

Solehawk Limited

Kenton Manor

Inspection report

Kenton Lane
Gosforth
Newcastle Upon Tyne
Tyne and Wear
NE3 3EE

Tel: 01912715263

Date of inspection visit:
21 July 2020
23 July 2020
11 August 2020

Date of publication:
29 September 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Kenton Manor is a residential care home providing personal and nursing care to 32 people at the time of inspection, some of whom were living with a dementia. The service can support up to 65 people in one large adapted building.

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

Medicines were not always managed safely. People did not always get their medicines as prescribed. People's care plans for medicines prescribed as 'when required' were not always person centred and some required a review. The management team took action after our inspection to address this.

Risk assessments were in place for people, but these were not always accurate or reviewed. Risk assessments relating to the use of emollient creams were missing from people's care records.

Some care files were not a person centred or completely reflected the needs of people. The management team took positive action with this and are currently reviewing and updating all people's care records.

The new management team in place were currently implementing a new quality and assurance framework to monitor the safety and quality of care provided. We found this required further development to identify issues.

Staff knew people well and we saw positive interactions between people and staff. Relatives praised care staff for the support they provided to people. Relatives told us they felt people were safe with the care staff and this had improved since our last inspection.

Staff told us the communication had greatly improved and they were confident with the new management team. Some relatives said communication had improved but some commented that they did not feel communicated with particularly during the pandemic.

There was an effective infection prevention and control policy in place and staff were following this to keep people safe. This had been reviewed and updated to reflect the current pandemic relating to COVID-19 and extra steps were in place to minimise the risk to people living at the service.

Staffing levels were appropriate to support people. There continued to be a robust recruitment process in place and clinical staff had their registration checked by the manager. Agency staff received an induction and all clinical staff had their medication competencies checked regularly.

Accidents and incidents were recorded and monitored by the manager. Any incidents or concerns were investigated fully and shared with the local authority and CQC. Lessons learned from incidents were shared with the staff team to prevent the risk of repeated events and to improve the quality of care provided to

people.

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.

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 inadequate (published 03 December 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

This service has been in Special Measures since December 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an announced comprehensive inspection of this service on 07 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person-centred care, safe care and treatment, governance and employing fit and proper persons.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kenton Manor on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified continued breaches in relation to safe medicines management and the governance framework in place at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider, local authority and the NHS Clinical Commissioning Group (CCG) 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Kenton Manor

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

This inspection was carried out by three inspectors.

Service and service type

Kenton Manor 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 did not have a manager registered with the Care Quality Commission. There was a temporary manager in place at the time of the inspection. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was due to the COVID-19 pandemic and we wanted to make sure the manager of the service could support the inspection.

What we did before the inspection

We reviewed the information we held about the service such as when the provider told us about serious injuries or events

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 contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider, and the local Healthwatch for their feedback. 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 reviewed? documentation, inspected the safety of the premises, the arrangements for infection prevention and control, and carried out observations in communal areas. 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 spoke with six relatives and 11 members of staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed the care and medicine records for eight people and the recruitment records for three staff. We looked at a range of records. These included staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information relating to the governance of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested further assurances that issues found during the inspection were being acted upon and measures put in place to remove identified risks. The management team were proactive and provided updates throughout and after the inspection.

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 inadequate. At this inspection this key question has now improved to requires improvement. 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; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people with regards to medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always managed safely.
- Body maps were not always in place to support the safe administration of topical creams. We found that some people had creams recorded as administered that were not prescribed for them.
 - Records supporting the safe administration of medicines were not always person centred. Two out of the eight people we looked at did not have accurate allergy information recorded.
- One person was having their medicines administered covertly (hidden in food or drink without the person knowing. However,) no care plan was in place to support this . There were appropriate mental capacity and best interest decisions in the records, but the corresponding plan was not present.
- Three people's care plans stated bowel movements needed monitoring as part of as and when required protocols. We found these protocols were not followed as records were not always completed and there was no oversight to assess if these medicines were needed.
- Medicines audits lacked detail and it was unclear who or where in the service was being audited. The audits failed to identify the concerns found during this inspection and there were no clear actions recorded when improvements were needed.
- Risks associated with the use of emollient creams had not been assessed which placed people and staff at risk of serious harm. Risk assessments in place were not always accurate or reviewed in line with the provider's processes. Records were in place to show processes were in place to manage people's diabetes. However, this information was not always monitored or transferred over into the main care plan.

