

GCH (Harrow) Ltd

Kent House

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service well-led?

Inadequate



Overall summary

We carried out an unannounced comprehensive inspection of this service on 9 and 10 November 2014, at which eight breaches of legal requirements were found and we issued five warning notices. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the five warning notices. We undertook a focused inspection on 27 February 2015 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to the five warning notices. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Kent House' on our website at www.cqc.org.uk.

Kent House provides accommodation and support with personal care for up to 36 older people, some of whom have dementia. There were 32 people living at the home at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At our focused inspection on the 27 February 2015, we found that the provider had followed their plan and legal requirements had been met.

At our last inspection we found that although the service had a quality assurance system, records seen by us showed that not all of the shortfalls identified had been

Summary of findings

addressed. At this inspection, we found the home had improved its systems to assure the quality of services they provided. The way the service was run had been regularly reviewed. Prompt action had been taken to improve the service or put right any shortfalls they had found. We saw that all incidents were recorded accurately and people's care records had been updated following these incidents to ensure that the most up to date information was available to staff.

We saw the provider had appointed a regional manager and part of her role was to oversee and support the registered manager to make the necessary improvements to address breaches we identified in our previous inspection and to ensure these were sustained. Additionally, the organisation had appointed a quality and compliance officer, with a responsibility to support the home with quality monitoring.

We noted improvements in people's care plans. All people had an individual care plan which set out their care needs. We found that planning and delivery of care was better at addressing people's needs and ensuring their welfare and safety. Care plans had been reviewed and updated to ensure that they reflected the individual needs and preferences of people.

We found that systems had been improved to ensure that people were offered their medicines as prescribed. Medicines were securely stored and administered. We saw that people received the medicines they needed and staff followed clear procedures for the management of people's medicines.

Staff rotas showed that there were enough staff on duty to meet people's needs throughout the day. Since our last inspection, we saw that the senior management had carried out a staffing assessment to check staffing levels at the home. One of the issues identified was that staff were spending a lot of time carrying out cleaning duties, and therefore reducing the amount of time spent

providing care. At this inspection we saw the provider had recruited extra cleaning staff and an extra care staff to cover during busy hours. This arrangement was subject to ongoing evaluations by the provider. We will be monitoring this to check the full impact of the intervention and also to verify if improvements are sustained.

We also saw that staff were being deployed more effectively. The provider had developed a checklist to monitor the completion of each care activity. We found staff followed this checklist when conducting regular checks. They had noted the time and signed the observation chart as well as documenting other relevant information in the appropriate charts, including the food and fluid intake charts.

The provider had started to carry out cleanliness and infection control audits to monitor standards of cleanliness in the home. The senior management and staff demonstrated that they understood their roles and responsibilities in relation to infection control and hygiene and had put in place an action plan to address areas requiring improvement. Schedules for cleaning were in place and we saw they were up to date.

Training had been organised for staff since our last inspection. Staff had received training in topics specific to the needs of the people living at the home. Staff told us they were receiving the training they needed to provide them with the skills and knowledge to care for people effectively, and we saw them putting this into practice when supporting people. We observed good practice in infection control and medicines management.

We did not cover all eight breaches at this inspection as we focused on the breaches which were subject to a warning notice. We will undertake another unannounced inspection to check on all outstanding legal breaches identified for this service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 to keep the information up to date.

People commented positively about sufficiency of staff. They told us they were not waiting longer to receive staff support. There had also been further reviews of staffing levels so that more staff were working with people.

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. The provider had acted on our last inspection report to make improvements on medicines management, including, drawing up individual protocols for the administration of 'as required' medicines.

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.

Inadequate



Is the service well-led?

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

A new regional manager had been appointed in December 2014. We were told as part of her role, she was to oversee and support the registered manager to improve the service. We saw senior management had developed plans for improving the service. The provider had carried out necessary improvements and there was evidence of on-going work.

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.

