

Solehawk Limited

# Kenton Manor

## Inspection report

Kenton Lane  
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Tyne and Wear  
NE3 3EE

Tel: 01912715263

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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 well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Kenton Manor is a care home providing personal and nursing care to people aged 65 and over. The service can support up to 65 people. There were 60 people living at the home at the time of the inspection.

The home supports people living with dementia; however, the provider had not requested the service user band 'dementia' to be added to Kenton Manor. Service user bands are categories CQC use to identify a range of specialist 'needs' of people who will receive a service. The registered manager told us this would be addressed.

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

Whilst a system was in place to monitor the quality and safety of the service; records relating to the assessment of risk, people's nutritional intake and their care and support were not always accurate or up to date. Records also did not demonstrate how the provider was meeting their responsibilities under the duty of candour. The provider's quality monitoring system had not identified all the issues with the maintenance of records.

Appropriate legal authorisations were in place to deprive a person of their liberty. However, records relating to MCA and consent were not always well maintained. The registered manager told us this would be addressed.

Relatives considered people were safe at the home. One relative told us, "It's by far the best home here. It's safe and secure, problems are very rare." Checks and tests were carried out to make sure the building and equipment was safe. Staff followed safe moving and handling procedures.

There were sufficient staff deployed to meet people's needs. Where people required one to one support, this was provided. Due to the current workforce pressures in Adult Social Care, agency staff were sometimes used. We received some feedback around staff communication and language barriers. The nominated individual and registered manager were aware of this issue. We did not see any issues around communication or language barriers on the days of our inspection. We observed positive interactions between permanent staff, agency staff and people.

Staff were trained and supported to meet people's needs. One relative told us, "Their (staff) qualities are being well trained and knowing what they are doing. They are friendly, have a laugh and crack on with their work. They are professional."

There was a positive atmosphere at the home. People, relatives and a health professional spoke positively about the caring nature of staff. One relative told us, "It's the love and care they give that stands out. It's second to none. I wouldn't take them (person) anywhere else."

People and relatives told us they thought the home was well managed and communication was good. Comments included, "The home is run smoothly. The manager, she is good and very efficient" and "Once a month I get a phone call to see if I have any questions and I'm asked for any problems, but, there aren't any."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 16 June 2021).

#### Why we inspected

The inspection was prompted due to concerns received about falls management, staff deployment, moving and handling procedures, the provision of meals and the maintenance of records. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led key questions of this full report. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Kenton Manor on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We identified 2 breaches in relation to good governance and the duty of candour. 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Kenton Manor

## 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.

#### Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Kenton Manor 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. Kenton Manor 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.

#### 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 sought feedback from the local authority and professionals who work with the service and Healthwatch. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 5 people, 8 relatives and 19 staff including the nominated individual, registered manager, operational support manager, clinical lead, nursing staff, senior care worker, care workers, agency care workers, head housekeeper, domestic staff, laundry assistant, head chef, regional chef manager and maintenance. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a behavioural support practitioner who was visiting the home at the time of the inspection and contacted a health professional for their feedback.

We reviewed 6 people's care plans and records relating to medicines management. We also reviewed records relating to the management of staff and the home.

# 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 good. At this inspection the rating has changed to requires improvement. This meant there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Records did not always demonstrate how risks were assessed and monitored. Records relating to the assessment of falls and malnutrition were not always up to date or accurate.

The failure to ensure records demonstrated how risks were assessed and monitored was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- We did not identify any impact upon people in relation to the maintenance of records. Equipment was in place to help reduce the risk of falls and medical advice was sought when needed. The provider updated their falls policy following our inspection.
- Checks and tests were carried out to make sure the building and equipment was safe.
- Staff followed safe moving and handling procedures.

Systems and processes to safeguard people from the risk of abuse

- A safeguarding system was in place. Staff raised no concerns about staff practices at the home.
- Relatives told us that people were safe. One person told us, "I'm happy here, I'm not frightened." A relative told us, "It's 100% safe from what we see. They are always clean and well looked after. The staff don't lie and are honest. They've had no recent falls and are not mobile now. They are lifted by a hoist by two staff. They have no sores and they never seem uncomfortable. They are never forced to do things but are asked first."

Staffing and recruitment

- There were sufficient staff deployed to meet people's needs. Where people required one to one support, this was provided.
- Due to the current workforce pressures in Adult Social Care, agency staff were sometimes used. We received some feedback around staff communication and language barriers. The nominated individual and registered manager were aware of this issue. We did not see any issues around communication or language barriers on the days of our inspection. We observed positive interactions between permanent staff, agency staff and people.
- Safe recruitment procedures were followed. Checks were carried out to help make sure suitable staff were employed.

