

GCH (South) Ltd

Kent House

Inspection report

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Date of inspection visit:
28 January 2021

Date of publication:
23 February 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Inspected but not rated
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Kent House is a residential care home providing personal care and accommodation to people aged 65 and over, most of whom are living dementia. The service can support up to 40 people. At the time of the inspection the service was providing support to 33 people.

People's experience of using this service and what we found

People were able to take positive risks. They were involved in monitoring safety in the service and in the recruitment of staff. People's relatives felt the service was a safe place for their family members to live. People's medicines were administered and managed safely. The service had appropriate infection control and prevention systems in operation to provide a COVID-19 safe environment for people, staff and visitors.

People were offered a nutritious, balanced and culturally appropriate diet.

The service was well run and benefitted from an experienced registered manager and provider, who had good oversight of the service. The staff team were positive about the support they received from the registered manager, who was keen to develop the service further for the benefit of people in the home.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was Good (published 28 September 2019).

Why we inspected

We received concerns in relation to medicines, staffing, pressure care, eating and drinking and the overall management of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed from Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kent House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Kent House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Kent House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with six members of staff, including the regional director, deputy manager, senior care workers and care workers and the chef. We observed interactions between staff and people who used the service during mealtimes and throughout the inspection.

We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, accident and incident data and quality assurance records. We spoke with the local safeguarding team.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Staff told us they would report any allegations of abuse to the deputy manager and registered manager and were confident these would be addressed and resolved. One staff member said, "I would report it to [Name] and he would deal with it."
- Staff had received safeguarding training and were able to explain the different types of abuse.
- People who used the service told us that they felt safe and raised no concerns with us.

Assessing risk, safety monitoring and management

- The service had assessed risks to people's health and social care needs and measures had been identified to minimise the risk of harm. This included risk assessments for diabetes, which provided guidance for staff about how to spot the signs of high or low blood sugar levels.
- Staff had assessed and routinely monitored people's specific skin conditions and those at risk of developing pressure ulcers. Staff liaised with the district nursing team to ensure people were regularly repositioned, as stated in their risk assessments. They were clear about how to raise concerns should people's conditions worsen and there was a system in place to highlight any issues regarding pressure ulcer care.
- Staff had assessed the risks associated with COVID-19 for each person and had taken steps to reduce the risk of infection.
- The provider had carried out risk assessments relating to the environment, including fire safety.

Staffing and recruitment

- There were enough staff to meet people's needs. The registered manager regularly reviewed staffing levels, based on people's individual dependency needs and the running of the service. For example, staffing levels had been increased to account for when medicines were administered.
- The provider had carried out appropriately employment checks to ensure only suitable staff were employed to work with vulnerable people.

Using medicines safely

- Staff supported people to take their medicines safely. They were patient and waited until people had swallowed their medicines and did not leave medicines unattended.
- Medicines administration records were of a good standard and all medicines were stored safely in a designated room.
- Separate guidance was in place for staff to follow, where people received 'as required' (PRN) medicines, or where medicines had to be administered in a particular way. For example, where medicines had to be crushed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There were systems in place to monitor and record accidents and incidents. These alerted the manager and provider to any increase in events. This enabled the registered manager/provider to respond swiftly and make improvements, to reduce the risk of similar accidents and incidents happening again.
- Staff knew to report any incidents and accidents to the registered manager or deputy manager, who would record these and share learning during staff meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

Supporting people to eat and drink enough to maintain a balanced diet

- There were enough staff available to assist people who required support at mealtimes.
- People were provided with a choice of meals and where people had specific preferences, cultural, religious or dietary requirements, alternative food choices were available.
- People's dietary needs were documented in their care plans. Staff monitored people's weights and where people were at risk, appropriate action had been taken to refer people to their GP and/or a dietician.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had put people's experience at the centre of the service.
- The environment had been designed around people dementia care needs. For example, there were different colour schemes, to aid people's orientation, memory boxes and items familiar to people, on display throughout the home.
- People's care plans were person centred. People, their friends and families had been involved and contributed to the development of these plans.
- People moved freely around the home and had access to all communal areas. People also benefitted from spending time with the registered manager in their office, which had been designed in such a way that confidential information, and other items were stored safely so that people could do this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care;

- There was a robust quality assurance system in place. The registered manager and provider were automatically alerted to quality issues regarding care and/or the environment. Action had been taken to resolve any issues and to continually improve the service.
- There was a culture of transparency and the registered manager was fully aware of their responsibilities to notify CQC of certain events. The registered manager afforded the same open and transparent approach to the local authority.
- Staff were encouraged to undertake additional training which was shared with team members through meetings and updates.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's care plans contained information about their preferences and desires, as well as religious and cultural needs
- Staff worked in partnership with a range of professionals including GPs, speech and language therapists and social workers to achieve positive outcomes for people.
- The registered manager belonged to a local forum for care home providers. They contributed to the sharing of information, including new best practice guidance. At the time of the inspection, they had shared

recent changes to government guidance regarding COVID-19.

- The provider kept staff well informed about any changes in the service, including guidance regarding COVID-19 and any changes to how people were cared for.