

***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 Inspections: 06 June 2013
27 May 2013

Date of Publication: July 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
Safety and suitability of premises	✗	Action needed
Requirements relating to workers	✗	Action needed
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	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

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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 27 May 2013 and 6 June 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

People experienced care, treatment and support that met their needs and protected their rights. A person who used the service told the expert by experience, "We are looked after, so well. The staff are affectionate and the night staff are wonderful. The staff arrange my chiropody for me and attend to my every need." A relative told the expert by experience, "I checked on seven homes before I selected this place for my father. It is like he is at home. It is excellent compared to the others I checked out. His room was re-decorated before he moved in and he is very much at home in here. The care here is unbelievable."

The provider had not taken sufficient steps to provide care in an environment that was adequately maintained and which protected people from the risks of unsafe premises. People were cared for, or supported by, suitably qualified, skilled and experienced staff. However, the arrangements for carrying out checks on staff to ensure they were suitable to work with people who used the service were not adequate.

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

The provider had an effective system to regularly assess and monitor the quality of service that people received. The provider also had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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

What we have told the provider to do

We have asked the provider to send us a report by 19 July 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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, treatment 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 the needs of people who used the service had been assessed using a variety of risk assessment tools. For example, a detailed nursing assessment had been carried out for each person and updated as their nursing needs changed. We also saw that people's susceptibility to poor nutrition, developing pressure ulcers and falling had been assessed using evidence based risk assessments. The sample of risk assessments we looked at had been regularly reviewed. This meant staff had accurate guidance regarding how they should keep people safe.

We saw that a range of care plans had been developed to help staff meet people's assessed needs. The sample of care plans we looked at were comprehensive, well written and easy to understand. We saw that they had been regularly reviewed to make sure they remained effective. This meant that staff had access to up-to-date information which told them how to meet people's needs.

The expert by experience spoke with four people who said staff had consulted them about their care plans. They told us that the relatives they spoke with were 'aware of the care plans for their loved ones'. One relative told the expert by experience, "I very much appreciate the staff meeting my brother and I at least once every year to check the care plan and keep it up to date." This meant that people who used the service, and their representatives, were provided with opportunities to contribute to the care plans the home had put in place. The provider may find it useful to note that some people's care plans and risk assessments had not been signed by them or their representative.

We carried out an observation of the care people received so that we could understand their experiences of living at the home. On the day of the inspection people who used the service looked well cared for. We saw that people received support which met their needs. Staff were kind, polite and courteous and responded to people's needs promptly. We carried out a check of the nurse call system and found staff responded very promptly to

requests for help. The sample of nurse call alarms we checked worked satisfactorily.

During the care observation, we saw seven people who used wheelchairs had been taken into the ground floor lounge following their breakfast and placed in front of an armchair. During the hour over which the care observation took place, none of these people were offered support to enable them to sit in an armchair. We spoke to the manager about this who agreed to review this practice and see whether a more person-centred approach could be taken.

We observed staff assisting people to transfer using hoisting equipment. Staff knew how to use the equipment and assisted people in a competent and safe manner. Staff told us they had access to all the equipment they needed to safely transfer people. This was confirmed by the expert by experience who told us, "I observed four residents who required special treatment by using a hoist to bring them from a wheelchair to a seat in the lounge. Two staff were in attendance during this procedure. They addressed the residents by name and were very re-assuring during the operation. I did notice that most of the wheelchairs brought into the lounge did not have the foot rests in a useable position when occupied by residents." The provider may find it helpful to note that we also observed staff using wheelchairs where the footplates were not used.

A relative told the expert by experience, "I cannot fault the staff here. We are very pleased with the care my father receives." A person who used the service told the expert by experience, "I receive a visit from a local hairdresser once a week and she keeps my hair in good order." Another person said, "We have good carers and good nurses. The place is spotless and we are kept clean and tidy. What more could you ask for." The expert by experience said they spoke with over ten people who used the service and none raised any concerns with them. This meant people who used the service, and their relatives, were happy with the service they received.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was not meeting this standard.

The provider had not taken sufficient steps to provide care in an environment that was adequately maintained and which protected people from the risks of unsafe premises.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We saw the home's annual development plan for April 2012 to March 2013 identified planned improvements to the premises. This included the replacement of furnishings and fittings. The manager was unable to provide us with a development plan for the current year. However, she was very clear about what future improvements needed to be made and said these had been discussed with the provider. The manager told us that over the past year, the furniture in some bedrooms had been replaced. We were also told new seating had been purchased for the communal areas. We saw there were new curtains in the first floor communal areas and the manager confirmed these areas were to be redecorated shortly.

However, we found that the provider had not taken sufficient steps to provide care in an environment that was adequately maintained and which protected people from the risks of unsafe premises. The paint and plasterwork in some areas of the home was marked, chipped or had been damaged by wheelchairs, beds or chairs. The carpets in some of the communal areas were very stained and marked. Although these concerns did not place people who used the service at risk of harm or injury, it meant that they were not able to benefit from living in a home that was well maintained.

We checked the hot water temperature in some of the bathrooms on the ground and first floors. We found all of those checked were in excess of 50 degrees. This meant that hot water temperatures were too hot to be safe and could potentially result in harm or injury. We told the manager about our findings. She said no concerns had been identified previously and that care staff maintained daily checks of hot water whenever people had a bath. However, when we looked at these records we saw that staff had not recorded the outcome of the hot water temperature checks they had carried out. This meant that there was no documented evidence that care staff had carried out appropriate hot water temperature checks prior to assisting people to take a bath.

