

GCH (Harrow) Ltd

# Kent House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 19, 20 and 24 August 2015. Breaches of legal requirements were found in relation to, identifying and monitoring risks to people; safe management of medicines, meeting people's nutritional needs; supporting staff; person centred care and monitoring the quality of the service. We undertook enforcement action, and imposed conditions. These conditions required the provider to submit regular information to us as to how they were addressing these concerns. We also placed the service under special measures.

After the comprehensive inspection in August 2015, the provider wrote to us to say what they would do to meet legal requirements. We undertook this comprehensive inspection to check that they had followed their plan and to confirm that they now met legal requirements.

We carried out this inspection on 25 February 2016 in line with our special measures policy. We checked what progress had been made in respect of addressing the breaches identified at the August inspection and also carried out a comprehensive ratings inspection.

Kent House is part of Gold Care Homes Limited and provides accommodation and support with personal care for up to 40 older people, some of whom have dementia. At this inspection there were 25 people using the service.

The home did not have a registered manager in place at the time of this inspection. 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.

A relief manager had been appointed to temporarily manage the service. The relief manager had the experience and capability to run the service. Since the inspection the service notified us that a new manager had been appointed and had commenced work.

At this inspection we found considerable improvements had been made in each key question. However, we found the service to be requiring improvement in all four of the five questions. This is because although improvements had been carried out following our inspection, the provider needed to demonstrate a consistent track record of improvements. We will keep the service under review to check if the noted improvements are sustained.

People using the service said they felt safe and that staff treated them well. The conditions we had served had been fully complied with.

We saw that staff were being deployed more effectively. People told us they were kept safe. There were

appropriate numbers of staff employed to meet people's needs and provide a flexible service. Where agency staff were used, we saw the same staff were brought in so they knew people's needs. The new manager told us the service would not be admitting new people until all the new staff had commenced work.

There were suitable recruitment procedures and required checks were undertaken before staff began work. Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Any staff shortages were responded to quickly.

Training had been organised for staff since our last inspection. Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

We noted improvements in people`s care plans. The service was introducing new care plans, which were more person centred. The care plans detailed how people wished to be supported.

We saw improvements in the way the service supported people to eat and drink. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

We found that systems had been improved to ensure that people were offered their medicines as prescribed. Systems, processes and standard operating procedures around medicines had been improved to ensure they were reliable and appropriate to keep people safe.

The service was recruiting more staff and had offered positions to seven staff, who were due to commence work subject to completing an induction programme. The new permanent manager told they would not be admitting people until all the new staff had commenced work.

Staff felt the management team were approachable. They spoke about the improvements they had seen since our last inspection. Systems were in place to monitor the quality of the service provided and drive continuous improvement.

In view of the significant improvements made in each key question the home is no longer in special measures. The conditions imposed on its registration at the August 2015 inspection have also been lifted.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to ensure the service was safe.

Risk assessments were in place for any identified areas of risk and records were reviewed periodically and when a person's condition changed. This ensured that the information was up to date.

People were being better protected against the risks associated with the unsafe use and management of medicines. Systems had been improved to ensure that people were offered their medicines as prescribed.

We could not improve the rating for this key question from 'inadequate' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection .

**Requires Improvement** ●

### Is the service effective?

We found that action had been taken to ensure the service was effective.

Staff received induction, training and supervision to support them in their roles.

People had access to healthcare services when they needed them. The manger and staff were proactive in referring to health care professionals.

Staff understood how to apply the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily.

We could not improve the rating for key question from 'inadequate' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

### Is the service caring?

**Good** ●

We found that action had been taken to ensure the service was caring

Relatives were happy with the care their family member received.

Staff were kind and pleasant and treated people with dignity and respect.

People were involved and their views were respected and acted on.

### **Is the service responsive?**

We found that action had been taken to ensure the service was responsive.

People received personalised care which had been discussed and planned with them, including their relatives where necessary.

People were given choices and supported to take part in activities.

People knew how to complain and felt that they were able to raise any concerns and they would be listened to.

We could not improve the rating for key question from 'inadequate' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

### **Is the service well-led?**

We found that action had been taken to ensure the service was well-led.

Systems were in place to monitor the quality of the service, so areas for improvements could be identified and addressed.

We could not improve the rating for key question from 'inadequate' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

# Kent House

## 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 was planned to check 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.

