Solehawk Limited

Kenton Hall Nursing Home

Inspection report

Kenton Lane
Gosforth
Newcastle upon Tyne
NE3 3EE
Tel: 0191 271 1313
Website:

Date of inspection visit: 8 April 2015
Date of publication: 20/05/2015

Ratings

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

Overall summary

We carried out an inspection of Solehawk Ltd – Kenton Hall Nursing Home on 8 April 2015. The inspection was unannounced. We last inspected Kenton Hall Nursing Home on 13 February 2014 and found the service was meeting the relevant regulations in force at that time.

Kenton Hall Nursing Home provides accommodation and personal care for up to 60 older people. Accommodation is provided on two floors in 60 en-suite single bedrooms. A passenger lift provides access to both floors. At the time of the inspection there were 52 people accommodated in the home plus an additional two people in hospital.

The service had a registered manager in post. 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.

People told us they felt safe and were well cared for in the home. Staff knew about safeguarding vulnerable adults and we saw concerns had been dealt with appropriately, which helped to keep people safe.

Summary of findings

We noted the environment and equipment were safely maintained. We found the arrangements for managing people's medicines were safe. We found records and appropriate processes were in place for the storage, receipt, administration and disposal of medicines.

As Kenton Hall Nursing Home is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate policies and procedures were in place and the registered manager was familiar with the processes involved in the application for a DoLS. At the time of the inspection one person living in the home was subject to a deprivation of liberty safeguard.

Staff had completed relevant training for their role and they were well supported by the management team. Recruitment and selection procedures were robust and all necessary checks had been carried out before new staff started work in the home.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink.

People had opportunities to participate in a variety of activities and we observed many instances of staff interacting positively with people. Everyone spoken with told us the staff were caring, compassionate and kind. We saw that staff were respectful and made sure people's privacy and dignity were maintained.

Staff understood the needs of people and we saw care plans were person centred. People and their relatives spoke positively about the home and the care they or their relatives received.

All people, their relatives and staff spoken with had confidence in the registered manager and felt the home had clear leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people living in the home.

Summary of findings

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.

People told us they felt safe and secure in the home and we found a robust recruitment procedure for new staff had been followed. Staffing levels were sufficient to meet people's needs safely.

The registered manager had systems in place to manage risks, respond to safeguarding matters and ensure medicines were appropriately handled. People and their relatives told us it was a safe place to live.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were well trained and supported to give care and support to people living in the home.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This included policies and procedures and guidance in people's care plans.

People were provided with a variety of nutritious foods and were offered sensitive support to eat their meals.

People had access to healthcare services and received appropriate healthcare support. The registered manager had good links to healthcare professionals and was actively working with them to promote and improve people's health and well-being.

Is the service caring?

Good

The service was caring.

People made positive comments about the caring attitude and patience of staff. During our visit we observed sensitive and friendly interactions.

People's dignity and privacy was respected and they were supported to be as independent as possible. Staff were aware of people's individual needs, backgrounds and personalities, which helped them provide personalised care.

Information was available to help people with making decisions and choices.

Is the service responsive?

Good

The service was responsive.

People were satisfied with the care provided and were given the opportunity to participate in a range of activities, which were arranged on a daily basis.

Care plans were person centred and people's abilities and preferences were clearly recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to.

Summary of findings

Is the service well-led?

Good

The service was well led.

The home had a registered manager who provided clear leadership and was committed to the continuous improvement of the service.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home, their relatives and staff. Appropriate action plans had been devised to address any shortfalls and areas of development.

Kenton Hall Nursing Home

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 checked whether the provider is 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 8 April 2015 and was unannounced. The inspection was carried out by two adult social care inspectors and a specialist advisor. The specialist advisor had experience of this type of service and was a qualified nurse.

Before the inspection we reviewed the information we held about the service, including notifications.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home, including observations of the care provided. We spoke with eight people who used the service and two relatives. We spoke with the registered manager and eight members of staff. We also discussed some of our findings with the area manager for Solehawk Ltd.

We looked at a sample of records including eight people's care plans and other associated documentation, medication records, four staff recruitment files and staff records, policies and procedures and audits.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe receiving care at Kenton Hall Nursing Home and expressed confidence in the registered manager and staff team. People felt staff understood their needs and were able to meet them safely. One person we spoke with said, "Oh yes, the staff are nice; I'm very safe." Another person told us, "Safe here?... definitely." People we spoke with said they were spoken to appropriately and treated respectfully.

