

Kent House Care Home Limited

Kent House Residential Home

Inspection report

Fairfield Road
Broadstairs
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Kent House is a residential care home providing personal care to 17 older people or people living with dementia at the time of the inspection. The service can support up to 25 people. Accommodation is arranged over three floors and a lift is available to assist people to get to the upper floors.

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

People told us they were happy and felt safe living at Kent House. One relative told us, "I can't fault the care". We found improvements had been made and people were no longer at risk of harm.

The registered manager had left the service in September 2022 and the provider was looking to appoint a replacement. No applications from appointable candidates had been received and the provider continued to seek a new manager. In the interim they had arranged for the service to be led by an experienced manager. The manager had worked with the staff team to make improvements at the service.

People were at the centre of everything that happened at the service and staff now worked as a team to ensure people received a good standard of care. Staff felt supported and appreciated.

There were enough staff with the required skills and experience to meet people's needs. People told us staff were "helpful" and "They help me". Relatives told us staff were, "nice and good and caring", "friendly and responsive" and "They really do care". They also told us staff were gentle when they supported people.

People's needs had been assessed with them before they moved into the service. Risks to people had been assessed and care had been planned with them to keep them as safe as possible. People's medicines were managed safely and people received the medicines and health care they needed to stay well. Staff knew how to identify safeguarding concerns and were confident to raise these with the provider and outside organisations.

People told us they enjoyed the food at the service. Meals were prepared to meet people's needs and preferences.

Regular checks and audits had been completed and any shortfalls identified. Action had been taken to address these. When things had gone wrong the provider learnt lessons and took action to prevent them from happening again. People and their relatives had received an apology.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People received visitors when they wanted to and went out with friends, family and staff.

The building had been adapted to meet people's needs. It was clean and staff followed best practice

guidance to protect people from the risk of the spread of infection.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 December 2022). We applied a condition to the provider's registration requiring them to send us a monthly report on the actions they had taken to improve the quality of the service. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. 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 COVID-19 and other infection outbreaks effectively.

We undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Kent House Residential Home

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 Health and Social Care Act 2008.

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

This inspection was completed by 1 inspector.

Service and service type

Kent House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kent House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people and 3 relatives about their experiences of the service. We spoke with 6 staff including the manager and 3 care staff. We reviewed a range of records. This included 6 people's care records, medication records and 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong

At our last inspection the registered manager had failed to monitor and mitigate risks relating to the health and safety of service users. This placed people at risk of harm. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 in relation to monitoring and mitigating risks.

- People and their relatives told us they were safe at the service. Effective reviews of accidents and incidents had been completed. Any risks to people had been identified and action taken to mitigate them. The manager had analysed the information to look for any patterns and trends such as the time and place of accidents. No patterns had been noted.
- Since our last inspection the manager had worked with staff to support them to understand what an incident was, and when it needed to be recorded. This included understanding people's usual behaviour which had no impact on them or others. The number of recorded incidents had significantly reduced. Monthly reviews of people's weight had improved and any changes had been identified.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Kent House. They knew how to raise any concerns they had with staff and the manager and were confident these would be investigated.
- Staff had completed safeguarding training and knew how to identify risks of abuse. Staff raised any concerns they had with the manager or provider and were assured these would be addressed. They knew how to whistleblow concerns to the local authority safeguarding team.
- The manager knew how to share safeguarding concerns with the local authority safeguarding team and the Care Quality Commission.

Assessing risk, safety monitoring and management

- Risks to people had been identified and action had been taken to manage them. Staff understood the risks to people and provided consistent support to keep them as safe as possible.
- Detailed guidance was in place about how to support people to move around safely. This included the hoist sling and loops to be used for different moves. One person told us they felt safe when staff supported them to use the hoist.
- Staff understood how risks to people varied dependant on their health or if they were tired. For example, staff explained how one person's risk of falling increased when they were tired. They knew the signs to look for and how to support the person to remain safe.

- The risks of people developing skin damage had been assessed. Where risks had been identified people were supported to use special mattresses and cushions to reduce the risk. Guidance was in place for staff to follow about their use and daily checks were completed to make sure equipment was working correctly.