We undertook a focused inspection of Kent House on 25 February 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection August 2015 had been made. We inspected the service against the five questions we ask about services: is the service safe, effective, responsive and well-led. This is because the service was not meeting legal requirements in relation to all the questions.

The inspection was undertaken by two inspectors, a pharmacy specialist and a specialist in tissue viability.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements. We also spoke with the local authority monitoring team.

At the visit to the home we spoke with six people who lived there, two visitors, the registered manager, the chef, two senior care staff and three care staff. We also observed the care and support provided to people in the dining room at lunch time.

At the visit we looked at minutes of a resident's meeting, nine people's care records, staff training attendance records, staff training syllabuses, staff duty rotas, staff allocation sheets, and staff meeting minutes.

# Is the service safe?

## Our findings

At the last inspection in August 2015 we had found breaches in regulations as some risks to people were not always identified or assessed, and adequate guidance had not always been provided for staff on how to manage risks. We had also found breaches in regulations in relation to the management of medicines. Medicines were not always managed properly and in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found that people were not protected against the risks associated with the inadequate number of staff available to meet their care needs and to keep them safe. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We took enforcement action and imposed conditions that required the provider to send us regular information to confirm how they identified and monitored risks. The provider complied with these conditions. At this inspection we found significant improvements had been made. Risks to people had been identified and action taken to reduce the risks. However, we could not improve the rating from 'inadequate' to 'good' because to do so requires consistent good practice over time.

At our February 2016 inspection. People told us they felt safe with the staff who supported them. One person told us, "It is safe living here." A relative told us, "Whenever we come here, [our relative] is happy. Staff are receptive. If there are any issues, they are addressed."

At this inspection we found risks to people were being identified and assessed. Staff managed the risks related to people's care well. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise or eliminate the risks. Care records included risk assessments of people's mobility, their potential risk of falls and of pressure ulcers developing. When people had conditions like diabetes there was clear guidance in place for staff to help them recognise if people's blood sugars were too high or too low. The risk assessments told staff exactly what they had to do if this occurred.

One person's care plan identified they were at high risk of falls. We saw that a risk assessment had been completed and monthly reviews had been completed. The falls risk assessment was clear and included information of what staff needed to do to support this person. Staff were aware of this and they told us they had received moving and handling training. Risks to people had been identified and staff were given guidance to reduce or eliminate these risks.

People's medicines were handled safely and according to the home's own policy and procedure. People told us they received their medicines on time and that they were happy with the way their medicines were managed. Medicines records were clear and accurate including records of administration, disposal and return. Medicines were stored securely. The medicines room was kept locked and was found to be tidy and well ordered. Trolleys were locked and immobilised. Extra medicines stocks were stored in separate cupboards. The medicines fridge was found to be locked and temperatures were regularly recorded and

within safe temperature limits. The room temperature was regularly recorded and within safe temperature limits, all of which reflected guidance and best practice. The National Institute for Health and Clinical Excellence (NICE) Managing Medicines in care homes guidelines published in March 2014 states the temperatures for storing medicines conditions should be monitored.

Some people were given medicines on a 'when required basis' (PRN) including medicines for pain like paracetamol. There was written guidance for each person who needed PRN in their care plan. For example, one person was taking a pain relief medicine as PRN and the medicines administration charts were clearly annotated when doses had been offered.

Controlled medicines were stored centrally in a medicines cupboard within a staff room. We checked that recorded totals corresponded with actual medicines stored for a sample of people. We found there were no discrepancies. The controlled drug register entries were clear and legible and the book was regularly audited.

Staff had received up to date training in handling medicines and were able to tell us about safe practice. They also understood what certain medicines were prescribed for, the effect they had on people and the importance of keeping medicines under review. On the day of this inspection the provider had scheduled medication training booked that afternoon facilitated by the community pharmacist who supplied the home's medicines.

People told us staff were always available when they needed them. We found there were enough staff to care for people effectively and safely. On the day of our visit there were four care workers and two senior support workers supporting 24 people living at the home. The relief manager and two quality assurance staff were also available, if needed. We observed staff had time to spend with people, for example, sitting, chatting and supporting people to go out of the home. This meant staff were available to support people at the times they preferred and when they needed. We saw people received care and support from a consistent staff group who understood their preferences.

