

Solehawk Limited

Kenton Hall Nursing Home

Inspection report


Kenton Lane
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Tyne and Wear
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Date of inspection visit:
25 June 2019
26 June 2019

Date of publication:
27 August 2019

Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Kenton Hall Nursing Home is a residential care home providing personal and nursing care to up to 60 people, some of whom are living with dementia. At the time of the inspection there were 49 people living at the home.

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

Medicines records continued to not be effectively managed to make sure people received their medicines safely. Care records did not always provide enough details of how to support people or did not reflect their specific needs. The provider's quality assurance checks had not been effective in addressing the issues relating to medicines management and care records.

People and relatives were positive about the caring and kind nature of staff. Caring interactions were observed between people and staff. Staff had good use of non-verbal communication with people such as smiling and touch. People were comfortable with staff and enjoyed their company.

Staff knew how they would identify any signs of abuse to ensure people were kept safe. The provider had a recruitment system that reduced the risk of unsuitable staff being employed. There were enough staff on duty to support people.

Training for staff had improved since the last inspection. Staff received support and supervision to help them in their roles. Staff were familiar with people's needs.

Appropriate checks and maintenance made sure the accommodation and equipment was safe and clean.

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.

The provider and management team were committed to improving the service. The provider had invested in refurbishing bedrooms. People were involved in planning alterations to the home.

People's views were sought via residents' meetings and annual surveys. People and visitors were involved in nominating staff members for their kindness. Staff morale had recently improved but they wanted stability of management to help drive the planned improvements.

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 6 November 2018) and there were five

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 not enough improvement had been made and the provider was still in breach of two regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the safe management of people's medicines and how the provider checks the quality of the service being provided. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Kenton Hall Nursing 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.

Inspection team

The inspection was carried out by an inspector, an assistant 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

Kenton Hall Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer

champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and five relatives and visitors about their experience of the care provided. We spoke with 10 members of staff including the operations manager, a peripatetic manager, two nurses, senior care workers, care workers, the chef and a maintenance staff. 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 six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training records and audits, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional training data.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection in July 2018 the provider had failed to ensure the safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection some improvements had been made but further improvements were required.

- Arrangements were in place for recording of medicines. However, records for some people's medicines stock did not balance so we could not be sure people had received their medicines correctly.
- Records for the application of people's creams and ointments applied by care staff were incomplete.
- Medicines that were administered in the form of a patch had a system in place for recording the site of application. However, for one person the patch was not rotated following the manufacturer's guidance. This is necessary to prevent side effects.
- The guidance to inform staff about medicines prescribed to be given only when required did not reflect the dose prescribed and was not person-centred. In addition, we found staff did not always record the outcome after giving the medicine, so it was not possible to tell whether the medicines had the desired effect. The deputy manager agreed to improve these records in line with current good practice.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were being managed and recorded effectively. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said the service was safe. Their comments included, "Yes, I am safe and secure" and "I feel safe, and I'm not frightened."
- Staff had information about how to report concerns. They understood their responsibilities to safeguard people and were aware of the provider's whistleblowing procedure.
- Safeguarding concerns were recorded, investigated, referred to the relevant bodies and any appropriate action was taken.

Assessing risk, safety monitoring and management

- The premises were safe. Routine health and safety checks were carried out by the maintenance staff. Contingency plans were in place in the event of an emergency.
- All relevant safety checks of utilities and lifting equipment had been carried out within the last twelve

months. Any defects or recommendations were actioned or were in the process of being actioned.

- Personal emergency evacuation plans (PEEPs) showing how people should be supported to evacuate the building in an emergency were not up to date. We asked the manager to address this and it was updated straight away.

Staffing and recruitment

- People had mixed views about whether there were enough staff to support them. Some people felt staff were quick to attend, but others said they had to use their call alarm a few times before they got attention. During this visit call bells were attended to in a timely way by staff.

- The provider used a dependency tool to calculate the number of staff required to meet people's needs. This level of staffing was being met. There was a nurse and care staff visible on both floors, but there were several people on the ground floor who required two staff to support them with all their mobility needs including using the toilet. Some people commented they sometimes had to wait for the second member of staff when they needed assistance.

- The provider used safe recruitment procedures to check staff were suitable to work with vulnerable people. The provider's policy was to renew disclosure and barring checks for each staff member every three years, but there was no record to track whether this was taking place.

- Agency staff were used occasionally to cover short notice gaps in the rota. The agency shared staff profiles with the service, however the induction of each agency staff into the home were not consistently completed and recorded.

Preventing and controlling infection

- People said the home was "kept clean" and "I'm happy with the cleanliness."

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. Staff used personal protective clothing such as disposable gloves and aprons.