Inadequate



Kent House

Detailed findings

Background to this inspection

We undertook a focused inspection of Kent House on 27 February 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 9 and 10 November 2014 had been made. We inspected the service against two of the five questions we ask about services: is the service safe?, and is the service well-led? This is because the service was not meeting legal requirements in relation to the two questions.

The inspection was undertaken by two inspectors, a specialist in dementia care 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.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the home.

During the inspection visit we spoke with nine people using the service, ten staff members, including three senior managers. We also spoke with three relatives. We observed how staff interacted with the people who used the service. We looked at eleven people's care records to see how their care was planned, and records relating to the management of the service including quality audits.

We used a number of different methods to help us understand the experiences of people living in the service. We spent time observing care in the communal areas such as the lounge and dining area and met some people in their rooms. 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 used the information we gathered to track that the care people experienced matched what was planned in their records.

Is the service safe?

Our findings

At our comprehensive inspection of 9 and 10 November 2014 we found the provider was not meeting legal requirements and we served four warning notices within the safe section.

We found that the planning and delivery of care was not effective at addressing people's needs and ensuring their welfare and safety. Care plans were not regularly updated to reflect people's changing care needs so that people received care that was appropriate and safe. This was a breach of the Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we looked at 12 care plans and noted the provider had revised and improved the old care plan format since our last inspection and was in the process of changing all written care plans to the revised version. The new version of care plans was person centred and included details of people's preferences and routines. The care plans were more detailed and covered specific areas of care, including for those with acute and short term illnesses, which was missing from the old format.

Staff had accurate up to date guidance on how to provide care. People's care plans had been reviewed and updated to reflect their current needs. One person told us, "[My care plan] is due for a review because I have been unwell" and another said "[Staff] did a review a couple of months ago." We followed up and checked some people's care plans and found they had been updated since the last inspection. This had ensured staff had information that was available and correct to assist them in providing appropriate care and treatment to people.

Care records showed how people's health and well-being were monitored. We saw evidence that specialists had been consulted over people's care and welfare. These included health professionals, GP communication records and hospital appointments. A record was included of all healthcare appointments. This meant staff could readily identify any areas of concern and take swift action.

People were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments had been updated since our last inspection. Staff were provided with information on

how to manage these risks and ensure people were protected. We saw that risk assessments had been carried out to cover many areas such as moving and handling, falls, pressure areas and nutrition. Staff were familiar with the risks associated with people's support and they knew what steps needed to be taken to manage them.

At our last inspection the provider had failed to ensure people receiving care were protected against the risks associated with unsafe use and management of medicines. People did not always have their medicines at times they needed them, and in a safe way. There were no appropriate arrangements for recording, storage and safe administration of medicines. This was a breach of the Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we saw that appropriate arrangements had been put in place in relation to the recording, storage and administration of medicines at the home. Policies and procedures were in place to manage medicines safely. We found that all prescribed medicines were available and being administered to people correctly. People who could express their view told us they received their medicines regularly. One person told us, "Staff give me my tablets on time. I am not in any pain and if I was I would ask the staff and they would give me something. Staff always ask if I need painkillers when they do their medicine round." Another person told us, "The staff give me my [medicines]. I am happy that they explain what [medicines] are for and any side effects."

We saw that people's current medicines were recorded on the Medicines Administration Records (MAR). There were no omissions in recording administration and when we checked stocks of medicines all counts tallied. Also, medicines had all been appropriately signed for on the MAR charts. This indicated that medicines had been administered to people as prescribed. Staff knew that medicines should be administered on time, and were aware of exemptions they needed to take account of. For example, they told us people on medicines for conditions that needed medicines to be given at specific times were prioritised during medicines rounds. We noted that staff had undertaken training about the safe administration of medicines.

Is the service safe?

All medicines prescribed as a variable dose such as paracetamol were recorded accurately. We found a form in use for the administration of 'when required' (PRN) medicines. The form had been correctly completed, signed and dated by a member of staff, with the reasons given for administering the prescribed PRN medicines.