The staff we spoke with were clear about the procedures they would follow should they suspect abuse and expressed confidence that the management team would address any concerns appropriately. All of the staff we spoke with stated they had been trained on safeguarding. We reviewed the records we held about the service and saw such concerns were reported promptly and steps taken to keep people safe.

We observed staff supporting people in a safe and careful manner. We saw that care staff were patient and cautious to ensure people's safety when supporting them. For example, we observed the way staff helped people to get around and transfer to and from wheelchairs. Staff moved people safely and used equipment appropriately to do this. Staff also ensured people's foot rests were in use before supporting them to get around in their wheelchairs. This meant the risk of people's feet getting trapped under their chair was reduced.

When viewing people's care plans we saw risks to people's safety and wellbeing, in areas such as falling or developing pressure ulcers, were assessed. Where a risk was identified, there was clear guidance included in people's care plans to help nursing staff and care workers support them in a safe manner. For example, we viewed the care plan of one person who was at high risk of falling. We saw there was a very clear risk management plan in place to address this. We also saw people were helped to take positive risks to help ensure their independence was promoted. One example of this was with a person who was helped to retain control over their medicines. Care workers we spoke with all demonstrated a clear understanding of risk assessment and care planning procedures and were able to tell us how they supported individual people in a safe and effective way.

Following an accident or incident, a form was completed and the registered manager kept an overall log. We noted an analysis had been undertaken of all the accidents and incidents and an action plan had been developed to minimise the risk of reoccurrence. The registered manager told us about the various meetings conducted in the home. We saw these included a Health and Safety meeting, where safety topics and issues were discussed and plans put in place to maintain and improve levels of safety.

We looked at the recruitment records for four new staff members and found appropriate documentation and checks were in place for all members of staff. Before the registered manager confirmed a person in post they ensured an application form (with a detailed employment history) was completed. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children.

The registered manager told us, and records confirmed, they regularly reviewed the dependency needs of people living in the home. This was to help their to work out the necessary staffing levels in line with the needs of people who used the service. The registered manager told us this was a useful starting point for determining staffing levels, but they would base these on her experience and observations about how effectively and promptly people's needs were being met. The registered manager was able to give us examples of how they had ensured staffing levels were adjusted in line with the needs of people who used the service, such as when people needed high levels of personal care support.

People who used the service felt staffing levels at the home were appropriate to meet their needs. One person told us staff always responded very quickly when they used her call bell. Another said there was one occasion when it took ten minutes for staff to respond, but acknowledged that some people needed up to four staff to help them, which would result in a slight delay in responding to less urgent requests.

Staff we spoke with also felt staffing levels were adequate. One care worker commented, "We can meet needs safely; we've got the equipment, we've done the training, we've got the staff. It's a long time since we've needed agency [staff]."

Good

Is the service safe?

We conducted a tour of the premises and saw the home was in a good state of repair. Corridor, bathroom and lounge areas were free from obvious hazards, and the home was free from unpleasant odours. The registered manager had a range of audits, safety checks and service records in place, which included gas safety, electrical and water system checks carried out by external contractors. These were all up to date and confirmed the safety of the premises and the safety equipment used. We checked the water temperature on three baths and three hand basins and found these to be within safe limits. We saw some first floor window restrictors could be undone and reported this to the registered manager. They acknowledged this was a potential area of concern and assured us appropriate action would be taken to address this.

We looked at how people's medicines were managed. All people spoken with told us they received their medicines when they needed them. Staff designated to administer medication had completed a safe handling of medicines course. We saw records of the staff training and records of their competency having been periodically re-checked. Staff had access to a set of policies and procedures which were available for reference in the medication room. We observed a medicine administration round and saw the staff member follow good hygiene and administration practices.

A monitored dosage system was used to store and manage the majority of medicines. This is a storage device designed to simplify the administration of medication by placing the medicines in separate compartments according to the time of day. As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medication records were well presented and organised. All records seen were complete and up to date.

We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. Our check of stocks corresponded accurately to the controlled drugs register.

Good

Is the service effective?