- Housekeeping staff followed cleaning schedules to ensure all areas were systematically and regularly cleaned. They knew the action to take when a person had an infection to reduce the risk of it spreading to others.

Learning lessons when things go wrong

- There had been improvements to the management and review of incident and accidents.

- Accidents and incidents were consistently recorded. The manager now completed a monthly analysis to look at any trends and to explore where falls could be prevented.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to ensure people's consent to care and treatment was always sought in line with the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made although further improvements were needed.

- One person received medicines crushed and dissolved in water. This had been discussed with the person's GP and family but there was no indication that pharmacy had been involved who would be able to advise on whether this altered the effect of the medicine. There service had no written agreement to show why giving the medicine disguised in this way was considered in the person's best interest. The operations manager agreed to make sure this was put in place.
- In other cases staff had completed relevant mental capacity assessments and best interest records if people were unable to consent to specific decisions about their care.
- Since the last inspection the service had made sure relatives' legal status were available so any decisions on people's behalf were made by valid representatives.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received appropriate training to enable them to carry out their duties they were employed to perform. 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.

- People said permanent staff had the right skills to support them. Their comments included, "They are good at their jobs".
- Since the last inspection staff had completed appropriate training in essential health and safety areas.
- At this inspection it was not clear from records what training nurses had completed in clinical tasks and use of medical equipment. Following the inspection, the manager provided additional information that confirmed nurses had training in these areas and more was planned.
- Staff said they felt supported by the manager. They had regular supervision sessions to support their professional development.

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

- Assessments of each person's needs were completed before a care placement was agreed to make sure the service could meet people's needs.
- Risk assessments and support plans were developed when the person moved to the home.
- Staff used nationally recognised tools to assess risks of pressure ulcers and nutritional risk. Care interventions, such as re-positioning to prevent pressure ulcers, were completed.

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

- People had mixed views about the quality of the meals. Their comments include, "The food is very good" and "It's adequate."
- Catering staff were knowledgeable about each person's dietary needs. Since the last inspection they had been trained in different food textures. They presented pureed foods in an appetising way for people who needed this. Where necessary, people had fluid records to make sure they had enough to drink. These were checked daily by the manager and action was taken if people needed to drink more.
- People who were at risk of losing weight were offered fortified foods. Vegetarian, oriental and other special diets were provided to meet people's cultural needs.
- People were offered plenty of fruit, drinks and snacks during this visit.

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

- People confirmed they received support to access health services whenever this was required. Their comments included, "They arrange appointments and someone comes with me from the home, stays with me and comes back with me."
- People's care records included reports and guidance from health care professionals such as GPs, speech and language therapist, occupational therapists and dietitians.

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

- People said the home had the right equipment to support them with their physical needs, including baths with hoists and shower rooms. Bedrooms were highly personalised.
- Several people were living with dementia. There was some information and signposting to help them find their way around. This included picture signs on bathrooms and toilet door and orientation board of the day, date and weather.
- The environment was neutrally decorated and had a range of sitting areas so people could have rest stops if they were walking around. People had access to a secure courtyard garden with fish pond and seating.

This area required some updating which was planned.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At the last inspection the provider had failed to make sure people were treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made.

- People said they were treated with dignity and respect. Their comments included, "All the carers show that to me – they're absolutely lovely with me."
- People described how their privacy was upheld. They said when they were being supported with personal care staff made sure the curtains were drawn and the door was closed.
- Staff asked people's permission before assisting them. Staff took their time to support people without rushing them. Staff used gentle touch and reassurance to help people who were unable to say why they were distressed.
- A small number of people said they had not always been supported with a shower when they wanted. The manager instilled this point continuously at staff meetings and staff supervisions to make sure people's choices were met.

Ensuring people are well treated and supported; respecting equality and diversity

- People had many comments to make about the caring and considerate staff. They told us, "They are very kind and compassionate" and "very caring".
- There were warm, friendly and appropriate relations between staff and people. Staff were sensitive and patient with people, supporting them at their own pace. A relative commented, "My family member was in hospital for weeks. When he came back he got cuddles off every one of them. All of them were saying 'we are pleased you're back.'"
- People's equality and diversity were respected. People were supported to be part of the local church community, observe religious rituals and cultural diets. Rotas were arranged to help staff to attend religious festivals.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were invited to be involved in care planning although few people did this. One relative commented, "If I need to see my relative's care plan, I can. It's updated."
- People had lots of opportunities to discuss their views of the service either individually or in residents' meetings. For example, catering staff regularly asked people for their suggestions and included them in

designing future menus by offering 'taster sessions'.

