

Solehawk Limited

Kenton Manor

Inspection report

Kenton Lane
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Tyne and Wear
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Tel: 01912715263

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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 ●

Summary of findings

Overall summary

About the service

Kenton Manor is a residential care home providing personal and nursing care to 36 people aged 65 and over at the time of the inspection. The service can support up to 65 people.

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

Since our last inspection the service had a new registered manager in post, and we found positive changes throughout the home.

Relatives we spoke to were positive about the care provided and praised the registered manager and staff team. Their comments included, "Staff are very good and kind. I am always made welcome when I visit, and I also feel valued," and "The new manager seems approachable. Staff I have spoken to seem to be working well together and said they are enjoying being under direction of a new manager. Overall changes seem to be happening."

Staff spoke fondly about the people they supported. We observed staff spending one to one time with people and there were positive interactions throughout the home.

Medicine management had improved but we did find areas which required reviewing. The service had implemented new procedures and processes following the last inspection; however, these were not fully embedded. We also identified areas which required further improvements to ensure people were safe.

We have made a recommendation that the provider reviews all medicine care plans and associated records.

During the inspection process the registered manager addressed the issues we identified with medicines and had already implemented a new recording system for recording and monitoring of fluid thickeners.

The premises were safe and there were enough staff to safely support people. Accidents and incidents were recorded, investigated and analysed to find areas for improvement. Any lessons learned from incidents were shared with staff to help reduce the risk of repeat events occurring.

People's care plans were person-centred and highlighted individual choices. Staff worked with families to make sure people's choices were respected. People could participate in meaningful activities.

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.

Staff had received regular training and the registered manager was providing targeted training sessions every month. Staff were supported and the staff culture had improved. Regular meetings were taking place

and staff felt able to provide feedback at these or with the registered manager.

The quality and assurance systems effectively monitored the service and allowed for areas of improvement to be identified. Relatives told us that the communication from the service was improving and the registered manager was engaging with them via zoom and newsletters.

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 September 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by four inspectors 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 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 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

We gave the service a short period 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 ten relatives and eight members of staff including the registered manager, one clinical lead nurse, one nurse, four care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed the care records for four people, the medicine records for 13 people and the recruitment records for three staff. We looked at a range of records. These included training records, meeting minutes, policies and procedures, environmental safety, infection prevention and control processes 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 looked at staffing rotas, health and safety records, policies, risk assessments, procedures, and quality assurance records.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people received their medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- Medicines were managed safely overall and risks people may face were fully assessed. There was no robust process in place for the recording of thickeners and we were not assured there was enough information to guide staff on the safe use of thickeners.
- Further work was needed to ensure that care plans for medicines were person centred and that where people needed additional support the information within care plans was followed.
- 'As required' medicine protocols were in place, but we found these needed to be reviewed to be fully person centred.

We recommend the provider reviews all medicine related care plans to make sure they are person centred, that any actions identified on reviews and audits are actioned.

- The registered manager took immediate action with this and implemented new recording processes.
- Information to support people with diabetes had been improved and recording and monitoring was clear.
- Staff had their medication competencies assessed regularly and the registered manager supported staff with additional training around medicines.
- Risk assessments were in place for the environment and people had individual risk assessments which were regularly reviewed.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. People, relatives and staff could easily access safeguarding information.
- Staff had received safeguarding training and knew what to do if they identified any form of abuse. One staff member said, "I'm confident with the safeguarding and whistleblowing process."
- Relatives did not have any concerns about the safety of people. A relative commented, "I have always felt [person] was safe."

Staffing and recruitment

- Staffing levels were safe and people had their needs assessed regularly to make sure staffing levels were appropriate. One relative told us, "[Person] is safe because there are staff about."
- Staff recruitment was safe and all essential pre-employment checks were in place.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Lessons learned from accidents and incidents were shared with staff to prevent similar events occurring.
- The registered manager investigated all accidents and incidents fully. Any safeguarding investigation reports were shared with the local authority and the CQC.

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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs and choices holistically assessed in line with best practice.
- Relatives and advocates were involved in assessments and reviews for people who could not express their views and choices.

Staff support: induction, training, skills and experience

- Staff were provided with on-going training and competency checks to make sure they had the correct skills and knowledge. New staff received a comprehensive induction.
- Staff told us the registered manager provided access to additional training on different topics to improve their knowledge.
- The registered manager provided staff with regular supervisions and appraisals.

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

- Some people were supported with eating and drinking to make sure they had access to a healthy, balanced diet. Risks associated with this, for example, choking, were also fully assessed.
- If people were at risk of malnutrition their weight was monitored more regularly and support was provided to access other health care professionals
- People were provided with choices for their meals and staff used pictorial menus to help people make decisions.
- One relative told us about the positive support provided by staff. They said, "[Person] is not on any special diets but they are assisted with meals. There was a spell when they refused to eat but with coaxing from staff, they got them back to eating normal portions."

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

- People were supported to access other health care services. Care records showed involvement and advice from other professionals, for example the GP and dietician.
- Relatives we spoke to were happy that people had access to healthcare as and when required.

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

- The home was adapted to meet people's needs. The environment was clean and supported a dementia friendly environment.

