

The Abbeyfield Society







Kenton House

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This unannounced inspection of Kenton House took place on the 14 October 2014.

Kenton House is a care home registered to provide personal care and accommodation for 11 older people who may also have a dementia. On the day of our visit there were 11 people living in the home. The home is located in Kenton on the outskirts of Harrow and has access to public transport and there are a range of shops within walking distance of the service.

At the time of our inspection the registered manager was no longer working in the home as she had recently left

the service. The deputy manager, who had worked in the home for some time and knew the home well, was carrying on the role of acting manager. We spoke to a business manager who informed us that recruitment of a new manager was planned to take place and they would take appropriate action to ensure that the registered manager applied to deregister with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 this inspection people told us they were happy with the service. They said they felt safe living in the home and we saw there were systems and processes in place to protect people from the risk of harm. We found staff were aware of their roles and responsibilities to keep people safe. People knew who to speak with if they had a concern or a complaint and were confident they would be listened to and appropriate action would be taken in response to any concerns they raised.

The atmosphere of the home was relaxed and welcoming. We saw people participated in a range of activities, which they said they enjoyed. People were encouraged and supported to maintain links with their family and friends and were asked for their feedback about the service.

Staff knew people well and provided people with the care and assistance they needed. People's individual needs and risks were assessed and identified as part of their plan of care which contained the information staff needed to provide people with the care they wanted and required.

We saw interact with people in a friendly and courteous manner. They smiled and laughed with people and spent

time chatting with them. People told us the staff were kind and treated them with respect. A person told us, "The staff are very nice to me. I am looked after very well." We saw people were cared for by sufficient numbers of suitably qualified and experienced staff. Robust recruitment and selection procedures were in place to make sure only suitable staff were employed.

People were provided with a choice of food and drink which met their preferences and nutritional needs. People told us they enjoyed the meals. A person told us, "The food is very good. I can choose what I want."

Staff received relevant training and were supported to develop their skills so they were competent to meet people's needs. People's health was monitored and referrals made to health professionals when required. Medicines were managed and administered safely.

Staff had an understanding of the systems in place to protect people who were unable to make some decisions about their care and other aspects of their lives. Staff knew about the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS)

There were effective systems in place to monitor the care and welfare of people and improve the quality of the 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?

The service was safe. People told us they felt safe living in Kenton House. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm.

Staff recruitment was robust so only suitable people were employed in the home. The staffing of the service was organised to make sure people received the care and support they needed and to enable them to participate in activities of their choice.

Medicines were managed and administered safely.

Good



Is the service effective?

The service was effective. Staff received the training they needed to enable them to understand and meet people's individual needs. Staff felt well supported by the acting manager and their staff team.

People were provided with a choice of meals and refreshments that met their dietary needs and preferences.

People's health care needs were met and monitored. They had access to a range of health professionals including; doctors, podiatrists, opticians, district nurses and dentists to make sure they received effective healthcare and treatment.

The acting manager and care staff had knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and their implications for people living in the home.

Good



Is the service caring?

The service was caring. Staff knew people well, were kind and friendly. They showed patience and understanding when working with people. Staff understood people's individual needs and respected their right to privacy. People spoke about the staff in a positive manner and told us they were treated well.

People's independence was promoted and where possible they were involved in decisions about their care and other needs.

Good



Is the service responsive?

The service was responsive. People's individual health and care needs were assessed prior to moving into the home with involvement from people who used the service and/or their relatives.

Care records showed how people wanted to be supported and people told us they were involved in decisions about their care.

People were supported to take part in a range of recreational activities and maintaining contact with family and friends was supported and promoted.

People told us staff were approachable and they could speak to the acting manager at any time about any worries they had. Complaints and concerns were appropriately addressed.

People had the opportunity to provide feedback about the service and appropriate action was taken in response to their views.

Good



Summary of findings

Is the service well-led?

The service was well-led. The registered manager no longer worked at the home. The deputy manager, who had worked in the home for some time and knew the home well, was carrying on the role of acting manager until a manager was recruited. People spoke very positively about the acting manager who was approachable and communicated well with them.

Staff were supported by the acting manager. They were confident that any concerns they raised to do with the service including poor practice would be addressed promptly and appropriately.

