

Kentwood House Ltd

Kentwood House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Kentwood House is a care home providing accommodation with personal and nursing care to up to 32 people. The service provides support for people with complex nursing needs including people living with dementia. At the time of our inspection there were 11 people using the service. The accommodation is arranged across two floors with lift access.

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

There had been improvements in the recording of risk to people and assessments which reflected people's choices since our last inspection. The provider still needed to improve the detail on people's mental capacity assessments. More detailed guidance would be beneficial on specific health needs such as diabetes or anxiety and depression to enable staff to have detailed information to be able to support people in the most effective way.

Risks to people had been identified and staff were able to demonstrate knowledge of people's needs. They understood and demonstrated that people's wishes and preferences in how they wished to be supported were respected.

People were supported to minimise the risk of infection. Staff wore appropriate Personal Protective Equipment such as gloves, masks and aprons when completing people's care and the service was clean.

Staff demonstrated knowledge of the different types of abuse people may be at risk of and told us what action they would take if they suspected someone was a victim of abuse or neglect.

The numbers of safely recruited staff met the needs of people in the service and we observed caring, respectful and kind interactions between staff and people using the service.

Medicines were managed safely, and medicines administration records were completed. Stocks of medicines were correct and stored safely.

People told us that staff were kind, attentive and friendly. We observed positive culture between staff and people using the service and people all knew who the provider was and that they were approachable. Staff were responsive to people's changes in need and supported them the way they wished to be supported.

The provider was open and honest during inspection. They were receptive to suggestions made during the inspection and will update the CQC with progress of these regularly.

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.

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 last rating for this service was requires improvement (published 19 January 2023) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 05 October 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, governance and person-centred care .

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this 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.

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

Enforcement

We have identified a continuing breach of regulation in relation to records within the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Good ●

The service was safe.

Details are in our safe findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below

Kentwood House

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.

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

This inspection was carried out by 2 inspectors and a specialist advisor who was a registered nurse.

Service and service type

Kentwood 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. Kentwood House is a care home with 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 a registered manager in post, but they were not in the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who lived in the service about their experience of the care provided. We observed multiple interactions between people and staff throughout the day, including during the lunch service. We spoke with 4 members of staff including nurses, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The registered manager was not in the service nor available on the day of the inspection. We reviewed a range of records including 8 peoples' care records and multiple medication records. A variety of records relating to the management of the service were reviewed including policies, health and safety checks, meeting notes and audits.

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 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection the provider had failed to adequately assess risks to people and monitor their safety, including infection control risks. 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.

- Risks to people's care being delivered had been identified and assessed. Care plans we reviewed had Personal Emergency Evacuation Plans which informed staff of action to take to keep people safe in the event of an emergency.
- Although staff had people's risk assessments to refer to, they would benefit from more detailed guidance on specific conditions such as diabetes or information on signs and symptoms of depression or dementia to be able to support people in the most appropriate way. Although staff supported people with varying conditions well, these records were an area for improvement. We have reported further in the Well Led section of this report.
- Staff managed the safety of the living environment and equipment people used through checks and actions to minimise risk. At our last inspection we found that equipment used to support people, such as specialist mattresses were not routinely monitored to ensure they were on the correct settings. At this inspection, we found staff had monitored settings and recorded these to ensure risks to people using the equipment were minimised.
- Risks to people had been appropriately identified, assessed, mitigated and reviewed. For example, chemicals were kept out of reach of people and secure, fire doors were in good order and alarmed and people's bedrails were appropriately protected with covers to mitigate the risk of injury to people.
- New windows had been installed throughout the building with integral restrictors to prevent people falling, including throughout the ground floor of the premises.
- Incident and accident records were completed and were reviewed on inspection. They detailed what had gone wrong and what action had been taken. Actions were appropriate dependent on the incident which had occurred, and any lessons learnt were shared with the wider staff teams in meetings and during supervisions.

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 MCA 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 Mental Capacity Act (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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Records regarding whether people could make decisions for themselves were not always complete. At the last inspection we found mental capacity assessments were present however; these were not decision specific. For example, one assessment was for care and treatment at Kentwood House and care planning. We found the same at this inspection and the outcome of the assessment, such as the person could make the decision themselves, was recorded but the assessment lacked the necessary detail of how this outcome was reached. We discussed this with the provider during inspection that this was an area for improvement. They assured us they would review the assessments for all people whose ability to make decisions was not clear and send us confirmation. We have reported on this further in the Well Led section of this report.
- The provider had made appropriate DoLS applications to the local authority and they had a system in place to keep these under review.
- Consent was documented in peoples' care plans and we observed staff asking for consent before assisting people with their needs.

