

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

Kenton House

70 Draycott Avenue, Kenton, Harrow, HA3 0BU

Tel: 02089076711

Date of Inspection: 16 July 2013

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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

Cleanliness and infection control ✓ Met this standard

Safety and suitability of premises ✓ Met this standard

Staffing ✓ Met this standard

Supporting workers ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	The Abbeyfield Society
Registered Manager	Mrs. Manjit Laute
Overview of the service	Kenton House is a care home that provides personal care and accommodation for a maximum of eleven people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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'.

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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 16 July 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, talked with staff and reviewed information given to us by the provider.

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

During the inspection we spoke with all the people who used the service, two relatives of people who used the service, two care staff, the deputy manager, the registered manager, and a district nurse. People who used the service told us that they were happy living in the home and the staff were kind and treated them well. We saw people who used the service approach staff without hesitation and they accessed their bedrooms, communal areas including the garden freely.

People were supported to make choices. These included decisions about what they wanted to do and when they wanted to get up and go to bed. Staff interacted with people who used the service in a respectful and very sensitive manner. Comments from people who used the service included "I can choose what to do," "I couldn't be better looked after," "I have help when I need it," "the staff are always very busy," and "I am happy living here."

Each person who used the service had a plan of care that included up to date information about the individual support and care they needed. People's health, safety and welfare were protected as they received the advice and treatment that they needed from a range of health and social care professionals. Staff had the skills to meet people's needs and they received appropriate support and advice from the manager.

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 privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service told us that they had visited the home before moving in and had been asked questions about their needs and preferences. They told us about the choices that they made, which included what they wanted to wear, when they went to bed and whether they wanted to remain in their bedroom or spend time in the lounge. Records and staff confirmed this. People had the opportunity to participate in regular resident's meetings where they were informed of issues to do with the service and had the opportunity to provide feedback about their experience of living in the home.

People who used the service told us that they had their privacy respected. We saw staff knock on people's bedroom doors and on occasions they spoke to people in private, such as when they asked people if they needed to use the bathroom facilities. Staff told us that privacy and dignity were discussed during their induction. People who used the service were supported in promoting their independence by having access to walking frames and walking sticks. We saw that staff encouraged people to take regular walks, and they offered assistance and support when that was needed. Comments from people who used the service included "the staff are kind," and "I get help when I need it."

Staff were aware of their role in supporting people in making decisions about their care and treatment. They told us that when people were unable to make particular decisions, their relatives or representatives, and healthcare and social care professionals would be included in the decision making process. People who used the service had the names of the people whom they wanted to be involved in decisions about their care recorded in their care plan. Visitors told us that they had been fully involved in their relative's initial assessment and their plan of care.

People's religious and spiritual needs were recorded in their care plans. The manager told us that a representative of a church visited the home regularly, and arrangements were made for people to have their individual religious needs met. People informed us that religious festivals were celebrated by the home.

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

People who used the service told us that they were always asked for their consent prior to any examination or care that they received or were supported with. They confirmed that they were given time to think before making decisions about their care and treatment. We heard staff ask people whether they wanted any assistance or to take part in activities and their decision was respected. The manager told us that consent was discussed in team meetings.

We saw from records that people who used the service had consented to the care and treatment that was documented in their plan of care. We saw that access of their records had been discussed with people who used the service and people had signed a statement that confirmed they could access their records at any time. Records showed us that people who used the service had also signed consent forms with regard to having their photograph taken.

Staff knew about having a best interest meeting with healthcare professionals, relatives of the person who used the service and others if the person lacked capacity to make a decision about their care or treatment. Records showed us that staff had completed training with regard to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People who used the service told us "I am asked about what I want," and "I am always asked for my consent."

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

From observation, and talking to staff and to all the people who used the service we found that the staff had knowledge and understanding of the varied needs of the people. Staff interacted in a very sensitive, positive and respectful manner with people. They noticed when people who used the service needed support with personal care or when they wanted a drink and provided the appropriate care and support. Staff constantly asked people who used the service if they were alright. Comments from people who used the service included "I can choose what to do," "I couldn't be better looked after," "I have help when I need it," and "I am happy living here."

Relatives of two people who used the service told us that they were very satisfied with the quality of the care provided by the home. They told us that they were kept "well informed" about their relative's progress. A visitor told us that they were "happy with all aspects of the service," and that they had been fully involved in the review of their relative's needs.

The four care plans that we looked at contained assessment information about each person's needs. People's progress was monitored closely and their care plans were reviewed regularly and updated when their needs changed. People who used the service told us that they were asked about their needs by staff, but the care plans did not always indicate that they had been involved in the monthly review of their plan of care. The deputy manager told us that she would ensure that people's participation in their care plan and feedback from them about the care that they received would be recorded.

The care plans included information about people's health and care needs, and some guidance about how those needs were met by staff. Staff told us that they read people's care plans, and discussed people's progress with staff, including management staff and informed the manager when people's needs changed. The manager told us and records showed that people who used the service were provided with the support that they needed to access a range of healthcare and social care services. They attended hospital appointments and received advice and support from health and social care professionals that included doctors, opticians, social workers, district nurses, psychiatrists and chiropodists. A district nurse visited the home during the inspection. They made some positive comments about the home, and confirmed that there was good communication between the home and the community nursing service about people who used the service.

Risk assessments had been completed for a selection of areas that included risk of falls, dehydration, personal safety, fire safety, and moving and handling. These had been regularly reviewed, which meant risks had been identified and guidance put in place to make sure people were safe.