There were processes in place to monitor the quality of the service. These included checks to monitor the quality of care and to make sure improvements were made when needed.

Appropriate action was taken in response to incidents and accidents and to reduce the risk of them recurring.

Good



Kenton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 October 2014 and was unannounced. The inspection team consisted of the lead inspector for the home 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 the inspection we looked at information we had received about the service. This information included notifications sent to the Care Quality Commission and all other contact that we had with the home since the previous inspection. We talked with all the people using the service, two visitors, two care staff, the cook, acting manager and business manager. We also spoke with a health professional.

We observed how the staff interacted with people who used the service and visitors. We reviewed a variety of records which related to people's individual care and the running of the home. These records included; five people's care files, three staff records, and audits that related to the management of the service.

Is the service safe?

Our findings

People we spoke with all confirmed they felt safe. Visitors also told us they did not feel worried about their relatives' safety. A family member told us their relative was "Safe, without a doubt. I sleep at night. I don't worry about [the relative] in the home."

There were policies and procedures in place to inform staff of the action they needed to take if they suspected abuse. Staff informed us they had received training about safeguarding people and training records confirmed this. Staff were able to describe different kinds of abuse and they knew about the reporting procedures they were required to follow if they were informed of or suspected abuse. Staff knew about the whistleblowing procedures and were confident that the acting manager would respond appropriately if she was informed about a safeguarding concern or told about poor care practice. A staff member told us that there were "No concerns in this home. It is a lovely home."

Through our observations, talking with people and looking at the staff rota we found there were systems in place to manage and monitor the staffing of the service to make sure people received the support they needed and to keep them safe. The acting manager told us staffing levels were adjusted to meet the changes in needs of people. She provided us with examples of when extra staff had been on duty to meet people's needs, which included an occasion when a person had been unwell and when people needed to be accompanied by staff to appointments.

The three staff records we looked at showed that appropriate recruitment and selection processes had been carried out to make sure that only suitable staff were

employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

Care plan records showed that risks to people were assessed and guidance was in place for staff to follow to minimise the risk of the person being harmed. Risk assessments included guidelines for staff that detailed the preventative action to be taken to lessen the risks of people falling.

Medicines were stored, managed appropriately and administered to people safely. Regular checks of the medicines were carried out and improvements made when needed. Staff had signed to confirm they had read the medicines policy and had received medication training. Staff had received an assessment of their competency to administer medicines to people which had been reviewed regularly. The temperature for storing medicines safely was monitored. Medicines administration records showed that people had received the medicines they were prescribed. A person we spoke with was aware of the medicines they needed and told us they received them from staff.

Small amount of cash were managed for some people. We saw receipts of expenditure were available and appropriate records maintained of people's income and spending. Regular checks of the management of people's monies were carried out to reduce the risk of financial abuse.

Staff took appropriate action following accidents and incidents. Incidents and accidents were recorded, investigated and reported to the Care Quality Commission when required. We found action was taken to minimise the risk of them occurring again.

Is the service effective?

Our findings

New staff had been provided with induction training so they knew what was expected of them and to have the skills they needed to carry out their role. A care worker told us their induction had included spending time with people and talking with them to get to know them. We spoke with three members of staff who told us they received the training they needed to enable them to provide people with the care and support they needed. Staff had completed training in several areas including safeguarding people, infection control, fire safety, responding to complaints, dementia care and communication with people. Staff said that there was good communication between all the staff about people's needs. A care worker told us "There is good teamwork we work well together."

Staff felt well supported by the acting manager and other senior management staff. They received regular supervision meetings with the acting manager to monitor their performance, discuss best practice and identify training needs. We saw from looking at staff supervision records that a number of areas including safeguarding people, care plans, resident's choice and communication had been discussed during those meetings. A care worker told us supervision and team meetings supported them to fulfil their roles and responsibilities. Staff received an annual appraisal where their performance and personal development needs were reviewed.

People's health care needs were met and monitored. They had access to a range of health professionals including; doctors, podiatrists, opticians, district nurses and dentists to make sure they received effective healthcare and treatment.