Our findings

We asked people who used the service about the staff team, and heard many positive comments. One person told us, "The staff are all nice." Another commented, "The staff are very kind. The staff are very good."

We looked at how staff were trained and supported by their managers. We found staff were trained to help them meet people's needs effectively. All staff had under gone an induction programme when they started work in the home and received regular training thereafter.

Training defined as mandatory by the provider included moving and handling, health and safety, fire safety, infection control and safeguarding vulnerable adults. In addition, care staff undertook specialist training on caring for people living with a dementia, nutrition and end of life care. A nurse we spoke with told us their request to undertake extra study day on the Mental Capacity Act had been accepted by the provider. The registered manager had effective systems in place to ensure staff completed their training in a timely manner. All staff spoken with told us the training was useful and beneficial to their role. One staff member noted, "(The registered manager's) getting us up to date. I've done end of life care, moving and handling and values and attitudes." She continued, "We get updates when needed, we're very supported."

Staff spoken with told us they were provided with regular supervision and they were supported by the management team. This provided staff with the opportunity to discuss their responsibilities and to develop in their role. We saw records of supervision during the inspection and noted a range of topics had been discussed. Staff also had annual appraisal of their work performance and were invited to attend regular meetings. Staff confirmed handover meetings were held during which information was passed on between staff. This ensured staff were kept well informed about the care of the people who lived in the home.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Staff spoken with told us they had received training on the MCA 2005, and the registered manager explained further training was planned. We also noted there were policies and procedures available on the MCA 2005 and DoLS for staff reference.

People's capacity to make decisions for themselves was considered as part of the assessment of their needs. These were carried out before they moved into the home and there was information for staff about these issues in each person's care plan. At the time of the inspection, there was one person living in the home subject to a DoLS. The registered manager had notified us of the outcome of this application and updated us when the 'authorisation' had been renewed by the local authority.

We looked at how people were supported with eating and drinking. The majority of people we spoke with told us they liked the food provided. One person stated, "The food's very good, yes you get a choice. I'd recommend it." Another said to us, "Chicken and leek pie; best I've ever tasted." We observed the arrangements over lunch time on both floors. We saw staff were attentive and responsive to people's needs and people were given sensitive assistance to eat their food. One to one support was seen carried out by a nurse, who engaged with people at the table, making the meal time a social experience. Time was taken to provide explanation of each spoonful when a person was assisted with eating. We saw that some people were also encouraged to support themselves, regardless of the time it took. This ensured people's independence was promoted.

People's nutritional needs were assessed and their preferences were individually recorded. We saw advice had been sought from a speech and language therapist about what foods were appropriate for people, for example when they needed a soft diet. The input of the dietition had also been arranged, where people were at risk of malnutrition. We noted staff had maintained food and fluid charts when people had been assessed as having a nutritional risk. The amount of food and fluid had been totalled to help monitor people's intake and ensure they were receiving sufficient food and fluid. Catering staff prepared fortified foods to provide extra calories, vitamins and minerals to people at risk of malnutrition.

Good

Is the service effective?

We looked at how people were supported to maintain good health. Records we looked at showed us people were registered with a GP and received care and support from other professionals, such as the chiropodist, dentist and optician. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health needs. From our discussions and a review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

We saw from looking at people's care files a summary information sheet had been compiled, which provided information about medical conditions and a description of needs. The sheet was provided to hospitals on admission to effectively communicate people's needs and wishes and to ensure continuity of care.

Good

Is the service caring?

Our findings

People using the service told us they were treated with kindness and compassion. All expressed satisfaction with the service. One person told us, “These places are marvellous, it’s not home, but it’s the next best thing.” Another person commented, “Care is very dignified; they always shut doors.” A further comment made to us was, “No one need worry about getting old when there are places like this about.” Similarly, the relative we spoke with expressed their satisfaction with the care their family member was receiving. We observed relatives visiting throughout the day of our inspection and noted they were made welcome by staff.

Staff we spoke with understood their role in providing people with effective, caring and compassionate care and support. There was a ‘keyworker’ system in place; this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff were knowledgeable about people’s individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions.

People said their privacy and dignity were respected. We saw people being assisted considerately and politely reassured by staff. We observed people spending time in the privacy of their own rooms and in different areas of the home. Staff we spoke with were able to explain the steps they would take to preserve people’s privacy, for example when providing personal care.