We saw that a dismantled nursing bed had been stored at the side of a bath in one of the bathrooms. A piece of equipment that had been used to transport the bed had also been

left in the bathroom. These items had been inappropriately stored and restricted the useable floor space next to the bath. This meant that people who used the service, and the staff who supported them, had been placed at risk of potential injury.

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. However, adequate arrangements had not been put in place to make sure that staff employed at the home were suitable to work with people who used the service.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Appropriate checks had not always been undertaken before staff began work. The sample of records we looked at confirmed staff had been subject to a Criminal Records Bureau disclosure check. Proof of identity and information about applicants' physical and mental health, had also been obtained. However, we saw some staff had not provided a full employment history. We saw that a reference had not been obtained from one applicant's most recent employer. There was also no documented evidence that another applicant's previous conviction had been discussed prior to their employment and risk assessed. The manager told us this would have happened, but on checking they were unable to find a record which confirmed this. These shortfalls meant suitable checks had not been carried out on all staff to ensure they were safe to work with vulnerable adults.

We were told that, where appropriate, evidence of professional registration with the relevant nursing body was obtained as part of the recruitment process. Checking that staff were registered with their professional body helped to make sure they were fit to practice.

We saw standard job descriptions had been devised for all roles. The job descriptions we looked at specified the qualifications, skills and experience job applicants should have. Recruiting staff in line with job descriptions helped to ensure staff had the skills and competencies required to undertake the regulated activities for which the provider was registered.

The staff group at Kenton Hall consisted of registered nurses and care staff who had the skills and qualifications required to meet people's needs. Staff had completed an induction covering areas relevant to their role. They said they had been made aware of the provider's policies and procedures during their induction. Staff spoke knowledgeably about the needs of the people they supported and treated, and said they felt competent to do their job. This meant that people received support and treatment from staff who knew about their needs and how to meet them.

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 were able, from time to time, to obtain further relevant qualifications. We spoke to some of the staff on duty. They told us they received a satisfactory induction which covered the needs of people who used the service and the provider's policies and procedures. We saw that separate induction booklets had been devised for the induction of qualified nurses and care staff. We looked at the records of a recently appointed member of care staff. The provider may find it useful to note that a record of their induction was not available. A record of the induction provided to them was not available. The manager told us they had asked the staff member concerned to return their completed induction workbook on a number of occasions over the last six months but this had proved unsuccessful. Guidance issued by 'Skills for Care' states that staff should complete appropriate induction training within the first 12 weeks of their employment. The manager acknowledged that effective action had not been taken to ensure the member of staff completed their induction within proscribed timescales and confirmed this would be addressed following the inspection.

We looked at a sample of records which showed staff had completed training to help them, and the people they supported, stay safe. We saw that the majority of care staff had obtained a National Vocational Qualification in Health and Social Care (NVQ) at Levels 2 and/or 3, or an equivalent qualification. We also saw that staff had completed training that included first aid, infection control and moving and handling. Some staff had also completed additional training to help them, and their colleagues, meet the special needs of people who used the service. For example, training in dementia and nutritional awareness. The manager told us she was in the process of identifying which staff needed to complete refresher training in 2013. Staff told us they had received the training they needed to do their job and were satisfied with the opportunities available to them. This meant staff had received opportunities to develop the skills and competencies they needed to provide people with safe care.

Staff had received appropriate professional development. The sample of records we looked at showed staff had received regular supervision and an annual appraisal. This was confirmed by staff who said they received supervision which covered specific topics to help them to do their jobs better. The provider may find it useful to note that one staff member's

appraisal covered the period from August 2010 to June 2012. Also, the records of supervision we looked at contained limited details of the topics discussed during each session.

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. The provider also had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

Reasons for our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The manager told us they had completed a self-assessment against the Essential Standards for Quality and Safety to make sure they were compliant. We were told the previously completed self-assessment was currently under review. This helped the manager to maintain an overview of the home's compliance with the Essential Standards for Quality and Safety.

We were also told that people's care records were audited every three months. The provider may find it useful to note that previously completed audits were not available on the day of the inspection. We were told that they had been given to the relevant members of staff, so that any shortfalls that had been identified could be addressed. We told the manager about this and she agreed to address it following the inspection.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. We saw that various audits had been completed. For example, the manager had carried out monthly medication and kitchen audits. This meant that arrangements had been made which protected people from the potential risk of harm or injury. The provider may find it useful to note that arrangements had not been made for these audits to be completed during periods of leave taken by the manager. We were told this situation would be addressed by the recent appointment of a deputy manager who was currently undergoing induction.

We found that people who used the service, and their representatives, had been made aware of the home's complaints process. We were told people had been given an informative guide to the service that included details of the home's complaints procedure. We saw that the procedure was displayed in the home's entrance. There was also a poster with information about to access independent advice. We also saw that there was a post box for suggestions and comments. This meant that people were provided with information about how to complain in a format that met their needs.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises
Diagnostic and screening procedures	How the regulation was not being met: The provider had not taken sufficient steps to provide care in an environment that was adequately maintained and which protected people from the risks of unsafe premises. Regulation (1)(c)
Treatment of disease, disorder or injury	
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers
Diagnostic and screening procedures	How the regulation was not being met: The provider failed to make sure that job applicants supplied a full employment history. Regulation 21(b)
Treatment of disease, disorder or injury	

This section is primarily information for the provider

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 19 July 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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