Information in people's care plans showed people's mental capacity to make decisions about their care and treatment had been assessed and people and their families had been involved in discussions about care. People's individual

choices and decisions were recorded in their care plan. For example a person had requested that they received a prescribed medicine at a particular time and this decision had been respected. Staff we spoke to were aware of their responsibility to respect people's decisions and choices. They knew when a person lacked the capacity to make a specific decision people's families and others would be involved in making a decision in the person's best interests.

The acting manager was aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation to protect people who are unable to make decisions for themselves. People had risk assessments to protect them from harm whilst promoting their independence. The acting manager knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. None of the current residents were subject to DoLS authorisation. However, during discussion with the acting manager about people's needs it was clear that some people were unable to go out without support from staff. Following the inspection the acting manager informed us that she had made an application to the local authority for a DoLS authorisation for a person and was in the process of reviewing whether other people needed an application to be made.

The cook knew about people's dietary needs and provided us with examples of people's food preferences having been incorporated into menu. We saw that people's dietary needs were catered for. People were mostly complimentary about the meals. They told us that they had a choice of what to eat and drink. A person told us that they had requested a certain food item not on the menu and that had then been provided for them. People confirmed that snacks were available at any time. We saw from minutes of a resident's meeting people had provided some feedback about the meals and had requested specific condiments to put on their food. The acting manager had addressed the feedback and the request.

Is the service caring?

Our findings

People told us they found staff to be friendly and caring. They told us they were happy with the care they received and were involved in decisions about their care. Staff took time to listen to people and supported them to make choices. People told us they could choose when they wanted to go to bed and what time they wanted to get up. We observed people make other decisions including what they wanted to eat and whether they wanted to participate in recreational activities. People spoke positively about staff and told us “I am very well looked after,” “They [staff] are nice and friendly. They listen to me,” “The carers are very helpful,” “I prefer living here, the staff are marvellous,” “The staff are very kind” and “Sometimes I go out on my own and my family take me out.” A relative of a person told us that their family member was “Content” living in the home. Another relative said “The staff are very attentive and kind.”

The atmosphere of the home was very relaxed. We saw that people were supported in a respectful and kind manner by staff. The staff spent time speaking to each person in a friendly and sensitive way. There was pleasant interaction between staff and people and we heard lots of laughter during the day. People told us they were called by their

preferred name and they spoke highly of individual members staff who they seemed to know well. Staff told us they supported people to retain as much of their independence as possible by encouraging people to wash and dress with minimal assistance and by providing people with mobility aids such walking frames so they could maintain their freedom of movement.

We saw staff treating people with dignity and respect. Staff knocked on people’s bedroom doors and waited for the person to respond before entering. People’s choice to spend time during the day in their bedroom was respected by staff. Bedroom and bathroom doors were closed when staff supported people with their personal care needs.

Staff had a good knowledge and understanding of people’s individual needs. They told us they spoke with people and asked them about their lives, interests and needs. They confirmed that they read people’s care plans and received detailed information about each person’s progress during each shift they worked. Care plans included information about people’s life history and their spiritual needs and showed that people had been consulted about the care they wanted to receive. People were cared for in line with their wishes and beliefs. They told us “They ask me what I want and listen to what I say. They know what I need” and “It is nice that the priest comes every week to see me.”

Is the service responsive?

Our findings

People's care and support needs had been assessed with the person's involvement and/or their family. This assessment formed the basis of the person's care plan, which included information about what was important to them, people's interests and their preferences. People confirmed they had been asked about their wishes and requirements before moving into the home.

Care plans included individual guidance about the support and care people needed and how to minimise any identified risks including falls and pressure ulcers. People's care plans were reviewed routinely monthly and a more comprehensive review took place six monthly with the involvement of people who used the service and often their relatives. Care plans were reviewed and updated more frequently if people's needs changed for example, after a fall or when they returned from hospital. Though people told us they were involved in making decisions about their care we found that records of the monthly review of people's care plans did not indicate people had been asked about their care needs during these reviews. The acting manager told us that she would make sure that staff involved people in every review of people's care plans. From observation, talking to staff and people we found that staff had a good understanding of each person's needs.

Staff told us they had comprehensive 'handover' meetings at the beginning of each shift when each person's needs and progress were discussed so they knew the support and care people needed.