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 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 using PPE effectively and safely.
- 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.

Visiting in care homes

The provider supported and encouraged people to have visitors. They were welcome to attend unannounced and people told us visitors were also able to bring dogs. Visitors could sit with people in their rooms or in the communal areas. However, where possible visitors were asked to give advanced notice, especially where the person had specific mobility needs or increased dependence on staff. This was to ensure staff could support the person to prepare for the visit or during it.

Systems and processes to safeguard people from the risk of abuse

- System and staff practice ensured people were kept safe as possible from avoidable harm. Staff knew the people they cared for and the people told us they felt safe with them and trusted them.

- Staff had safeguarding training and knew how to recognise abuse. Staff had a comprehensive awareness and understanding of what they needed to do to make sure people were safe from harm and/or potential abuse.
- The provider had made the local authority's safeguarding policy available and staff told us they would report any concerns they had about people's safety to the registered manager, provider and nurses.
- The provider had recorded incidents and reported safeguarding concerns to the appropriate authorities.

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service. People told us staff always responded to them when they called or pressed their call buzzer. We observed staff were professional, polite and timely in supporting people.
- Staff were skilled and experienced at supporting people safely. The provider told us they had reliable staff who they valued. They told us they conducted exit interviews with staff who left, this was predominantly due to retirement or relocation. Staff told us they enjoyed working at the service and some had been employed for several years.
- Recruitment records were in place. Checks had been made with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safe recruitment decisions. Profiles were in place for staff supplied to the service by an agency.
- The provider told us how they ensured they offered competitive pay and benefit packages to their staff to encourage retention. This enabled them to provide continuity of care to people.

Using medicines safely

- Medicines were managed consistently and safely in line with national guidance
- We observed staff being patient and kind when giving people their medicines. People received their medicines safely and as prescribed, for example, medicines that should be given before food.
- Medicines were managed by staff who had received the relevant training and who underwent annual assessments of their competency.
- Medicine Administration Records (MAR) contained sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines.
- Best practice guidance recommends all medication must be safely and securely stored. We were told by staff and observed all medicines were stored in a lockable medication cupboard. Only authorised staff had access to medicines. Staff were aware of good practice guidelines and were able to tell inspectors.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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; 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

At our last inspection, the provider failed to ensure care was person centred and responsive to peoples' needs and failure to support people to follow interests and take part in activities that were culturally and socially relevant to them was a breach of Regulation 9 (person centred care) 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 9.

- People were supported in a personal way by staff who knew people well, were aware of people's likes and dislikes and knew how people preferred to be supported. We observed staff sitting and speaking with people with warmth, they were gentle, appropriate and supportive. Staff ensured people had access to therapeutic interventions such as balls to roll in their hands and people were presented with a choice. The person chose their favourite ball and continued to exercise their hand.
- People had a choice over how and when they received support. A person told us they did not like to be hoisted so preferred to stay in bed and staff were responsive their needs. They told us, "When I ring, they come and change me." One person told us it was their preference to be washed in bed, but they did take showers occasionally. They said, "I am washed and clean even though not in the shower, clean clothes every day. All very good." They said the staff were always polite and respectful whilst supporting them to wash and dress.
- People had a choice over their meals. One person said, "The chef talks to me and asks me what I'd like, and I tell him." Another said, "I have an egg for breakfast and every now and again a bacon sandwich." We observed staff preparing lunch. They knew people's dietary preferences and offered them alternative where appropriate.
- Staff helped people to have freedom of choice and control over what they did. People said staff ask them where they would like to sit during the day as they had limited mobility. A person told us, "The girls help me. I sit in my chair or in the lounge." They told us staff were polite, supportive and respectful of their choice. For people who wished to sit in the lounge we saw the furniture was appropriately placed so people could see and speak to one another and see the T.V if they wished. One person told us how they enjoyed nature and the staff would put wildlife programmes on their T.V or in communal lounge for them to enjoy. Photos displayed in the service showed communal activities where offered and events held to celebrate holidays.
- Staff provided person-centred support with self-care and everyday living skills to people. Some people

told us it was their preference to stay in their rooms and staff would pop in throughout the day and respond when they called. They could ask for their door to be shut if they wished for privacy. One person told us, "I watch T.V. all day. I love it." They told us the staff would come to their room and paint their nails. They proudly showed them to us. Another person told us they had everything they needed in their room with access to T.V, telephones and would arrange a weekly shop from a superstore.