- People had personalised bedrooms with their own belongings displayed around the room.
- There was a large enclosed garden area and multiple lounges that people could access.

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.

- The service was working within the principles of the MCA. All DoLS applications were current and appropriate. Staff had received training around MCA and DoLS.
- For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for any restrictions placed on them. One staff member told us, "Best interest decisions are in place and we work with family, GP or advocates when completing them."

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.

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

- People were treated well and supported by kind and caring staff. We observed many positive interactions between staff and people.
- Relatives told us that people received kind and patient care. One relative told us, "Staff are very good and kind to [person]. I am always made welcome when I visit, and I also feel valued. No complaints about the care at all."
- Staff we spoke with enjoyed working with the people they supported. A staff member commented, "I always like to look after the residents, and we do the best for the residents. They are well looked after."
- Cultural needs of people were respected, and staff supported people to maintain their religious needs in partnership with the local community and relatives. Staff had worked with relatives to support people to continue their cultural beliefs.

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

- People made decisions about their care and this was used to plan the support provided. Where people were unable to communicate their views, relatives and advocates were involved in the process.
- Staff looked at ways to engage people to express their views. This included with pictures, translations into different languages and incorporating cultural beliefs to offer bespoke care packages to people.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and encouraged people to remain independent.
- We observed staff asking permission from people to support them and staff encouraged people to do small tasks on their own with staff support.
- Relatives discussed how the service had improved since the new registered manager had joined the team and that staff were respectful to people. A relative told us, "[Person]'s dignity is maintained by the kind, caring staff. They are so patient with them. [Person] is getting good care overall. They are content and always looks well cared for, it is really wonderful."

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

- People had personalised care plans which met their needs and choices. Some medicines care plans required review to make sure they were equally person centred.
- Care plans were created in partnership with people, relatives and staff. A relative told us, "I was involved with care plans initially, but I didn't bother after that. However, they do ring me periodically and update me about what is going on."
- There were monthly reviews of people's needs. One staff member commented, "We link in with families and do a monthly review with the family and resident. That's to discuss the care and if there's been any major changes."

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.

- People had their communication needs assessed and reviewed. Care plans detailed the individual communication needs of each person. Staff we spoke to were aware of AIS and the importance of providing people with information in a format they could fully understand.
- Staff told us about different forms of communication they used with people. A staff member discussed how they had received support from relatives to improve the communication with one person. They said, "The family helped to translate for us and we learn words and phrases. We also use flash cards and the resident can now say a few words in English. We are learning together."

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

- People were supported to maintain and create new social relationships. Staff provided daily activities in group and one to one settings.
- Records showed people engaged in activities regularly and we observed people taking part in activities during the inspection.
- Staff described the different activities available for people. One staff member said, "Activities are going on all day every day even at the weekend."

End of life care and support

- People had their end of life wishes and needs assessed. Records showed staff had discussions with people and relatives around end of life care.
- Staff had received training in delivering end of life care and could provide examples of when they had delivered this. One staff member said, "I like doing end of life care to make sure it's calm, relaxing, so it's the very best ... We support the resident's family as well."

Improving care quality in response to complaints or concerns

- Complaints were fully investigated by the registered manager and used to improve the quality of care provided. Records showed lessons learned from complaints were shared with staff.
- Relatives told us they knew how to raise a complaint and did not have any complaints currently.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

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.

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

- The quality and assurance systems in place allowed the quality of care provided to be effectively monitored by the registered manager and the provider.
- Since our last inspection there was a new registered manager in post who had made improvements throughout the service. Staff told us, "There have been improvements (in the service) with the new manager and the way things work is much better. You can feel it in the atmosphere."
- Regular checks and audits were carried out to make sure people were safe and received a consistent level of care.
- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to the commission for significant events that had occurred at the service. For example, accidents and incidents.

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. A staff member told us, "We have a very approachable manager. They've made some good changes ... Staff morale has boosted and that's good. She's changed it for the better ... Everything she is doing is for the people, staff and family. It's really nice."
- Relatives were positive about the changes to the management of the service. One relative said, "I have not met the new manager, but it seems there is better organisation since she arrived. I was speaking to two staff members and they said they are happier under new management."

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 the registered manager took accountability and apologised to people, relatives and staff. Records showed that apologies had been provided to people and relatives when things had gone wrong and these incidents were used as learning for staff.
- All incidents were fully investigated, and outcomes shared with partnership agencies, people, staff and relatives.
- The registered manager used feedback and results from the quality and assurance systems to improve the service.

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

- The registered manager engaged and involved people, and relatives by asking for feedback to help improve the service.
- Staff told us they were given opportunities to provide feedback and consulted on changes at the service. One staff member said, "Our opinions are listened to. During daily meetings we come together and can provide any feedback and raise anything."
- Relatives told us that during the first lockdown the service had not fully engaged or involved them but the registered manager had improved this and they were now provided with regular updates and could attend on-line meetings. Relatives confirmed they could provide feedback during these meetings or could directly approach the new manager.

Working in partnership with others

- Staff worked in partnership with professionals from other agencies. For example, the local GP, district nursing team, the local authority and CCG.
- Care records showed involvement from other agencies and staff had used the advice/guidance provided to help with people's care planning.