Despite staff being busy throughout the inspection they found time to encourage people to take part in a variety of activities and respected people's decision if they chose not to. Everyone participated in one or more activities during our visit. There were activities taking place throughout the day which included a 'sing a long' session, card games, scrabble, one to one chats with staff, an exercise session and watching television. We saw photographs of people enjoying a recent community outing. Other events that took place this year included a 1950's party, a cake decoration activity and a barbeque. People had provided positive feedback during resident meetings about these

events. People told us they enjoyed the activities, had plenty to do and were able to go out if they wanted. A person said they chose and bought their own toiletries from the local supermarket. People told us about shopping trips they had enjoyed.

People were encouraged to develop their interests and skills. A person who used the service told us about their role as a health and safety representative for people living in the home. They told us about the meetings they had with the member of staff responsible for health and safety and that repairs to fixtures and fittings including recently replacing a faulty light bulb had been carried out.

People were supported to maintain relationships with family and friends. They told us that visitors were welcomed at any time. Relatives of people confirmed this and told us they were kept informed about their family member's progress and of any changes in the person's needs.

We saw the complaints policy had been discussed during a team meeting. Staff knew they needed to report all complaints to the acting manager. People told us that they felt comfortable raising complaints and felt confident that they would be addressed appropriately.

People told us they had the opportunity to attend resident meetings where they could provide feedback about the service they received. A person said "We have meetings. I can speak about things, we had some complaints about the food and fed that back, they listened and things are good now." Another example which showed the home had listened and responded to feedback from people was that a person had brought it to the acting manager's attention that there was an area in the home where the lighting was poor and a light sensor had been installed in response which had resolved the issue. Another person mentioned a recent complaint they had made which was being appropriately responded to by the acting manager. A relative of a person spoke about having raised some issues which had been resolved to their satisfaction and improvements made. Records showed that staff had taken appropriate action in response to complaints. We saw a number of 'thank you' cards from people complimenting the service.

Is the service well-led?

Our findings

At the time of our inspection the registered manager had recently left the service and the manager's application to cancel their registration with us was in the process of being completed. The deputy manager, who had worked in the home for some time and knew the home well, was carrying on the role of acting manager until a manager was recruited.

People spoke very positively about the acting manager. They told us she was approachable, kind and communicated with them well. Comments from people about the acting manager included "She is a very nice person," "She couldn't be nicer and better trained," and "She is very good, and on top of everything". During the inspection the acting manager talked to people and their relatives and spent time ensuring people received the care they needed and wanted.

Staff told us they felt the acting manager listened to them and with the support of senior management staff had put in place a number of improvements to the service since they started managing the service. These included developing and improving staff teamwork and communication so people received a better service. Comments from staff about the acting manager included "You can tell her anything. There is good teamwork and communication, we work well together" and "We are well supported". A member of staff told us that the acting manager and a senior manager "sort everything out. They act straight away and put things right." Relatives of people told us the acting manager listened to them ensured their family member received the care they needed.

Regular staff meetings were held which provided staff with the opportunity to receive information about any changes

to the service and to discuss and raise any concerns or comments they had. A member of staff told us "We have meetings once a month, we can bring up anything". Minutes of a staff meeting showed that staff had discussed a number of areas of the service including whistleblowing, staff attitude, care plans and moving and handling.

We saw that the acting manager and senior staff representing the provider undertook audits to check the quality of the service provided to people. This included checking the quality of care records, staff training, health and safety checks and the management of medicines and making improvements when needed. There were systems in place to ensure that accidents and incidents were monitored by the provider. A recent incident had been reported to the Care Quality Commission as required. We saw that incidents were managed and addressed appropriately.

We saw most people had recently completed a feedback survey about the service. Most people had responded positively to questions about the service and had made some nice comments about the staff and about how they felt living in the home. A person who used the service had been critical about the variety of the food but although the person told us that this issue had been addressed we found no record of the action taken by the acting manager in response to this feedback. The acting manager told us about the action she had taken to resolve the issue and said she would make sure this action was documented.

There were various health and safety checks carried out to make sure the care home building and systems within the home were maintained and serviced as required to make sure people were protected.