We observed staff knocking on doors and waiting to enter during the inspection, although we observed a nurse enter directly into a room on one occasion. We raised this observation with the registered manager who undertook to discuss this with the staff member concerned. We noted there were policies and procedures for staff about the operation of the service, which included guidance on respecting privacy and promoting dignity. This helped to make sure staff understood how they should respect people’s rights in these areas.

On a tour of the premises, we noted people had chosen what they wanted to bring into the home to furnish their bedrooms. We saw that people had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves. We also saw there were practical steps taken to preserve people’s privacy, such as door locks and blinds fitted to bathroom windows.

People were encouraged to express their views as part of daily conversations, during resident committee meetings and in customer satisfaction surveys. Records of the meetings recorded that a wide variety of topics had been discussed. People we spoke with confirmed they could discuss any issues of their choice. Although people’s involvement in their care plans was not always directly recorded, these were very person centred and personal preference sheets had been compiled.

We observed staff encouraged people to maintain and build their independence skills, for instance in supporting people to walk and to handle their own medicines. Staff were also able to provide clear examples of how people were supported to remain as independent as possible. For example staff had introduced communication aids to help converse with people whose first language was not English. We saw many instances where staff interacted with people in a kind, pleasant and friendly manner and being respectful of people's choices and opinions.

Good

Is the service responsive?

Our findings

We asked people about the care they received and whether it was responsive to their needs. People told us staff responded to their requests. One person told us, "The staff look after me alright. They know their job." Another person said, "The staff are lovely and caring and always have time to sit and talk to you."

We spent time observing the care provided and witnessed staff answered call bells in reasonable time and responded to people's requests for help. People told us they did not have to wait long for support, although it could be a few minutes when the home was particularly busy. Other aspects of the service were responsive, and one person told us how the chef at the home had listened to their request for particular meals and food items and provided these for them. A relative told us they felt involved in the provision of care. They told us, "I feel very involved in my (relative's') care. I love it here." The relative went on to say, "They (the staff) know (them) and what (they) like. The night staff particularly have a soft spot for (them)."

We looked at a sample of people's care plans to see how staff identified and planned for people's specific needs. We saw people had individual care plans in place to ensure staff had the correct information to help them maintain their health, well- being and individuality. We saw when people had come to live at the home there had been an assessment of their needs undertaken. We saw from this assessment a number of areas of support had been identified and care plans developed to support these needs.

Care plans covered a range of areas including; diet and nutrition, psychological health, skin integrity, managing people's pain and mobility. We saw if new areas of support were identified then care plans were developed to address these; including short term plans for chest infections or other illnesses. Care plans varied in detail but contained information staff could use to support people. We found one person had been assessed by a speech and language therapist (SALT) and recommendations made about how they should be supported with their meals and drinks. We noted that no care plan had been put in place to support these recommendations. We discussed this with the registered manager who told us they were still in discussion with the SALT team about the final approach to be used for this area of care and once concluded a care plan would be put in place.

People's health and care plans were reviewed monthly and a note made of any changes. These reviews included an update of their weight, skin integrity and other health indicators such as blood pressure. We saw that whilst care plans were reviewed regularly some of the review comments were limited in their usefulness, and included phrases such as, "care plans remains relevant" and "skin intact."

We spoke to staff about personalised care. We found staff had a good knowledge of the people living at the home and how they provided care that was important to the person. One staff member told us how they had developed tools and signing systems to communicate with people whose first language was not English.

People told us there were a range of activities available at the home including craft activities, events and films. People said there were also trips out from the home, although this tended to be arranged for people with better mobility because of the transport issues. There was an activities room in the home, and a wide range of craft items, made by people at the home, were on display. A broad range of activities were also planned for the year ahead. One person talked at length to us about their work and how they enjoyed the arts and crafts produced by other people as well. One comment made to us was, "The best thing this home ever did was getting (Name of activities co-ordinator)." We saw photographs of people joining in activities including a photography session. On the afternoon of our inspection there was a bingo session taking place and a film for people to watch. One staff member told us, "We have Karaoke sessions. Everyone gets involved, including the staff, they seem to enjoy that." People also told us they could sit in their rooms and spend time on their own if they wished. We saw one person was sat quietly reading a Kindle (electronic reading device). This meant people had a range of activities and occupation offered to provide meaningful ways to spend their time, maintain their interests and develop new skills.