- People had been fully involved in plans for converting a lounge and unused conservatory into a larger lounge and café area for people to socialise and meet up with their relatives.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans about people's individual needs did not always reflect people's change in needs. For example, one person who was prescribed a syringe driver (a device to administer medicine continually over a 24-hour period) had no care plan in place about this. There were no care plans about people's oral care, even for people who had dentures or were receiving palliative care. One person's care plan about epilepsy did not make any reference to the rescue medicine they had been prescribed to use in an emergency.
- The provider had plans to adopt an electronic care plan system within the next month. This operations manager said this would be an opportunity to review all care records and make sure they reflect people's current, presenting needs.
- Staff were not working in a consistent way to share information about people's daily needs. It was the provider's expectation that at the end of their duty staff would provide a written and verbal handover to incoming staff. The handover records included any current changes in people's needs as well as their long-term health conditions. This practice was taking place on the ground floor unit but only a verbal handover was given on the first floor. This meant if agency staff were employed on the first floor they would not have written details of people's current and specific needs.
- Staff did try to provide personalised care. They were knowledgeable about individual people's preferences and lifestyles.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The home supported people from different ethnic origins. The home had a welcome pack available to residents in Chinese and this could be made available in other formats for people with sensory needs.
- Staff communicated with people where English was not their first language using technology and an online translation app.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home provided a good range of activities and entertainment. People spoke positively about this and commented, "The Co-ordinator always has something going on, it's absolutely great" and "it's excellent entertainment."
- Several people were from the Chinese community. Everyone in the home and relatives celebrated the

Chinese New Year together. This provided a social occasion as well as helping people and staff learn more about the Chinese culture.

- The home arranged visits from community including pet therapy, church services and local school children.

Improving care quality in response to complaints or concerns

- There was information available to people about how to make a complaint if they were unhappy with the service.
- The manager kept a record of formal complaints and how these had been investigated and actioned.
- At this time minor complaints were not being recorded. The operations manager said there were plans to record all comments and complaints received, so they could demonstrate these were taken seriously and acted upon.

End of life care and support

- Relatives and residents said people were supported in compassionate way at end stage of their lives.
- There were care plans in place to support people with their end of life care. These plans were mainly professional information relating to emergency health care plans and did not reflect what the person's wishes were.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection the provider's systems for monitoring and improving the quality and safety of the service were not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection some improvements had been made but further improvements were required.

- Quality monitoring and audits of the service were in place. However, these had failed to identify and address the issues found during this inspection regarding the management of people's medicines and care records.
- Where audits did identify shortfalls, actions were not always taken to rectify them. For example, staff had recorded the daily temperature of the medicines fridge as being too high. But this continued to be recorded as too high for weeks without any action being taken to reset the fridge.
- Some staff were not following the provider's expected practices, for example providing daily written handovers of people's well-being. However, these inconsistencies had not been identified by the management team.
- There had been three different managers employed at the home since the last inspection. These changes had impeded the progress the provider had intended to achieve in respect of the breach of regulations. The current manager had been in this post for four months. Shortly after this inspection their application for registration as manager was approved.

We found no evidence that people had been harmed however, systems had not been robust enough make sure the service was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider and management team promoted openness and approachability. They were committed to making the necessary improvements to the service. A peripatetic manager was now based at this home to help the new manager and staff team to achieve those improvements.

- There was a drive to embed person-centred care practices. The manager used staff meetings and staff supervision sessions to promote personalised care that met people's individual choices.
- The service involved people and their relatives in day to day discussions about their care. Relatives said they were kept informed of their family member's well-being.
- The provider had introduced recognition and reward schemes that involved the views of people about staff members. These included the 'golden ticket', where people and relatives gave their nominations about any staff that were particularly kind and helpful. The most nominate staff member received a gift voucher.

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 and management team were fully aware of their duty of candour if something went wrong.
- The provider had shared the results of the last inspection with the staff team so they were aware of the areas for improvement. Staff said there had been a period of low morale and management instability. However, they said this was improving with the new manager and they were working together to improve the service.
- The provider had notified CQC and reported appropriately to the local authority when incidents had occurred.

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

- Regular resident and relatives' meetings were held and people were encouraged to give their views about all aspects of the service. Their comments and suggestions were recorded, but any actions taken by the service were not reported back at the next meeting. The operational manager agreed this would be addressed at future meetings.
- Surveys of people's views were regularly sought. A summary of people's suggestions and the actions taken were displayed on a 'You said, We did' poster in the hallway.
- Staff meetings were held and staff said these were open forums to express their views and opinions on the day-to-day running of the service.

Working in partnership with others

- The manager attended meetings with other home managers to share good practice and any lessons learned. This had prompted the provider to invest in a new electronic care plan system.

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
Treatment of disease, disorder or injury	Medication was not managed in a consistently safe way. Regulation 12 (1)(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider's governance systems were not sufficiently effective to monitor and improve the quality and safety of the service. Regulation 17(1)(2)(a)(b)(c)(f).