

Kent House Care Home Limited

Kent House Residential Home

Inspection report

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Broadstairs
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21 November 2022

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Kent House is a residential care home providing personal care to up to 25 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 18 people using the service. Accommodation is arranged over 3 floors and a lift is available to assist people to access the upper floors.

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

The management and oversight of the service continued to be inconsistent. There was no registered manager and the area manager was providing limited management support. Staff did not always follow the provider's infection control policy when the area manager was not present at the service.

There had been some improvements within the service, but further improvements were required. Potential risks to people's health and welfare had been assessed and the guidance for staff had improved to mitigate the risks.

Regular checks and audits had been completed on the quality of the service. When shortfalls had been found an action plan had been created to rectify the shortfalls.

There were enough staff to meet people's needs, any gaps were covered by regular agency staff who knew people.

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

Rating at last inspection

The last rating for this service was requires improvement (published 31 August 2022) and there were breaches of regulation.

Why we inspected

We undertook this targeted inspection to check on a specific concern we had about cleanliness and risk management. The overall rating for the service has not changed following this targeted inspection and remains Requires Improvement.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kent House Residential Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question Inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Kent House Residential 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 Health and Social Care Act 2008.

This was a targeted inspection to check on a concern we had about infection control and management of the service.

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 completed by one inspector.

Service and service type

Kent House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kent House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, we used this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

During the inspection

We spoke with 4 people and 1 relative who have experience of the service. We spoke with the area manager and 2 senior carers. We observed interactions between people and staff in the communal areas.

We reviewed 4 people's care plans and risk assessments, checks and audits, staffing levels and infection control.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection this key question was rated Requires Improvement. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check a concern we had about infection control and risk management. We will assess the whole key question at the next comprehensive inspection of the service.

Preventing and controlling infection

- We were somewhat assured that the provider was using personal protective equipment (PPE) effectively and safely. On arrival at the service, some staff including senior carers, were not wearing face masks. They put them on immediately they knew the inspector had arrived, staff were aware they should be wearing masks and apologised for not wearing them. Staff had been aware the area manager would not be attending the service that morning. During the inspection the area manager spoke to staff to reiterate the provider's policy on wearing masks.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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 have also signposted the provider to resources to develop their approach.

Visiting in care homes

People were supported to go on social leave for the weekend with their spouse. People had spent days out with their families. Visitors were encouraged to visit people in their rooms as often as they wished.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to plan people's care to mitigate risks to them. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider is no longer in breach of regulation 12 but some further improvement was still required.

- Potential risks to people's health and welfare had been assessed, there was guidance in place for staff to

mitigate risk. However, the guidance was not always cross-referenced and easy to find, for example, the signs of high and low blood sugar was in the nutrition care plan not the diabetes care plan. There was a risk staff would not access all the guidance when needed.

- There was now detailed information and guidance for staff when people were living with epilepsy, the guidance included triggers, how long seizures usually lasted and how the person recovered following a seizure. However, there was no information for staff about when to contact emergency services. The area manager added this during the inspection.
- Some people required their fluids to be thickened to reduce the risk of choking. There was clear guidance for staff about how people's fluids should be thickened. There was guidance about how to store the thickening powder safely to reduce the risk of people choking on the dry powder. We observed people's fluids being thickened as required.

Staffing

- There were enough staff to meet people's needs. However, at the time of the inspection there was a high use of agency staff. We discussed this with the area manager, who explained the previous registered manager had authorised 2 care staff being on holiday at the same time. There was also 1 care staff on sick leave.
- Regular agency staff were used to cover shifts. We observed agency staff supporting people in the dining room. They knew people well, people told us how much they liked them and how kind they were.
- Relatives told us they thought there were enough staff and their relative was assisted when they needed it.

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 our last inspection this key question was rated Inadequate. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

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

- There was no consistent day-to-day oversight of the service. The registered manager had left following the last inspection, though the provider was actively recruiting, a replacement had not been found. The area manager provided management support at the service and another of the provider's services. They spent time at the service each day, but this was limited, staff had not always followed the provider's policies when the area manager was not at the service.
- The area manager had been working to rectify the shortfalls found at the last inspection. Improvements had been made and but there was still further improvement needed.
- There was a system in place to check the quality of the service. An external consultant had completed regular audits, the last one in November 2022. When shortfalls had been found an action plan had been developed and the actions had been completed by the area manager.
- The area manager had improved the recording and analysis of care records and incidents within the service for patterns and trends. There was a record of the action taken and care plans had been updated