

Solehawk Limited

# Kenton Hall Nursing Home

## Inspection report

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

Tel: 01912711313

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Inspected but not rated**

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Kenton Hall Nursing Home is a care home providing personal and nursing care for up to 60 people, some of whom are living with dementia. At the time of the inspection there were 24 people living at the home. Bedrooms are situated on two floors with people having access to communal lounges and dining areas.

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

Medicines processes we reviewed were managed safely, with clear oversight in place regarding core processes. Training and competence assessments were up to date. Records were well maintained and staff demonstrated a good knowledge of people's medicinal needs. The manager and clinical lead were responsive to minor areas of improvement identified on inspection.

Where people were prescribed medicines 'when required', some records were more person-centred than others. We have made a recommendation about this.

Activities were varied and were a vibrant blend of group activities and one to one time. The activities coordinator and other staff demonstrated a good knowledge of people's needs, likes, dislikes and pastimes. Despite the pandemic staff had ensured people's isolation from their community had been minimised, for instance through charity events, video calls and outdoor spaces/pod for visiting.

Care plans were electronic and contained a good level of detail in people's records and risk assessments. Some areas contained duplication and a small number of care plans we reviewed would benefit from further review, particularly with regard to end of life care. The manager was aware of this and assured the relevant sections would be reviewed.

Staff spoke positively about the new manager and the atmosphere. The manager had worked closely with local partners to respond to specific issues and to establish clear accountable processes and systems. The nominated individual, manager and clinical lead were responsive to any suggestions made on inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 18 August 2020).

### Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of medicines. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the full report.

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 improved from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last inspection, by selecting the 'all reports' link for Kenton Hall Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we 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?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# 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 team was made up of two inspectors, a medicines inspector and an Expert by Experience (who made telephone calls to people's relatives). An Expert by Experience is someone who has experience of using or having a family member use this type of service.

#### Service and service type

Kenton Hall Nursing Home is a 'care home'. People in care homes receive accommodation and nursing with 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 CQC. At the time of inspection, the manager had begun the process of applying to register with CQC.

#### Notice of inspection

We gave short notice of the inspection. This supported the staff and ourselves to manage any potential risks associated with COVID-19.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from partner agencies and healthcare professionals. These included the local authority's contracts and commissioning services, safeguarding and other health and social care professionals.

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.

#### During the inspection

We spoke with four people living at the service. We spoke with one visiting relative. Where people were not always able to express their views about the support they received, we observed the support provided to them by staff. We spoke with the nominated individual, manager, clinical lead and activities coordinator.

We reviewed a range of records including audits carried out by senior staff. We looked at the governance arrangements for the safe handling of medicines including the provider's policy and audits. We looked at medicine's records for six people and care records for five people. We also viewed staff records relating to training and competence.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records relating to medicines, care records, training, quality and staffing which the manager sent to us electronically. We spoke with three further staff members by telephone to gain their views of the service. We spoke with five people's relatives by telephone. We contacted one social care professional via email.

# 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 Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about medicines management. We will assess all of the key question at the next comprehensive inspection of the service.

### Using medicines safely

- Effective and safe systems were in place for the management, storage, ordering and disposal of medicines we reviewed. The clinical lead and manager were responsive to suggestions regarding how to continually improve safe practice.
- Care plans around people's medication were in place and up to date. Staff understood them well.
- Staff were suitably trained and supported through competency assessments to administer medicines safely.
- Guidance to support the administration of medicines prescribed on a 'when required' basis were in place. Some of these specific plans were detailed with person-centred information for staff. Others were not as detailed and the provider committed to reviewing these.

We recommend the provider ensures care plans detailing 'when required' medicines are sufficiently person-centred.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date. The manager demonstrated a sound understanding of the most recent changes to national guidance, including the use of face masks and visiting.

# 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 now improved to good. This meant people's needs were met through good organisation and delivery.

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

- Care plans contained sufficiently detailed amounts of person-centred information about people's likes, dislikes, comforts and potential anxieties. People were supported to make choices regarding aspects of daily living. The 'resident of the day' system was working well as an additional means of checking that people's needs and choices were respected and acted on as they changed.
- Some areas of care planning documentation contained duplication. The manager acknowledged this was an area they wanted to review fully when other priority work was complete.
- Activities were well planned by an activities coordinator who was a strong advocate for people. One relative said, "I have met her and she is terrific and she still remembers my name. They do a lot." One person told us they enjoyed the residents' meetings, which gave people the chance to reflect on previous activities and plan new ones.
- Group activities were imaginative and varied - they included themed days which had regard to people's culture heritage (such as 'St Geordie Day' on St George's Day and Chinese New Year). There were well planned one to one activities with people who were unable or chose not to take part in groups, for instance help with crosswords, manicures and the use of an online activities resource for when the activities coordinator was not on shift.
- When people's needs changed, staff acted promptly and proactively to ensure their needs were met.

Improving care quality in response to complaints or concerns

- An effective complaints system was in place. Two recent non-care related complaints had been dealt with openly and effectively, in line with the provider's policy.
- All relatives we spoke with were confident they could raise a concern should they need to, and that it would be dealt with appropriately.

End of life care and support

- Staff were experienced in supporting people sensitively. Records reflected people's end of life care preferences and beliefs.
- The manager had worked proactively with external professionals to ensure all appropriate documentation was accessible to support staff and people at this important time. They had also planned more in-depth face to face training in the near future.

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.

- Care records documented people's communication needs and staff interacted people in line with these care plans. Signage was clear throughout.
- Relatives confirmed the manager communicated with them well and ensured their knowledge of people was used to help keep people informed. For instance, one person did not speak English so the service worked closely with their relative to assist at mealtimes.

# 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 good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Quality assurance systems within the home were in place to monitor standards of care. Managers and those with delegated responsibilities understood these systems and worked effectively within them.
- Staff were clear about their roles and were supported to pursue additional training and responsibilities.
- Areas of improvement were highlighted in audits and actions in place to improve practice. Specific action plans were put in place where more focussed improvements were needed. This system worked effectively.
- The manager demonstrated an in-depth knowledge of people's needs. People and relatives told us, "He seems very approachable," and "Really welcoming, really personable and an active presence."

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

- The manager had made improvements to the culture at the service since taking over. People, relatives and external professionals we spoke with praised their openness and approachability.
- The culture was as inclusive as was practicable, given the national restrictions in place at the time of inspection. Relatives received regular updates from the manager regarding activities, events and relevant changes to national guidance.
- There had been a low turnover of staff. Staff felt supported by the new manager and the provider.
- The atmosphere was upbeat, inclusive and welcoming.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of their responsibility under the duty of candour. When incidents occurred they acted openly with a range of external health and social care professionals.

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

- People's equality characteristics were considered during care plan reviews and updates.
- Staff were enabled to speak openly and supportively with people who used the service about their interests and beliefs. This meant they identified more person-centred care needs through these open discussions with people and their relatives.

Continuous learning and improving care

- The manager had identified the need for additional training and competence refresher work in light of a recent incident. They worked well with staff to ensure this work was meaningful and relevant to improving care and safety standards. The provider retained oversight of the service but ensured the manager had the autonomy to make improvements.

#### Working in partnership with others

- The provider worked in partnership with a range of professionals to support people's health and wellbeing.
- The activities coordinator had formed and maintained strong links with a range of local businesses and groups. This meant, despite the pandemic, people had been able to maintain links with their community and there were a range of outdoor plans for the summer which could draw on these links.