Staffing and recruitment

- Staff offered people the support they wanted. Relatives told us staff were always available to speak with them and answer any questions they had.
- The manager considered people's needs when deciding how many staff to deploy. We observed staff responded quickly to people's requests and spending time with people.
- People who required support to eat and drink were supported by a staff member who supported only them. People were supported at their own pace by a staff member who sat with them.
- Staff have been recruited safely. Checks had been completed on staff's character, skills and experience. Disclosure and Barring Service (DBS) checks were completed before staff worked with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely. Where they wished to, people were supported to manage their own medication. One person explained to us what their medication was for and how they took it. They took it correctly and it had been effective.
- Detailed guidance was in place for staff to follow when doses of medication varied. These were clearly recorded and staff knew how much medicine to administer each time to keep people as well as possible.
- Some people were prescribed medicines 'when required', such as pain relief. We observed people being offered this when they complained of being in pain or showed signs of pain. Staff followed guidance to make sure there were safe gaps between doses and people did not take more than the manufacturers recommended maximum does in a 24 hour period.
- When people went out they were supported to safely take their medicines with them. Staff provided people's relatives with clear guidance about when to administer each medicine and checked to make sure they understood the guidance. Staff were always available to give relatives guidance about the medicines when people were away from home.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

- People told us their relatives could visit whenever they wanted. Relatives told us they were made to feel welcome. One relative told us staff had invited them to visit "at any time". People met with their visitors either in their bedroom, in the communal areas or the garden in warmer weather. There were no visiting restrictions and some people received visitors everyday. Other people told us staff supported them to go out

with their family or visit them at home.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

At our last inspection the registered manager had failed to do all that is reasonably practicable to mitigate risks. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People told us staff helped them to follow their health care professionals advice. One person told us staff helped them do the exercises the physiotherapist had given them and this had improved their condition.
- Action had been taken to support people to remain as healthy as possible. People and their relatives told us staff had contacted their GP or district nurse if they needed care and treatment. Relatives told us they were informed of any changes in their loved one's health and the action taken by staff.
- Staff had promptly identify changes in people's health and had contacted the relevant health care professional. For example, district nurses had visited at staffs requested when people had sore skin. They had followed the advice given and people's skin had healed.
- Oral health care had been planned with people. Guidance had been provided to staff about people's preferences and the support people needed.
- When people had lost weight they had been referred to their GP or dietician. While they were waiting for medical advice, care had been provided to reduce the risk of them losing more weight. This included adding extra calories to their food and offering them additional snacks. This had been effective and people had gained weight.
- Staff had supported people to discuss their health care needs with their health care professional if they were not happy with the treatment they were receiving. Staff had monitor changes in people's health when different treatments had been tried and shared these with healthcare professionals so effective treatments could be provided.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The manager met with people and their representatives to discuss their needs and wishes before they began to use the service. They discussed people's needs with staff to ensure staff had the skills to support people in the way they preferred. Relatives told us they had felt supported through the assessment and admission process by staff.

- People and their relatives had been asked to share information about people's lives before they moved into the service. This helped staff get to know them and understand what was important to them. People were given the opportunity to share information about any protected characteristics under the Equality Act, such as race and gender.
- People's needs had been assessed using recognised tools to understand their risk of developing pressure ulcers or becoming malnourished.

Staff support: induction, training, skills and experience

- Staff had the skills they needed to keep people as safe and well as possible. They understood people's needs and provided care and support to meet these. Staff showed compassion when people were upset or unwell and this reassured people.
- New staff completed an induction to learn about people, their needs and preferences and the processes at the service. Staff who did not have recognised qualifications completed the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- All staff were required to complete regular on-line training and checks were completed to ensure training was up to date. This included training to meet people needs including diabetes, and epilepsy. They had completed dementia training and the provider was looking to offer more in-depth dementia training in this area.
- Staff had received regular supervision and felt supported. Their understanding of different areas of care were discussed to identify any development needs.

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

- People told us they enjoyed the food at the service. One person commented the food was "excellent". People were encouraged to remain independent at meal times and used adapted cutlery and crockery to eat and drink without support. Some people enjoyed support at mealtimes from their families.
- People had a choice of meals each day. Another person told us, "If I don't like the choices, they will do me something else". People had been involved in planning the menu and their preferences were included. A third person told us staff purchased drinks of their choice which they enjoyed.
- People were supported to eat and drink enough. Food was prepared to reflect peoples' individual needs, including low sugar meals for diabetics. Drinks were available all the time and staff monitored what some people drank to make sure they drank enough.
- People at risk of choking were offered meals modified in accordance with health care professionals advice. Staff supported people to eat at their own pace and made sure people had swallowed before offering them another mouthful.
- Some people told us staff supported them to go out for meals with their families which they enjoyed. Other people told us they enjoyed regular takeaways with their loved ones at Kent House.