Supplies of medicines were stored securely. Since our last inspection, all medicines had been moved to one room, which included the Controlled Drugs (CD) cabinet and medicines trolleys. The CD cabinet was kept locked and the medicines trolleys were secured to the wall. We saw that keys to the medicines room were kept by authorised persons, which meant medicines could only be accessed by staff who were authorised to do so.

Where medicines were given covertly there was a mental capacity assessment and best interest documentation in place. This included discussions with the GP, staff and relatives if possible to ensure decisions were taken in someone's best interests.

We saw from records that the provider had carried out monthly medicines audits since our last inspection and MAR charts were checked daily in the units, so medicines were closely monitored to ensure they were being accurately administered and managed.

At our last inspection we found the provider had not taken appropriate steps to ensure that there were sufficient numbers of suitably qualified, skilled and experienced staff at all times. People's safety was at risk through the lack of supervision for those who were at high risk of falls. There was a lack of procedure in place for last minute absences and staff shortages and the failure of the provider to assess the needs of people when determining the number of staff required on duty. This was a breach of the Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we observed and spoke with people who used the service and staff. We found the provider had taken steps to ensure there were enough staff with the right experience and training to meet the needs of the people living in the home. People told us staff were available throughout the day and they were able to ask for assistance when they needed. One person receiving care told us, "I have never waited more than two to three

minutes and I can hear them go to the others and all [call bells] answered promptly." During the inspection we observed that people's needs were attended to promptly and the staffing levels were as shown on the staffing rota.

Staff rotas showed a minimum of seven care staff in the morning, six staff in the afternoon and three staff during the night. Arrangements had been put in place to deal with emergencies, such as staff absences.

Since our last inspection, the senior management had carried out a staffing assessment to check staffing levels at the home. They identified care staff were doing a lot more laundry and housekeeping duties, and therefore reducing the amount of time spent providing care. They also found that hours between 9pm and 11pm required extra care staff because of increased duties, such as getting people ready for bed. Following this assessment, the provider had recruited two extra cleaning staff to relieve care staff of laundry and housekeeping duties, particularly during mealtimes and other busy times so that staff spent more time assisting people. Furthermore, we saw the provider had recruited an extra care staff, to increase the number of staff working during busy hours.

Following this inspection we contacted the provider to check if the staffing arrangements were fully in place. The senior management and the rotas provided to us confirmed that extra staff had been recruited. We saw evidence that two cleaning staff were in post and changes were made to the working hours of senior care staff from 2pm-9pm; to 2pm until 11:30pm. This provided extra support during the busy hours, between 9 and 11pm. We were assured this arrangement will remain in place until the newly recruited care staff commenced work. We will revisit the provider to check the full impact of these arrangements and whether improvements were sustainable.

The staffing rota showed that staffing levels were evaluated and arranged according to the needs of the people using the service. For example, if people had arranged social activities or needed to attend health care appointments, additional staff cover was arranged.

We also saw improvements in the way staff were being deployed. At our last inspection, we found people who remained in their bedrooms often felt isolated with very little social interaction with anyone. Staff were task-oriented and spent very little time with people, who

Is the service safe?

were offered only limited social stimulation. People with restricted mobility were unable to leave their room even if they wanted to. At this inspection we noted staff had been allocated to check that people in their bedrooms were safe and were stimulated with activities.

We observed how staff interacted throughout the day with people who were in their bedrooms on the first floor. We found improvements in the way staff were making sure people in their bedrooms did not feel isolated and those who required assistance with personal care or who needed to be aided to use the toilet facilities were helped to do so. We found staff had followed a checklist when conducting the regular checks and had noted the time, recorded any activity undertaken and signed the observation chart as well as documenting other relevant information in the appropriate charts, including the food and fluid intake charts.

We observed people having their lunch, which was unhurried. There were enough staff to assist each person who needed help with their meals. We saw evidence that senior management were introducing 'protected mealtimes'. The registered manager explained protected mealtimes would ensure that no visiting was allowed either from visiting professionals or family and friends, to help focus people on the meal and eating. We saw there was an on-going discussion with visiting professionals regarding this. Senior management told us they were working to find a way of working with healthcare professionals, who could only visit when they get an opportunity which may mean during lunchtimes as was the case during this inspection.