Staff rotas were prepared in advance to ensure planned and unexpected absences were covered by permanent staff and regular agency staff. The relief manager told us additional staff could be brought in as needed. Where agency staff were used, we saw the same staff were brought in so they knew people's needs. Agency staff were also supervised by senior support workers on duty. The service used staff supervision and performance assessments to observe and monitor performance. Areas covered included, hygiene, personal care, moving of 'clients' and used of equipment and diet and nutrition.

The service was recruiting staff more staff. Following the inspection the service confirmed they had offered positions to seven staff who were due to commence work subject to completing an induction programme.

There was a safeguarding policy and details of the local authority safeguarding arrangements. Staff could explain how they would recognise and report abuse. They told us they would report concerns to their manager, whom they would expect to report to local authority safeguarding team and the Care Quality Commission (CQC). They were aware of the provider's whistleblowing policy and said they would report any concerns or ill treatment of people to external agencies if the provider did not take appropriate action.

Staff were recruited safely to make sure they were suitable to work with people at the home. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained and checks were made with the Disclosure and Barring Service (DBS) before employing any new staff to check that they were



of good character.

The home had an infection control champion, whose role was to research best practice and to advise and support other staff to achieve safe infection control practice. Staff explained how they used protective wear such as aprons and gloves to ensure people were protected from the risk of infection. Staff understood their responsibilities around minimising the risk of infection. Each person's room had a liquid soap dispensers and paper towels, which is recommended good practice for infection control.

## Is the service effective?

### Our findings

At the last inspection in August 2015 we had found breaches in regulations as people did not always receive the support they needed to make sure their nutritional needs were met. Some staff were not knowledgeable of the nutritional needs of people, which meant they were not always able to ensure people were supported to meet their nutrition and hydration needs. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had also found breaches in regulations in relation to staff support. We found that staff did not receive regular supervision and appraisals. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We took enforcement action and imposed conditions that required the provider to send us regular information to confirm how they monitored risks in relation to people's nutrition and how they ensured staff received regular supervision and appraisal. The provider complied with these conditions. At this inspection we found significant improvements had been made. People's nutritional needs had been monitored and action taken to reduce any risks. However, we could not improve the rating from 'inadequate' to 'good' because to do so requires consistent good practice over time.

Care plans included information about how people were involved in decisions about their meals and drinks. People had been involved in drawing up the menu plans and choices were regularly adapted in line with their preferences. Their food preferences were also provided on a 'food preference' form, which was readily accessible to staff and the chef. The form listed all people receiving care and where relevant their likes and dislikes, prescribed diet, supplements, whether fortification was required, foods to avoid and allergies. For example, some people's prescribed diet was 'fork mashable soft' or pureed; others were on supplements such as milk shakes or food supplements and we saw this was highlighted for staff. When we asked staff, they were knowledgeable about this.

Each person had a nutritional assessment and corresponding care plan with specific needs, such as difficulties with swallowing and weight loss. In each example, staff had taken steps to manage people's diets to make sure people had enough to eat and drink to meet their nutrition and hydration needs. People at risk of malnutrition were referred to relevant healthcare specialists, including, GP, speech and language therapists (SALT) and dieticians. Any recommendations from specialists were taken on board. For instance, where people were at risk of not receiving sufficient fluids or food, we saw that recommendations from a specialist to monitor their weight were followed. Staff completed charts to monitor progress in this area.

We observed the lunch meal being served in the dining area of the home. People appeared relaxed, happy and expressed their appreciation of the food on offer. The staff on duty knew the people they were supporting well. They understood people's preferences and listened and acted on what people asked for. Meals catered for people's varied preferences, dietary and cultural needs. For example, two people did not eat meat and alternatives were provided.

The service had carried out weekly audits of people's nutrition and we saw action had been taken when risks were identified.