Using medicines safely

- A system was in place to manage medicines. We identified some minor issues relating to the management of medicines which were immediately addressed.

### Preventing and controlling infection

- Safe infection control procedures were followed. The home was clean and staff used PPE in line with best practice guidance. One relative told us, "The place is absolutely spotless. I've never seen a place like it. Every month her room is completely cleaned, including the curtains. There's no bad smells and the sitting rooms are very clean."

### Visiting in care homes

- There were no restrictions on visiting. People were supported to see their relatives and friends. One relative told us, "I can visit anytime and can bring my little dog in. I don't have to phone them and I visit daily. I don't have to wait long to be let in, the door is opened within 1-2 minutes."

### Learning lessons when things go wrong

- A system was in place to identify lessons learned and share these with staff to help prevent any recurrence.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- Multiple assessments were completed to assess people's needs. Some of these assessments were contradictory which could lead to confusion.
- People were supported to eat and drink enough. However, records relating to people's nutritional intake and risk of malnutrition, were not always accurate.

The failure to ensure records relating to people's care and support were accurate and well maintained was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- We did not identify any impact upon people because of the issues with the maintenance of records. Staff were knowledgeable about people's needs and how these should be met. Appropriate referrals had been made to the GP and dietitian if there were any concerns around weight loss.

Ensuring consent to care and treatment in line with law and guidance

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 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.

- Appropriate legal authorisations were in place to deprive a person of their liberty. However, records relating to MCA and consent were not always well maintained. The registered manager told us this would be addressed.

Staff support: induction, training, skills and experience

- Staff were trained and supported to meet people's needs. One relative told us, "They are trained. The regular staff are very well practised. They are skilled in manual handling, using hoists and dealing with aggressive patients. Staff are very focused on people, they chat and involve them. They don't ignore them."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other services to ensure people received care which met their health care needs. We received positive feedback from a health professional who told us, "They appropriately raise concerns about residents who are unwell and seek medical review with appropriate urgency."

Adapting service, design, decoration to meet people's needs

- The design and décor met people's needs. A refurbishment plan was in place, to further enhance the environment.

# 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 good. At this inspection the rating has changed to requires improvement. This meant management systems did not always support effective governance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Whilst a system was in place to monitor the quality and safety of the service; records relating to people's care and support and the home's statement of purpose, were not always accurate or up to date. The provider's quality monitoring system had not identified all the issues to ensure timely action was taken.

The failure to ensure an effective system was in place to monitor the quality and safety of the service was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- We did not identify any impact upon people because of the issues in relation to the maintenance of records. The nominated individual and registered manager had already started acting upon our feedback and making the necessary changes.
- People, relatives and staff spoke positively about the registered manager and their support. One relative told us, "I do think it's well managed. If there any problems then (registered manager) will talk with me. I can go to them anytime. They get on well with the staff and handles things well. They will come out of their office and will help out on the floor."

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

- Records did not demonstrate how the provider was meeting their responsibilities under the duty of candour. The duty of candour regulation tells providers they must be open and transparent with people about their care and treatment, as well as with people acting on their behalf. It sets out some specific things providers must do when something goes wrong with someone's care or treatment, including telling them what has happened, giving support, giving truthful information and apologising.

The failure to ensure records demonstrated how the duty of candour policy was being followed was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following our feedback, the registered manager sent us a new duty if candour proforma which would be used following any notifiable safety incidents.

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

- There was a positive atmosphere at the home. People, relatives and a health professional spoke positively

about the caring nature of staff. The health professional told us, "It seems to me that the care at Kenton Manor is compassionate, kind and responsive to individual needs, and I see residents being treated with dignity, respect and kindness."

- Staff spoke enthusiastically about working at the home and the people they supported. One staff member told us, "I wouldn't go anywhere else, it's like a family - I love it."
- The registered manager sent us examples to show how staff were supporting people's wellbeing.

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

- A system was in place to involve people, relatives and staff in the running of the home. Comments from relatives included, "There is a care plan that I was involved in" and "When you sign out after a visit they ask you for feedback on a scale of 1-5. You can give positive or negative feedback."

Working in partnership with others

- Staff worked with health and social care professionals and other agencies to ensure people's needs were met. The home was also part of the local community. They were working with the local foodbank to support staff at the home.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	An effective system was not fully in place to monitor the quality and safety of the service and ensure accurate records are maintained. Regulation 17 (1)(2)(a)(b)(c)(f).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour
Treatment of disease, disorder or injury	Records did not demonstrate how the provider was meeting their responsibilities under the duty of candour. Regulation 20 (1)(4).