Adapting service, design, decoration to meet people's needs

- The building had been adapted to meet people's needs. Plans were underway to redecorate people's bedrooms and make the building more accessible to people living with dementia. This included decorating people's bedroom doors to look like front doors. All areas of the building and garden were accessible to people.
- People and their relatives told us they had been encouraged to decorate their bedrooms with personal items, such as pictures and ornaments. People's bedroom were personalised and people to us they felt comfortable.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The risk of people being restricted had been assessed and applications had been submitted to the local authority for DoLS authorisations. Any conditions had been complied with.
- People's ability to make individual decisions had been assessed. Such as, to have their photograph taken and for staff to manage their medication. When people were unable to make specific decisions, these were made in their best interest by people who knew them well. This included people's families and health care professionals.
- Staff supported people to make day to day decisions. This included choices about what they ate and where they spent their time. Staff gave people the information they needed to make the decisions and showed them options to help them decide. People told us staff respected the decisions they made.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider and registered manager had failed to ensure an accurate, complete and contemporaneous record was maintained for each service use. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Records maintained by staff had improved. They demonstrated staff had contacted health care professionals when they were needed and any advice given was followed. People's care plans were accurate and reflected their current needs. Any out of date or incorrect information had been removed. Care plans were more concise and information was easy to find.

At our last inspection the provider and registered manager had failed to monitor and improve the quality of the service by keeping the culture under constant review. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider is required to have a registered manager to oversee the service. The previous registered manager had left in September 2022. The provider had taken action to recruit an experienced manager with the skills to lead and develop the service. They had interviewed 6 candidates but none had demonstrated they had the skills the provider required. The provider continued to advertise the position and review applications received.

- The service was being managed by an experienced manager, registered by CQC to manage another of the provider's care homes. They had worked with staff and the provider to drive improvements at the service. This had been effective and the quality of care had improved.

- Staff had been reminded of their roles at staff meetings. They had also been thanked for all their hard work and the improvements they had made to the service.

Continuous learning and improving care

At our last inspection the registered manager and registered provider had failed to consistently assess, monitor and improve the quality and safety of the service. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People were protected by effective checks and audits. All areas of the service were checked regularly and any shortfalls had been identified. Action had been planned and taken to address any shortfalls found.
- A medicines audit had noted the application site of medicated patches had not been rotated in line with the manufacturer's guidance. Action had been taken to address this and we found patches had not been placed in the same site for 4 weeks as recommended.
- The provider employed a consultant to complete regular checks of the service and develop action plans. They had increased the frequency of checks to assure themselves that any shortfalls would be identified promptly so they could be addressed. This had been effective and the quality of the service had improved.

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

- People told us the staff were kind and caring. One person told us, "No one is rough with me. I am treated with respect and can have a laugh and joke with the staff". Other people agreed with this. They told us they were supported to remain independent. One person commented, "Staff wash my back and I do the rest".
- The provider and manager had worked with staff to develop an open supportive culture at the service. Staff told us they were working better as a team and were supporting each other. They told us the improvements in working relations between staff had had a positive effect on people and we observed this. One staff member said, "I wouldn't be the senior I am without the support of the carers".
- The manager did not work at the service full time. However, staff told us they were always contactable and offered them support and guidance. The manager had empowered staff to make decisions and act without the need to always get permission from them. For example, staff were now confident to contact district nurses if people required treatment.
- Action had been taken to understand people's cultural and spiritual needs. Staff understood and respected these. For example, people were supported to continue to take part in religious services.

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

- The provider and manager had an open and honest relationship with people and their relatives. When things had gone wrong, they apologised and explained why things had occurred.

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

- The provider continued to use quarterly surveys to understand the experiences of people, their relatives and staff. Only 3 staff had completed the October to December 2022 survey and the provider had not been able to use this information to understand staff's views. However, staff had opportunities to share their views with the provider and manager at team meetings and told us they were confident to make suggestions at any time.
- Only 3 visitors had completed the quality assurance survey and they felt the service was good or very good. Relatives we spoke with felt involved in and informed about their relatives care and were confident to speak with the staff and manager about any concerns or suggestions they had.
- A survey of people's views about the food at the service showed people thought the food was good or very good. They had fed back their favourite meals were "Roast Dinner" and "Fish and Chips". They had suggested bacon be added to the menu and this had happened.
- The manager had worked with the local safeguarding and commissioning teams to improve the quality of the service. They had acted on advice received to improve the quality of care people received.

