

Solehawk Limited

Kenton Hall Nursing Home

Inspection report

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

Tel: 01912711313

Date of inspection visit:
16 July 2020

Date of publication:
18 August 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

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 who are living with dementia. At the time of the inspection there were 25 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. Due to the circumstances surrounding Covid-19 at the time of inspection we were unable to speak with people using the service directly. Relatives we spoke with after the inspection said they felt their loved ones were safe living at the home. They told us their family member received care that met their individual needs. One relative said "The care is pretty good. They do their best to look after my relative. She has never gone without care and is always well looked after."

Relatives did not have any concerns regarding infection prevention and control and told us they found the home to be clean and tidy. Relatives told us they had been supported to maintain contact with their loved ones in the absence of face to face visits. Relatives told us they were able to raise any concerns and share their views with management.

During the last inspection we found improvements were required to ensure medicines were managed safely. Improvements to medicines management had been implemented since the last inspection to make sure recording was accurate and regular audits highlighted any areas for improvement. Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

At the last inspection of the service the provider had failed to ensure governance systems were sufficiently effective to monitor and improve the quality and safety of the service. Since the last inspection Quality assurance systems had been put in place to monitor the quality of service being delivered. The manager had a home improvement plan in place which identified areas for development. Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The service was rated requires improvement at the last inspection (published 27 August 2019). Following the inspection, the provider submitted an action plan 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

We carried out an unannounced comprehensive inspection of this service on 25 June 2019. During the inspection we identified breaches of legal requirements. Following the inspection, the provider submitted an action plan to show what they would do and by when to improve safe care and treatment and good

governance.

We completed this focused inspection to make sure they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to two key domains, safe and well-led.

The ratings from the previous comprehensive inspection for those key domains not looked at during this inspection were used in calculating the overall rating for this inspection. The overall rating for the service therefore remains as requires improvement based on the findings at this inspection.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Kenton Hall Nursing Home on our website at 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 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was not always well-led.

Details are in our well-Led findings below.

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

One inspector carried out this inspection.

Service and service type

Kenton Hall Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The current manager was in the process of submitting their application to become registered. 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

This inspection was announced. We gave a short notice period that the inspection would be taking place. This ensured we were able to work alongside the manager to identify any potential risks associated with Covid19 and put measures in place to manage them.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information about concerns and incidents the provider must notify us about. We sought feedback from the local authority professionals who work with the service. The provider was not asked to submit a provider information return prior to our inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make or have made since the last inspection. We accounted for this when we inspected the service and made the judgements

identified in this report. We used all of this information to plan our inspection.

During the inspection

We were not able to speak with people directly to seek their views on the service as this posed a risk, due to them self-isolating due to Covid-19. We spoke with four members of staff including the nominated individual, the nominated individual is responsible for supervising the management of the service on behalf of the provider, the manager, a registered nurse and the head chef.

We reviewed a range of records. This included three people's care records, risk assessments and medicines records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records related to the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the home action plan and policies and procedures. We emailed 35 staff to seek their views on how care is provided. Six staff responded to the email correspondence. We contacted nine relatives and managed to speak with four relatives to seek their views.

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

At the last inspection of the service the provider had failed to ensure medicines were managed in a consistently safe way. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements to medicines management had been implemented since the last inspection to make sure recording was accurate and regular audits highlighted any areas for improvement.
- Medicines were managed safely. Records for medicines were up to date. Detailed protocols were in place for 'as and when' medicines to ensure staff knew how and when to administer them.
- Arrangements were in place for the recording of medicines. A 10-point checklist had been implemented which was completed after each medicine administration round. This ensured records were complete and stock balances were correct.
- Staff completed training and were assessed as competent to dispense medicines.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in place to ensure people were supported safely. Procedures were in place to support the raising of concerns in the absence of the manager.
- Relatives said people were safe at the home and received good care. One relative said, "I have no concerns about the care my Mum receives. I am able to phone the home for updates. I feel my Mum receives safe care."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were well managed. Risks to people's safety had been assessed and plans were in place to minimise these risks
- The environment and equipment were safe and well maintained. Essential checks and maintenance had been carried out.
- Lessons were learned when incidents or accidents occurred. Accidents and incidents were recorded. These were reviewed by the manager and discussed with staff to identify any changes to care.

Staffing and recruitment

- The provider followed safe recruitment practices. Recruitment checks had been completed to ensure new staff were suitable and of good character.

- There were sufficient staff to meet people's care needs. Staffing levels were determined by people's assessed needs.
- Relatives had mixed views on staffing levels. Whilst they told us people always received their care, they felt at times this was rushed due to their not being sufficient staff.

Preventing and controlling infection

- Risks relating to infection control and prevention had been assessed and plans put in place to manage these.
- The manager kept up to date with government guidance in relation to Covid19. Personal Protective Equipment (PPE) was worn appropriately by staff.
- Relatives raised no concerns relating to infection control and prevention. They told us they found the home to be clean and tidy during their visits.

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; Continuous learning and improving care

At the last inspection of the service the provider had failed to ensure governance systems were sufficiently effective to monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality assurance systems were in place to monitor the quality of service being delivered. The manager had a home improvement plan in place which identified areas for development.
- Management and staff were clear about their roles and responsibilities. The manager was reviewing the staffing structure to ensure the service continued to be led and managed in their absence.
- The manager had submitted the required statutory notifications to CQC following significant events at the service.
- The previous registered manager had recently de-registered. The current manager had been in post since May 2020 supporting the registered manager to make the necessary improvements. The manager had been asked to stay as manager. They were currently in the process of submitting their application to the Care Quality Commission to be registered as manager.

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

- The manager had an oversight of the service. Home improvement plans had been effective in completing the necessary improvements.
- Most staff who responded felt that under the new management things were gradually improving. One member of staff told us "The relief manager we now have, has had a very difficult job to put things right but in my opinion, she is managing it really well."
- Relatives told us staff and management were approachable and they felt able to raise concerns. One relative told us "I feel able to ring the home at any time and the home have been good at communicating any incidents."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were opportunities for staff to engage with the management team. This included one-to-one

meetings, team meetings and daily handovers.

- People and their relatives were encouraged to share their views. A recent survey had been completed by relatives. A "resident's meeting" had been held in June. The manager stated that feedback was to be reviewed and compiled into an action plan.
- The service continued to maintain relationships with health and social care professionals to meet people's health and care needs.

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 investigated incidents fully and was open and honest with exploring any lessons to be learned. Where identified changes to practice were implemented to improve people's experiences of their care and support.