At our inspection on 25 February 2016 we found that the service had followed the action plan they had written to meet shortfalls in relation to staff supervision and appraisals described above. We found that since the last inspection a new supervision and appraisal plan had been designed and staff had started to receive this on a regular basis. This identified key areas that were discussed, action needed and the form was signed by the supervisee and supervisor. The new relief manager had started work to change the existing format of supervisions. About the existing supervision approach, he told us, "I get the impression it is top-down." He told us he wanted to make further improvements to the supervision to encourage a two-way process. At the time of this inspection this was work in progress.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices. The staff team knew people well and understood their specific care needs. They spoke warmly of the people they cared for and provided us with accurate and detailed descriptions of people's preferences and individuals care needs. People and their relatives told us that they received good, effective care. They said that staff had the skills and knowledge to give them the care and support that they wanted

People were supported to have their assessed needs, preferences and choices met by staff that had the necessary skills and knowledge. Staff had received training in all mandatory areas of care and this was kept up to date. This included, safeguarding adults, medicines management, health and safety, and Mental Capacity Act 2005. The range of courses offered to staff had been extended to include specific training in relevant areas of their work such as dementia awareness and diabetes. Staff were positive about the training they received, and confirmed they regularly had refresher training in several essential areas.

Staff told us when they started working in the home they had received an induction, which introduced them to relevant areas of the organisation; including, policies and procedures and other core areas where they shadowed experienced staff until they felt confident to care for people unsupervised. There were arrangements for all staff to complete a new induction training that was tailored to the Care Certificate. The Care Certificate is a recognised qualification from the government backed training organisation 'Skills for Care'.

Staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. People were supported by staff who had a good understanding of the Mental Capacity Act 2005 (MCA). The 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 decision made on their behalf must be in their best interests and as least restrictive as possible.

We also looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people are looked after in a way that does not inappropriately restrict their freedom. 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. The application procedures for this in care homes and hospitals are 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 were being met. The manager was aware of the

requirements of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DOLS). These safeguards are used when it is necessary to deprive someone of their liberty in order to keep them safe. Seven people had standard authorisations in place and these were reviewed when necessary.

The managers had considered people's mental capacity to make day to day decisions and there was information about this in their care plans. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interests. There were mental capacity assessments in place to determine whether people had capacity or not to make decisions.

People's health was monitored and when it was necessary health care professionals, like doctors, SALT, dietitians, chiropodists, opticians, dentists, physiotherapists and district nurses were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments if any of these specialists were not able to visit them at home.

## Is the service caring?

### Our findings

At our comprehensive inspection of Kent House of August 2015 we found that people's dignity, their expressed preferences and choices for their end of life care were not clearly recorded and acted on. We recommended that the service sought advice and guidance from a reputable source, around end of life care.

At our comprehensive inspection of February 2016 we found that the service had followed guidance around end of life care and people's choices were being supported.

People told us that all the staff and the registered manager showed them exceptional compassion and empathy and that staff gave them time and listened to them. One person told us, "Staff are kind and considerate. They are like a second family." A relative told us, "Staff are very caring."

We looked at arrangements in place for supporting people at the end of life. We saw that the needs of people receiving end of life care were recorded and kept under review. End of life care plans were in place. Staff told us about the way people were cared for in their final days. We saw that mental capacity assessments had been completed for covert medication and DNAR notices were in place, signed by two clinicians. The service ensured that each person who died when at Kent House had a dignified death. They emphasised the need for close liaison with end of life care professionals, attentive monitoring to ensure people did not suffer pain and how important it was to ensure people had company at their bedside. Staffing was flexible so that people were not left alone at this time. Staff also spoke about the importance of supporting relatives, the people who lived at the home and each other at this difficult time.

People's privacy and dignity were respected. The provider had dignity champions who worked with the registered manager to improve people's experience of care. We found staff were helpful, considerate and kind. Staff were aware of the importance of ensuring that people's privacy was protected. They informed us that they would knock on doors before entering bedrooms and close the curtains if necessary, which we observed during this inspection. People were able to stay in their rooms if they preferred privacy and we observed people were able to go to their rooms at any point during the day.

We saw some caring and sensitive interactions between members of the care team and people with dementia. We saw staff reassuring and re-orientating people in a kind and patient way. We heard a number of staff explaining and providing information to people in an appropriate manner. The people who lived in the home responded well to staff.

We observed that staff supported people wherever possible to make decisions and express their wishes and views. We noted that care plans contained information about people's wishes and views and we observed staff supporting and encouraging people using the service to make decisions and have choice and control over their support.