At our last inspection we noted staff were unable to carry out their duties effectively in areas such as medicines management and infection control. The provider's action plan said individual training plans would be developed for all staff to make sure they had the skills necessary to support people using the service. At this inspection we saw that all staff had either completed the training they required or were booked to attend refresher training in the near future. Staff told us they were receiving the training they needed to provide them with the skills and knowledge to care for people effectively, and we saw them putting this into practice when supporting people. For example, we saw good practice in infection prevention and control (IPC) and medicines management.

At our last inspection we also found that people using the service were not protected against identifiable risks of acquiring infections by means of the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of infection. This was a breach of the Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw improvements had been made to managing IPC. The provider had relevant policies and guidance regarding IPC, including Department of Health's publication: 'The Code of Practice for Health and adult social care on the prevention and control of infections' and related guidance, and a hand washing and hygiene policy. We also saw detailed information about roles and responsibilities for the management of outbreaks and incidents of infection. This is important to ensure staff understand their role and responsibilities for maintaining high standards of cleanliness and hygiene.

The provider had taken steps to ensure risks from cross-contamination were minimised. People with acute or short term illnesses such as MRSA had tailored care plans. The short term plans identified the person's condition, including associated risks and how these were to be minimised. Additionally, IPC training had been booked for staff. We also saw that all staff had been given copies of the NICE guidance, essential steps to preventing the spread of infection. We saw that staff were more informed of IPC practices since our last inspection.

We observed staff used personal protective equipment (PPE) effectively. The provider had fitted holders for gloves and aprons in all toilets for easy access for staff. Staff removed gloves after each care activity for which they were worn and before attending to other people or contact with other items such as door handles. We saw new schedules for cleaning of equipment such as hoists, sling rooms, wheelchairs, weighing scales, and medicines fridge. The schedules were up to date and signed by staff.

Is the service well-led?

Our findings

At our inspection of 9 and 10 November 2014 we found that there was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although the service had a quality assurance system, records seen by us showed that not all of the shortfalls identified had been addressed.

At this inspection we found that the provider had followed the action plan they had drawn up to meet shortfalls in relation to the requirements of Regulation 10.

The provider had appointed a regional manager to oversee and support the registered manager to make the necessary improvements to address breaches we identified in our previous inspection. Additionally, the organisation had appointed a quality and compliance officer, with a responsibility to support the home with quality monitoring.

People and relatives were positive about the manager and felt she was visible around the service and was approachable. One person told us, “I would be happy to go and talk to either of the managers, if I had something to say to them,” and a relative said, “The manager will always give us an update on [our relative].” People and relatives feedback they were encouraged to discuss any issues or concerns they might have and felt they were listened to and that the manager took action to address issues raised.

Staff all told us they felt well supported by senior management who they considered to be approachable and responsive. They were confident they could raise any

concerns or issues with the registered manager and they would be listened to. A staff member told us, “[The work atmosphere] is better than before” and referring to our last visit they said, “It was a wake up call.” Another staff said, “The manager comes and help with meals, hoist and assisting people with personal care.” We observed staff throughout the inspection and they all interacted positively with people and demonstrated confidence when carrying out each aspect of their work.

The provider had carried out a number of audits since our last inspection and the registered manager told us these will continue to be undertaken regularly. The audits covered all aspects of the care and support provided to people using the service, and included, care planning, medicines management, risk management and IPC. Where they identified areas that required improvement, they developed an action plan to address the issues. For example, we saw that the incidents were recorded accurately and people’s care records had been updated following these incidents to ensure that the most up to date information was available to staff.

Mechanisms to regularly seek the views of people using the service, persons acting on their behalf and staff had been improved. For example, the provider had tried to make some improvements with planned meetings at different times and days, and some relatives mentioned that they had occasionally attended. A person receiving care told us, “They have regular meetings here.”

The other issues identified in the previous inspection did not form part of the warning notices we served and so were not looked at during this inspection. We will look at these outstanding issues at our next inspection.