, their religion and cultural needs.
- The activities coordinator along with the staff and people who lived there planned up and coming events such as Easter, Diwali and Ramadan.
- People were supported to go out to places of worship, or have people come into the service if they wished. The manager had introduced a new resource that provided services around wellbeing and activities for people and staff.

Staff support: induction, training, skills and experience

At our last inspection the provider had not always ensured staff received appropriate ongoing or periodic supervision in their role to make sure they were supported and their competence was maintained. This further demonstrated a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were supported by staff who had received relevant and good quality training. This included training in nutrition, oral health, manual handling and dementia.
- Updated training and refresher courses helped staff continuously apply best practice. One staff told us, "I had a 1-week induction, and a lot of training and shadowing. We had training in dementia last week, all my training is up to date."
- The manager checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. One staff member said, "Supervision is weekly and I'm happy to speak to the manager anytime. I have learnt more now from the new manager. I was a carer first and now I am a team leader, I am doing my level 3 and I have worked my way up to team leader."
- The service had clear procedures for team working and peer support that promoted good quality care and support.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met. At our last inspection we recommended the provider considered current guidance on the Mental Capacity Act and then updated people's mental capacity assessments and shares that information and learning with staff. The provider had made improvements.

- Since the last inspection the service had reviewed all the people who lived at the service. For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- One staff told us, "A few of the people who live here don't have capacity in certain areas. If that is the case, then the family makes the decisions on their behalf. Some relatives have POA [Power of attorney] the paperwork is in the file."
- Staff had up to date training in MCA and DoLS.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet.
- People could have a drink or snack at any time, and they were given guidance from staff about healthy eating.
- One person told us, "The food is very good here and the chef is good. We have a choice and if we let chef know in advance, we can have something different."
- During our inspection we observed large accessible menus on the dining room table with colourful pictures of the meals on offer for the day.
- During the inspection we observed the chef asking people if they were enjoying their meals, one person replied, "Yes I liked the lunch very much, very tasty thank you."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People were supported to attend annual health checks, screening and primary care services.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- The manager had weekly contact with the GP surgery to discuss any issues with the people who lived in the service.

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.
- One person told us, "I feel at home here, it's comfortable and we have a lot of say in how it looks."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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; continuous learning and improving care

At our last inspection the provider did not ensure that it always operated effective systems to assess, monitor and improve the quality of service provided to people who used the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection an interim manager had been in post. There were clear lines of responsibility and accountability within the management structure and action had been taken by the manager and provider to ensure the service reflected best practice. As a result, opportunities to make improvements had been identified and acted upon.
- A quality assurance system was in place to monitor all aspects of the service. The manager had implemented an improvement plan to enhance people's opportunities and outcomes.
- One staff told us, "There has been a lot of change to the home staff and management. I can see a lot of differences, care plans are better. When the manager first came they introduced themselves and discussed the improvements we needed to make. They showed us what to do we took it on board and the team is working better together now."
- The provider had a clear vision for the direction of the service which demonstrated an understanding of how to support people to achieve the best outcomes possible.

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

- The provider and manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- One person told us, "The new manager has brought about changes everything is more flexible. We come up with ideas and [manager] runs with it, that's the difference. I like that, it brings everyone on board."
- Staff felt able to raise concerns with the manager without fear of what might happen as a result. One staff member said, "If you bring something up [the manager] will deal with it there and then, they have an open-door policy and they are always helpful and so positive about everything."

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 manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour.
- The manager had notified us of incidents and the action they had taken to reduce the risk to people and make improvements for both the people who used the service and the staff.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- People were encouraged to plan menus and activities together for the next month or more.
- One person who liked motorbikes told us that staff had arranged for an organisation to bring bikes to the home. The person said, "I am looking forward to this. I used to ride bikes when I was younger."
- A relative told us, "It's just the way staff are. They check on everything and this is good. They check to see if people are happy with the food, and they do not exclude people from anything they are doing."
- Following meetings and quality questionnaires, actions were recorded relating to any areas highlighted or requests made.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision.
- The manager was involved in the local authority provider forums where health care professionals met to help improve care services in the local area.