People told us they were able to make choices while living at the home. For example, we saw people were given

Good

Is the service responsive?

choices at meal times, in the choice of drinks available to them and whether they wished to join in with activities. One person told us, "I like to sit in here and watch the television. That is my choice."

We looked at the way people's views were sought and complaints managed. People told us they had not recently raised any formal complaints, but knew they could speak to a member of staff and the registered manager if they had any concerns. One person told us, "I did complain about something, in the past, but it was all sorted." Records showed five formal complaints had been dealt with since the new registered manager had started at the home in September 2014.

We found matters had been appropriately investigated and people had received a full written explanation of the investigation and any action taken as a result of the complaint. We saw there had been two written compliments received within the same timescale. One compliment stated, "My family would like to thank all your staff for looking after our (relative) for over six years." The evidence we looked at showed people's views were acknowledged and where needed their concerns investigated and acted on appropriately.

Good

Is the service well-led?

Our findings

People we spoke with told us they were happy at the home and comments from people included, "I like living here; it is alright," and "The staff are brilliant. I know them all by name." One relative told us, "It's a lovely place. It's like my (relative) is part of a second family." Staff told us they were happy working at the home and felt the atmosphere was good. One staff member told us, "I like working here. I like bringing a smile to people's faces, making them laugh. We have lots of laughs and that is good."

At the time of our inspection there was a registered manager in place. Our records showed they had been formally registered with the Commission since February 2015. The registered manager was present and assisted us with the inspection.

The registered manager told us their philosophy for the home was to develop care, "to a standard that I would want for my parents or anyone I loved." They said, "This is their home, so people should be able to have what they want." They went on to say, "We should be putting people at the centre of care." They told us they wished to rewrite the home's statement about care because it referenced 'service users.' They continued by commenting, "They are not 'service users' they are people, so let's call them people."

We saw the registered manager carried out a range of checks and audits at the home. We also saw that they reported back to the provider organisation on a monthly basis, detailing any complaints or compliments, incident reports or accidents, sickness levels and staff training completed. They told us how they had introduced a system to review five care plans a week to make sure everyone's care was reviewed and updated. We looked at care plan audits and noted the majority of areas highlighted had been addressed and changes made to care plans or information updated.

People told us the registered manager regularly walked around the home to check on things and see how people were. One person commented, "(Registered manager) is lovely. (They) comes round and chats to you." The registered manager told us they liked to be out of the office and around the home, so (they) knew what was happening. They commented, "This is not an office job; it's out there supporting other people to do their jobs." They told us the biggest challenge they had faced since starting the role was to support staff to make care more flexible, changing care so that people could have things like late breakfasts and baths and showers when they wanted. Staff told us how the registered manager had changed the staff rota, so that they worked more widely across the whole home. One staff member told us, "It's really working; you get to know people better." One relative told us, "(Registered manager) is a lovely (person). (They) has lots of ideas, but you can't bring everything in at once."

The registered manager told us there were a range of staff meetings with nurses, care staff, kitchen and domestic staff and documentation we looked at confirmed this. They told us they tried to work with staff and engage them. They said, "If they come to me with an idea we can talk about it and see if it will work." Staff told us they could raise issues in the meetings and they would be addressed. One staff member commented, "We can say whatever we wanted and it is written in the minutes."

The registered manager explained about a 'residents' committee' that they had established at the home. They said the group had a chair and a secretary and met monthly to discuss issues, without staff being present. They said the group invited her to attend at the end of the meeting, so they could make her aware of any issues they had discussed and look at how these could be addressed. They explained how they had changed the type of cheese bought for the home because people had said they did not like the type previously bought. We saw copies of minutes from these meetings. The registered manager said one of the challenges was trying to make care more modern, to fit in with how things were today; making sure people could charge their kindles, so they could read and ensuring that WIFI was available so people could access the internet.

The registered manager told us staff in the home had developed links with the local community and local businesses supported them by donating items for raffle prizes. They said the home also had a thriving group of volunteers who came in to the home to support the work of the staff, aid activities and spend additional time with the people living there. One relative told us, "I've got very involved, I love it. I help with the crafts and with fundraising. I bought every resident an Easter egg."