- People told us staff were supportive and assisted them to maintain their own interests and identities. People told us they appreciated the calm, quiet and friendly environment. We observed staff supporting people to maintain their self-esteem, dressing nicely and accessorising outfits such as wearing bracelets and watches. People were supported to have items of significance with them, such as gifts they had received from family and friends. Staff understood the importance and value of the items to people and their identity. A person showed us one of their gifts and explained why it was important to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their individual communication needs met. They had communication care plans which detailed communication aids, such as hearing aids or spectacles. We observed people using these to aid their understanding. Staff told us if people had difficulties understanding them, they would point to things, such as meals or medicines.
- Staff told us they would face people when speaking to them to aide communication and assist them to read their facial expressions and gestures especially where people were unable to communicate verbally.
- Staff understood and made appropriate adjustments to support people with disabilities or sensory loss

Improving care quality in response to complaints or concerns

- The provider responded appropriately to complaints in order to drive improvements. They had a complaints policy in place, and they told us they investigated serious complaints, but they preferred to deal with concerns quickly before they escalated to full complaints. Complaints raised were dealt with effectively and in line with the provider's policy.
- The provider told us they spoke directly with people and their families when they visited and encouraged staff to do so to identify and resolve issues at the time.

End of life care and support

- The service was able to provide end of life care and support which enabled people to remain in the service if their needs increased and not have to move to a new service.
- End of life care plans were in place. Aspects of end of life care planning such as recording the treatment escalation plans had been completed.
- Staff told us they worked with other healthcare professionals such as specialist nurses or GPs to provide end of life care when required, Medicines were available to keep people as comfortable as possible.

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 we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection, the provider had failed to effectively assess, monitor and improve the quality and safety of the service and failure to maintain accurate records was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider and staff were clear about their roles; however, the provider had a manager registered with the Care Quality Commission, but this person was not present during inspection. The provider told us the registered manager comes into the service and attends to office work. We were not assured the registered manager was fulfilling their regulatory requirements and had daily oversight of the service. The provider explained that the registered manager will be applying to cancel their registration with the CQC.
- Since the last inspection there had been improvements in the records held within the service, however during this inspection we found improvements were still required with records relating to mental capacity assessments and further information needed for people's specific medical needs or guidance on things to look out for to keep people safe.
- Staff were able to explain their role in respect of individual people without having to refer to documentation. Staff spoke confidently about the needs and wishes of people and documentation supported this. People told us staff knew them and responded consistently and appropriately to their needs. A person told us, "The [staff] are just lovely."
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. Staff reviewed people's care regularly under their nominated resident of the day system. We reviewed documents showing the reviews which included personal and wellbeing needs, such as items they may need replacing, replenishing or additional items they may require want. These had been appropriately addressed with family members or directly by the staff.
- Staff delivered good quality support, consistently. People told us they received consistently, good, kind and appropriate care and support. They felt safe and trusted the staff. We observed staff supporting people to eat. They did so in a dignified manner sensitively, guiding and prompting them appropriately to encourage them to eat.

- People knew the staff including the provider who was visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. People told us the provider would often sit with them in the lounge and knew all about them, their interests and families. We saw the provider and staff speak warmly with people, we also heard staff singing and laughing with people as they supported them.

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

- At the last inspection it was found there was an absence of established systems in place to seek and act on feedback for people involved with the service. We discussed this with provider. During our inspection they researched new ways to improve engagement with people, their families and friends, such as utilising internet survey tools to utilise and improve response rates and told us they would be implementing these immediately.
- A suggestion box was available for people, relatives and professional visitors to provide feedback anonymously.
- Staff told us they attended monthly staff meetings where the provider shared updates and discussed concerns. Staff told us they had regular supervisions and attended daily handover meetings where any changes or updates relating to peoples' care and support were shared.
- People told us, their family members attended throughout the week and staff supported them to maintain regular contact with them including speaking with their family and friends over the telephone.

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The provider understood their responsibilities.
- Staff were encouraged to report concerns, accidents and incidents and be honest with what had gone wrong.
- Providers are required to notify the CQC about events and incidents such as abuse, serious injuries, deprivation of liberty safeguard authorisations and deaths. The provider was aware of their responsibilities and had notified CQC about all important events that had occurred. The provider had met regulatory requirements.

Continuous learning and improving care; Working in partnership with others

- The provider was open to learning and improving the service and the care people received. They were receptive to feedback during inspection and acted on findings on the day. For example, The provider purchased silicone food moulds to improve the presentation of pureed food for people who have trouble swallowing, such as those living with dysphagia when we discussed this on inspection.
- The service worked well in partnership with other health professionals to coordinate peoples care we saw people were referred to external agencies such as physiotherapists, GPs, Tissue Viability Nurses, Speech and Language Therapists and dieticians.
- People told us staff had arranged hearing and sight tests for them. One person told us, "The optician came to look in my eyes, nothing they needed to do, but they were very nice."