## Is the service responsive?

### Our findings

At the last inspection in August 2015 we had found breaches in regulations as the provider had not ensured that people received personalised care that was responsive to their needs. We found that some care plans did not always represent people's needs and were not written in a personalised way. The information within some care plans was patchy and inconsistent and staff could not always find the information we asked for in the files. The dependency tools were not always accurately identifying people's needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We took enforcement action and imposed conditions that required the provider to send us regular information to confirm how they monitored and ensured people received person centred care. The provider complied with these conditions. At this inspection we found significant improvements had been made. The service was in the process of implementing a new care plan that was based on 'global care plan assessment'. This ensured people's care plans were individually personalised and identified where people needed support and guidance from staff. The new quality team were also implementing a 'pin profile' for every person, which gave a snapshot of an individual's needs, including daily support and aspirations. However, we could not improve the rating from 'inadequate' to 'good' because to do so requires consistent good practice over time.

We saw that staff carried out assessments before people moved to the home to confirm they could meet people's needs. Further assessments were carried on admission to determine people's individual care plan and support. People were fully involved in the process wherever possible and signed the care plans as having agreed the content. Other care documents such as mobility assessments, dependency assessments, nutritional assessments, and falls assessments were up to date. We saw that they had been reviewed regularly to ensure they remained up to date and reflect changes.

Care plans had been reviewed regularly with involvement of people and if applicable their relatives. Records showed that care plans were updated when people's needs changed for example following treatment for a medical condition. Records showed that staff consulted health and social care professionals for advice and support to make sure people's needs were met.

There was a complaints policy and procedure on display in the entrance hall of the service. This described what people could do if they were unhappy with any aspect of their care and support. Staff knew they needed to take all complaints seriously and report them to the provider. People were aware they could raise any issues with staff and felt confident these would be addressed. A relative told us, "My mother would complain if there were any concerns. She would discuss with the family if there were any issues."

There was evidence of a wide range of activities available to people using the service. We saw that there was a weekly activity plan displayed in the corridors of all the units. There were two 'activities coordinators' who ensured people participated in a range of activities. We looked at the timetable on display and saw this included card making, chair exercises, bingo and sing along activities. Trips to local attractions had also been arranged. Staff also facilitated activities and clearly had a good relationship and rapport with them. We

could see that people enjoyed and benefited from these activities.

## Is the service well-led?

### Our findings

At the last inspection in August 2015 we had found breaches in regulations as we found there were no effective systems for identifying, capturing and managing issues and risks. This was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We took enforcement action and imposed conditions that required the provider to send us regular information to confirm how they identified and monitored risks. The provider complied with these conditions. At this inspection we found significant improvements had been made. A range of audits had been completed in areas including medicines audits, infection control, care plan and pressure ulcer prevention audits. We saw that action had been taken to ensure that any risks which have been identified have been addressed and/or mitigated. For example, referrals had been made relevant health care professionals, such as SALT, dieticians, falls team, tissue viability nurse, and GP in response to relevant risk. This showed the service had made improvements on its quality assurance systems to monitor care. However, we could not improve the rating from 'inadequate' to 'good' because to do so requires consistent good practice over time.

People we spoke with told us they were happy living in the home. People's relatives and staff were positive about the service and the way it was run. One staff told us, "Things seem to be moving in the right direction" and another said, "They have recognised that the home require more support."

The home had a new management team. The group operations manager, relief manager and the quality team had a clear vision for the home. They told us they were committed to turn around the performance of the home to ensure they provided an excellent service. Prior to this inspection, the senior management had a meeting to prioritise actions for moving Kent House forward. The action items of the meeting focussed on the shortfalls we had identified in our previous inspection including, accident and incident analysis, care plan workshops, staff inductions, audits, rota and staff hours, and service improvement plan.

Staff told us whilst there had been some issues with morale as we identified in our previous inspection, they had noticed some improvements since the new management took over. Periodic staff meetings were held. Staff meetings provided staff with the opportunity to receive information about the service and to be informed about any changes.

We saw from a range of records that the organisation liaised with a range of professionals to provide people with the service that they needed. Social care professionals attended people's care plan reviews and carried out monitoring visits. The local authority carried out a monitoring visit after our August 2015 inspection and reported improvements. The service had also taken action in response to a quality check carried out by the host local authority in 2015.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The managers were aware that they had to inform CQC of significant events in a



timely way. We had received notifications from the service in the last 12 months. This was because important events that affected people had occurred at the service.