The provider failed to ensure people received their medicines safely. This demonstrates a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, entitled Safe care and treatment.

The management team took immediate action and reviewed peoples medicine and care records to make sure people were safe

- Clinical staff were able to explain the needs of people and what action they would take in emergency situations. The treatment room was tidy, and medicines were stored securely with temperature monitoring in place.
- Accidents and incidents were recorded and monitored to identify any areas for improvement and trends.
- The premises were safe and improvements to health and safety had been made.

Preventing and controlling infection

At our last inspection the provider had failed to have robust practices in place with regards to infection control. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found there had been improvements in relation to infection prevention and control and the provider was no longer in breach of regulation 12.

- People were protected from the risk of infection. There was regular cleaning of the service and this had been reviewed and updated due to the current pandemic. There were new PPE stations and designated areas to wash hands.
- Staff had received additional training around infection control and COVID-19. One staff member told us, "PPE training completed. All of the domestic team had to be together to go through the changes and updates to the PPE and we've updated the cleaning schedule."
- The provider had employed a new manager who was responsible for the domestic team. Staff were really positive about this and felt assured by how responsive and proactive they were.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. Safeguarding policies were in place which were accessible to staff, people and relatives. Staff had received training around safeguarding and told us the processes they would follow if they identified any form of abuse.
- The manager investigated all incidents, recorded outcomes and used these for learning for staff. Safeguarding incidents were alerted to the local authority and CQC.
- Lessons learned from investigations and accident and incidents were shared with staff to reduce the risk of similar events happening in the future.

Staffing and recruitment

- There was enough staff to safely support people. One staff member told us, "Staffing levels are good it's really well staffed."
- Staff continued to be recruited safely and the provider was continuing to recruit a permanent staff team to reduce their need for agency staff. Agency staff were provided with an induction to make sure they had the correct skills and knowledge before delivering care to people.
- Clinical staff had their registration checked regularly to ensure they were fit to practice.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At our last inspection the provider had failed to deliver person-centred care as care records did not include all relevant details and people did not have their needs fully assessed. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found there had been improvements in relation to the delivery of person-centred care and the provider was no longer in breach of regulation 9.

- People had their care needs assessed by staff. People, relatives and healthcare professionals were involved in all aspects of care planning and reviews. One relative told us, "I'm involved in reviews of [person's] care needs. They [staff] ring me to discuss it and we go through it."
- Staff completed assessments of people's needs which included physical, emotional and social requirements. However, not all care records accurately reflected the person's needs, but staff knew people very well and could tell us how people were supported. Care records were in the process of being updated.
- Staff provided people with choices around their support needs, food and drink and activities. One member of staff said, "We ask residents what they would like for their food and clothing. It's their choice and we try to get them to make as many choices as possible."
- Relatives told us that they had not always been involved in advocating for people's choices during the pandemic. Relatives said they had not been involved in decisions about moving people between floors and were only told after the event.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure management and clinical staff had adequate knowledge or competence to carry out their roles. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found there had been improvements in relation to staff competence and knowledge and the provider was no longer in breach of regulation 19.

- Staff were provided with support and had the relevant knowledge, experience and skills. The provider ensured all new staff received a comprehensive induction to give them the skills and knowledge to carry out their role. Agency staff received an induction from the provider before delivering care. One staff member commented, "Full induction was completed, and my training is ongoing."

- Staff received on-going refresher training. Staff had received additional training in relation to COVID-19.
- The management team carried out regular supervisions and appraisals with staff. Staff who administered medication had their competencies checked regularly.