People who used the service told us that they were supported to participate in activities of their choice. People watched television, read the newspaper, played dominoes and card games with other people who used the service. Some people played ball games and took part in a bingo session. It was evident from people's feedback and their laughter and smiles that people who used the service enjoyed those activities. Some people spent time sitting in the garden. Two people went out with their relatives. A person who used the service told us that they enjoyed going out on occasional outings and to the local shops. Records showed us that an outing for people who used the service was planned to take place before the end of the month. During the inspection a hairdresser did the hair of a person who used the service prior to the person going out with her relative's for the day.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

The home has an infection control policy. We found that the home was clean and free from offensive odours. The manager told us that she was the infection control lead and that her role included monitoring the cleanliness and infection control within the home. Records showed us that there was a risk assessment with regard to infection control, which had been recently reviewed. An annual infection control check of the service had been completed in 2012. Information about infection control was displayed. It included the guidance about washing hands. Hand soap and paper towels were available. Staff wore disposable gloves and aprons when needed.

We saw a housekeeping member of staff cleaning the premises during the inspection. People who used the service told us that the house was always kept clean. Records showed that staff had completed infection control training. Records confirmed that. The manager told us that infection control was discussed in team meetings.

Safety and suitability of premises

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The home was well lit, the décor was attractive, and the furnishings were of a good quality. The manager told us about the arrangements in place to ensure that maintenance issues were responded to and resolved promptly. The home has a passenger lift so people who had mobility needs could access both floors of the home. People confirmed they were happy with the premises and it met their needs. People informed us that they liked their bedrooms. Comments from people included "I like my room, I have some of my things," "I like the garden," and "It's easy for me to get around in the home."

Safety checks of systems in the home were carried out and included fire safety, electrical, and fridge/freezer temperature monitoring. Checks of equipment including the specialist bath and the passenger lift were also carried out. Records confirmed this. Records showed that a food safety check of the premises had been carried out by the local authority Environmental Health department in 2012 and the premises had been rated as very good.

We saw that a key was used to lock the front door, which could mean that people were restrained in the home and could lead to safety issues in the event of a fire if the key was mislaid. The manager told us that a key pad linked to the fire safety system would be promptly installed in its place, and she confirmed that the front door being locked was included in the fire risk assessment. This was confirmed following the inspection when the manager told us that it had been arranged with a contractor to install a key pad system promptly. She told us that this would be discussed with people who used the service and they would be asked (unless assessed as not having capacity to make that decision) if they wished to know the number of the key pad to open the door.

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

We saw the staff rota. It matched the staffing arrangements on the day of inspection. Two people who used the service told us that staff were "always very busy." Other comments from people who used the service included "staff listen," "they are very friendly," and "staff are very kind."

We found when we arrived at the home that there were the deputy manager, cook and a care worker on duty. The deputy manager was interrupted several times by people who used the service and by having to answer the doorbell and telephone. The manager arrived at the home at 9.30am and provided support to people who used service, communicated with visitors and the district nurse, whilst the deputy manager completed administration of the medication. We found that staff were busy throughout the day carrying out a number of duties. The manager and the deputy manager told us that extra staff were provided when needed, such as when people's needs significantly changed and they needed more care and support. We were shown one record that confirmed that. There were sufficient staff to ensure the dignity, privacy and independence of people and to provide the support and activities that people needed during the inspection. However, the provider might find it useful to note that according to the staff rota there were some day shifts when only two staff were on duty to provide care for eleven people, without extra support from the manager working in the home that had occurred during the inspection. The manager told us that she would promptly arrange for an extra care worker to be on duty during the morning shift starting from the day following the inspection and would ensure that the staffing arrangements would be kept under constant review.

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

People who used the service expressed confidence in the care staff and indicated that they were skilled, kind and competent. They told us that all the staff were friendly and supported them in the way that they wanted. Relatives of people who used the service spoke very positively about the manager and the care staff. Comments from people included "I am happy with the staff, they are very good," "the staff are lovely and very friendly," and "I like the staff very much."

Staff told us that they had received a comprehensive induction when they started their job and had received the training and support that they needed to carry out the roles and responsibilities in caring and supporting people. Records confirmed that. Staff training included essential training such as fire safety, medication, safeguarding adults, health and safety and moving and handling. Other training completed by staff included dementia awareness and epilepsy awareness training. We saw from records that staff had the opportunity to achieve qualifications in health and social care.

Staff told us that they generally felt well supported. Staff confirmed and records showed that staff received regular formal supervision with the manager. This meant that staff were properly supported to provide care and support to people who used the service. Staff told us that the manager was accessible for advice and support. Staff confirmed that there was very good communication amongst the staff team. Records showed us that staff had recently attended a staff meeting where a number of issues to do with the service had been discussed. A member of staff told us that they had received an appraisal in 2012.

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.

Reasons for our judgement

We saw records including policies, care plans, and information about people's health were reviewed regularly and when people's needs changed. Incidents and accidents were recorded.

The manager told us that she worked in the home during the week and visited the home most days. The provider might find it useful to note that the manager did not record the hours that she worked in the home. However, the manager told us that she would start recording the time that she spent working in the home from the day of the inspection.

Records were kept securely and could be located promptly when needed. Staff had a good understanding of the importance of keeping records safe and secure and knew that the identity of people must not be disclosed to people who were not staff. This meant that the service was protecting people's confidentiality. Staff told us that record keeping and confidentiality were discussed during their induction.

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.

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