Inspection Report

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

Kenton Hall Nursing Home

Kenton Lane, Gosforth, Newcastle-upon-Tyne, NE3 3EE

Tel: 01912711313

Date of Inspection: 06 February 2013

Date of Publication: March 2013

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

Respecting and involving people who use services	✓ Met this standard
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Solehawk Limited
Registered Manager	Mrs. Althea Miranda Oladuni Morgan
Overview of the service	Kenton Hall is a 60 bed care home that provides nursing and personal care to older people.
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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 6 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

People living at the home and their representatives were involved in, and consented to the way their care and treatment was provided.

We found that care was planned to meet individuals' assessed needs and was delivered by enough skilled staff to ensure people's safety and welfare.

People and their relatives were very complimentary about the home, and spoke highly of the staff and the care they received. They told us, "I can't praise it enough, everything is great here"; "The care is marvellous"; and, "I'd definitely recommend this home".

All reasonable steps were taken to protect vulnerable people from being harmed. Appropriate arrangements were also in place to get people's views about the service and for making complaints.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

At our last inspection we had found that although people were given choices about when they got up in the morning, their choices were not clearly documented. The manager told us that following our visit a survey had been completed with each person to establish the times they usually wanted to get up and go to bed. We saw this had included other preferences such as drinks, watching television, reading, supper, and if the person wished to be checked on by night staff. Records were also kept of sleep patterns to make sure individuals preferences were being adhered to. This showed us that choices were now properly reflected and recorded, and used to guide staff on meeting people's preferred routines.

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We reviewed how people living at the home directed the care they received. The people we talked with said they made choices in their everyday lives and felt they would be involved in any important decisions about their care. Their comments included, "They wouldn't do anything without asking me first", and, "I'd have the final say". We also spoke with a relative who told us she acted on behalf of her father, who was mentally frail. She said staff always kept her well informed and she was consulted about, and agreed to, his care. This meant that people were able to exercise control over the way their care was provided.

We saw there were clear records of people's agreement to their care, including consent forms signed by the person, or their representative. These showed whether people agreed to provide information on their care needs; gave permission to be physically examined and have photographs taken; and for staff to consult with other professionals about their care and treatment. People with cognitive impairments had care plans specific to their level of insight and understanding, and the support they needed to take part in decision making. Anticipatory care planning was also in place, with the individual's arrangements about how they wished to be cared for at the end of their lives.

The manager and staff had undertaken training on the implications of mental health legislation and had good awareness of their responsibilities. Assessments of mental capacity were carried out and, where necessary, decisions about care were made with the involvement of relatives and health professionals. Records of these decisions were well documented and demonstrated that the person's past and present wishes, and benefits and risks to their welfare, were carefully considered. This showed that where people were unable to consent to their care, formal processes were followed to make decisions that were in their best interests.

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 saw that a range of assessments were completed and updated to identify people's current physical and mental health needs, and their level of dependency. Care plans were in place to meet these needs, and they were regularly evaluated to check they remained effective.

The people and relatives we talked with said they were very happy with the way their care was provided. They told us, "We're very well cared for, the staff are excellent"; "It's lovely here, the food is good and there's interesting activities"; and, "I give them the thumbs up".

Care and treatment was planned in a way that ensured people's safety and welfare. Records showed that risks to personal safety were assessed. Measures to minimise or manage these risks were built into care plans and included advice given by other professionals involved in the person's care. We were also informed that staff took part in a care homes project, led by a general practitioner. This guided them on protocols for managing health issues and conditions, and was aimed at avoiding people having to be admitted to hospital.

Further records were kept of checks on people's well-being that included monitoring of weights, skin condition, and personal hygiene. The manager told us food and fluid intake records, and support for people who were nutritionally at risk, had been reviewed, and made more robust. There was also recorded evidence that health professionals, including specialist support, were accessed to keep people's health and welfare under review.

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

We saw that an up to date file of information on safeguarding vulnerable adults was maintained. This included the local multi-agency procedure for reporting abuse and the levels of concern that would trigger a safeguarding alert. A poster about safeguarding was also displayed in the home to raise people's awareness. No safeguarding alerts had been raised about the service in the period since our last inspection.

People living at the home, and the relatives we talked with, felt people were safe and secure. They said they were treated with respect by the staff, who they described as "kind", "friendly", and "extremely caring".

We were shown that all staff received training in how to recognise and prevent different forms of abuse. The manager had completed advanced training and was confident about her responsibility to respond to, and report any allegations of abuse. The staff we spoke with understood their roles in protecting people from harm. They said they were given the home's policies on safeguarding and whistle-blowing and confirmed they would report any suspected abuse or poor care practice.

The manager also explained how people were prevented from being affected by the actions of other people living at the home. She showed us that mental health was regularly reassessed, and said, where necessary, referrals were made to mental health professionals. Staff were also trained in caring for people with dementia, and to understand how to manage difficult behaviours and defuse potentially harmful situations.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At the time of our visit there were 53 people living at the home, most of whom received nursing care. The manager told us there was sufficient staff of different grades to meet people's needs. She based staffing levels on people's dependency and had discretion to increase numbers when extra support was required. Cover for absence was provided from within the staff team, and there was only occasional use of external agency staff. Staff were also able to contact the manager outside of office hours if they needed advice or support. This made sure that there was continuity of care for people living at the home.

The staff rotas showed there were usually 2-3 nurses, who supervised care delivery, and 9-10 carers on duty across the day, and 2 nurses and 4-5 carers at night. The manager's hours were in addition to these levels, and there were plans to appoint a deputy manager to assist with management duties. Staff were employed to provide social activities, catering, housekeeping, and administrative support.

The people and relatives we talked with felt there was enough staff to provide people with the care they required. They told us staff were able to give individual attention and to meet their social, as well as physical needs. Their comments included, "They've always been available when I need them"; "The staff are very, very good"; and, "I've never known there to be shortages, there always seems to be plenty of staff".

The manager told us staff were well experienced, and all were given regularly updated training relevant to their roles. This included undertaking qualifications, and the majority of care staff had achieved National Vocational Qualifications in care at levels 2 or 3. Some staff had lead roles for clinical and care issues and ensured that training and initiatives were shared with the team and put into practice. Staff's skills and competency was also checked through the supervision and appraisal process, and observations of their practice. This meant people benefitted from being cared for by staff who were experienced and trained to meet their needs.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People living at the home, and their representatives, were made aware of the complaints process. They were given an informative guide to the service that included the complaints procedure. The procedure was also displayed in the home's entrance, along with a poster about advocacy services. We saw that one complaint had been received in the past year. This had been promptly and appropriately investigated and the person who had made the complaint was sent a detailed written response.

The people and relatives we spoke with understood what to do if they had any concerns about the service. They said they had no complaints and spoke positively of the way people were cared for and treated.

The manager told us she aimed to create an inclusive atmosphere where people were engaged in the running of the home. She showed us that a quarterly newsletter was produced with details of events, news, and photographs. There was a post box for suggestions and comments, and books for recording comments about the food. Resident and relative meetings were also held, and records of these showed that people's feedback about the service was acted on.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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