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

- People were supported to access a healthy balanced diet which also reflected their personal choices and dietary needs. Our observations showed People were happy during meal times and interacted with each other and staff.
- Staff regularly reviewed people to make sure they were not at risk of malnutrition. If a risk was identified there were records showing referrals to health care professionals.

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

- Care records showed involvement from other agencies and plans reflected advice and guidance provided. If people's needs changed, we saw referrals to other health care professionals. Relative's told us about other professionals involved in people's care. One relative said, "If the GP goes in, we have an update straight away."
- Staff worked closely with other health care professionals to make sure people received the care and support they required. This included GPs and community nurses. A staff member told us, "We link in with the district nurses who visit and have been working with them for several years."

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

- The home was appropriately adapted for people with large corridors, spacious bedrooms and clear signage to help people find their way around. People enjoyed spending time with relatives in the communal garden as part of the provider's new visiting processes.
- The home was nicely decorated, clean and tidy. Bedrooms were personalised; people had their own possessions displayed around the rooms.

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.

- For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for any restrictions placed on them. These were completed in partnership with relatives and other professionals.

- DoLS applications were made to the local authority and reflected the person's needs. Staff had received training around MCA and DoLS and were able to tell us how people's capacity was assessed.
- Staff asked for consent before providing support to people.

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 inadequate. At this inspection this key question has now improved to requires improvement. 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 our last inspection the provider had failed to have accurate records or an effective quality and assurance system in place to monitor the quality and safety of the care provided to people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The quality and assurance systems in place did not fully monitor the safety and quality of the care provided to people. Audits in place were not effective and did not identify the issues we found during the inspection.
- At our last inspection we requested that the provider reviewed all people's records to make sure they were accurate. At this inspection we found people's care records were not always accurate or reviewed.
- After the last inspection of the service we discussed with the provider the need to have a registered manager. At this inspection the service did not have a manager registered with the Commission and no application had been made by the provider since December 2019.

This is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are working with the provider, local authority and CCG to support the management team with their improvements to the service.

- The nominated individual and the manager responded positively to the feedback provided and were aware of areas which needed to be reviewed and improved to ensure the systems were effective.
- The management team assured us that all care record would be reviewed within a set period of time to make sure that they were accurate.
- Since the last inspection there was a new structure in place around the management and leadership of the service.

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

outcomes for people

- There was a positive and inclusive staff culture at the service. Staff told us the culture at the service had improved. One staff member said, "We get more support now than we ever did. All the staff support each other."
- Staff were positive about the changes to the management team that the provider had introduced. A member of staff told us, "Management are doing quite a good job and the service has improved."
- During the inspection we observed the manager interacting positively with people and staff. Staff and people were happy.

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; Continuous learning and improving care

- When things went wrong, apologies were given to people and lessons were learned. These were used to improve the service. Relatives confirmed they were informed if things did go wrong.
- Investigations were completed for all incidents. Actions were identified and shared with people, relatives, staff, partnership agencies and the wider provider management team.

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

- The management team engaged staff regularly. Staff told us they were regularly asked for their feedback during team meetings, supervisions and through a staff survey. One member of staff told us they felt comfortable providing feedback to the manager.
- Relatives told us staff involved them with reviews of people's care needs but did not feel they were fully communicated with or engaged during the pandemic by the management team. One relative commented, "Communication over the Covid period has been abysmal."
- The management team were aware of the concerns from relatives and were looking at ways to positively engage them.

Working in partnership with others

- The service worked in partnership with other organisations. Staff told us they had regular interaction with the district nursing team and local GPs.
- Care records showed involvement from other health care professionals.

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	Medicines were not managed safely.
	Risks that people may face were not always identified or reviewed.
	Regulation 12 (1)(2)

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 governance framework did not identify or mitigate all risks to people. The quality of care provided was not effectively managed to identify areas where the service could improve.
	Records were not fully accurate or present.
	Regulation 17(1)(2)