Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Kenton Manor

Kenton Lane, Gosforth, Newcastle Upon Tyne, NE3 3EE

Tel: 01912715263

Date of Inspection: 26 June 2013

Date of Publication: August 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Solehawk Limited
Registered Manager	Mrs. Althea Miranda Oladuni Morgan
Overview of the service	Kenton Manor is a 65 bed care home that provides nursing and personal care to older people and people with dementia.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 June 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

People living at the home and relatives told us they were satisfied with the care and treatment provided. We found care needs were properly assessed and planned. Our observations confirmed that people experienced personalised support. Their care was provided by staff who were trained and supported to meet their needs.

Staff understood their roles in protecting vulnerable people. Any concerns that people were not being safeguarded from harm were responded to appropriately.

Systems were in place to check the quality of the service provided, and to make any necessary improvements.

Care and other records in the home were held securely and were accurate and informative.

In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed, and care and treatment was planned and delivered in line with their individual care plan. We examined a sample of care records and saw that a range of assessments were completed. These identified people's physical and mental health, and social needs, and their level of dependency. From these assessments care plans were drawn up that described the care and treatment the person required. The care plans were personalised and took account of individual's preferences. They included, for example, preferences around personal care, night routines, and social interests. The plans were evaluated at regular intervals to make sure they remained effective in meeting people's needs.

Some of the people using the service had complex needs and were not able to tell us about their experiences. We carried out an observation of care practices to help us understand the experiences of people with dementia. We saw that staff engaged with people in the lounge and checked on people who were in their bedrooms and other areas. There was a calm and inclusive atmosphere with plenty of warm interaction between people, staff and visitors. We found that staff were attentive to people's needs and were respectful and patient when providing support.

People using the service who were able to express an opinion told us they were happy with the care they received. Visiting relatives also praised the staff and the care they provided. Their comments included, "The staff are marvellous", and, "I visit at different times, there is always plenty of staff and they look after everybody". One relative we talked with said their family member had made progress since moving into the home. They felt staff understood his needs and said he was well cared for. Another lady told us she was very happy to have her husband back at the home following a recent hospital stay. She said, "I can't fault the care here".

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Care records showed assessments of risks were carried out and strategies were developed to address personal safety. These included managing risks such as falls, nutrition, skin condition, and vulnerabilities due to mental health and

behaviour. We saw that care plans were updated as people's needs changed, for instance when they had short term illness or became frailer and needed additional support. Where necessary, they incorporated advice from other professionals, including specialist support, who were involved in managing people's health. Advanced care planning was also in place to make known people's wishes for their future treatment and end of life care. This meant that people's care was properly planned to make sure they were kept safe.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The manager told us the service had procedures for safeguarding adults and worked in line with the local multi-agency safeguarding procedure. She showed us that staff received training in recognising and preventing different forms of abuse, and she had completed advanced training specific to her responsibilities. A safeguarding file, including forms to report abuse, was kept on each floor of the home. This meant that staff were trained, and had access to relevant information, to raise their awareness of protecting vulnerable people.

The staff we spoke with understood the safeguarding and whistle-blowing policies and their roles in reporting abuse or poor care practice. We saw that they followed care plans for people with dementia to manage difficult behaviours and potentially harmful situations. For instance, we observed staff responded promptly to assist a person who showed signs of becoming agitated and was at risk of falling. A senior carer also described the ways routines were organised to closely supervise people and prevent them from being affected by the behaviour of others living at the home.

The provider had made suitable arrangements to respond appropriately to any allegation of abuse. The service had notified us of safeguarding concerns and alerts where it was known or suspected that people living at the home had come to harm. The manager had worked in co-operation with the local authority safeguarding team and had carried out investigations and taken measures to keep people safe.

We looked at the arrangements for safekeeping of people's personal finances. Wherever possible, people were encouraged to manage their own money, or be supported by relatives in doing so. Where money was held at the home, personal allowance contracts were drawn up to agree what staff could purchase on people's behalf. Records and receipts were kept for cash that was deposited and spent, and regular checks of balances and cash were carried out. However, the provider may wish to note that not all transactions were signed for by two members of staff to verify they had been witnessed.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. We were shown that new staff were provided with thorough induction training and shadowed senior workers or nurses. The manager told us induction was tailored according to whether the person had previous care experience, and this was confirmed by a new member of staff who we talked with. This showed us that new staff were given training which prepared them for their role.

Individual training records were kept and a matrix was maintained that gave an overview of all training completed by the staff team. This showed that staff received training on safe working practices such as fire safety and moving and handling. Courses specific to the needs of people living at the home were provided, such as caring for people with dementia, dignity in care, nutrition, and end of life care. Many of the care staff had also achieved National Vocational Qualifications (NVQ) in care at levels 2 or 3. This showed us that staff were provided with relevant training and were able to obtain further qualifications.

We saw that a range of meetings were held for different grades of staff to discuss care and employment issues. The manager told us she had identified shortfalls in the provision of staff supervision. She said that, since taking up post six months ago, she had given all staff individual supervision and had drawn up a schedule to forward plan further sessions. She was also looking to delegate responsibilities to the deputy manager, nurses and senior carers to provide supervision, following appropriate training.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People living at the home, and their representatives, were asked for their views about the service. The manager told us she aimed to communicate openly with people about care issues and the running of the home. She had an 'open door' policy and held a monthly 'surgery' where people could meet with her on an individual basis. Feedback was sought through quarterly resident and relative meetings, six monthly satisfaction surveys, and a relative support group had been established. The group meetings also incorporated discussion on specific areas of care to help give people a greater understanding of practice issues. This showed us that a variety of methods were used to actively get people's views on the quality of the service.

A senior manager visited the home regularly and prepared reports on the quality of the service. Audits were also carried out to check different aspects of the service such as care recording; medication; infection control; and the environment. Any improvements identified were drawn together in an action plan and followed up to make sure remedial actions were taken.

We saw that systems were in place to receive and follow up on comments and complaints. For instance, some relatives had recently made suggestions about information they would like to be displayed in the home, and this was being acted on. This showed us that the provider took account of comments and complaints to improve the service.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Records were kept securely and could be located promptly when needed. We saw that care records and other records related to the service were safely stored. Where necessary, they were kept in locked facilities and accessed only by designated staff. There was restricted access to information that was held electronically and this was password protected. Staff were guided by policies on record keeping and signed statements about confidentiality of personal information. There were also clear arrangements for archiving records no longer in use.

The manager said people were encouraged to be involved in their care planning and were shown and discussed care plans at individual reviews. Wherever possible, people signed to agree their care plans and other documents associated with consent to their care and treatment. This showed us that people living at the home, and their relatives, were able to access and contribute to care records.

The manager told us staff were instructed on the importance of records in accounting for people's care delivery, and the frequency that care records must be updated. During our visit we observed that staff routinely updated care records. Significant information about people's welfare was also documented in handover records to make sure it was communicated between staff.

The manager showed us that audits were carried out to ensure standards of record keeping were being adhered to. For instance, a recent audit of personnel files had identified some issues which were being followed up. The records we examined during our visit were properly organised and contained accurate information. Overall, we found that personal, and other records related to the management of the service, were well maintained.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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