Solehawk Limited

Kenton Manor

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an inspection of Kenton Manor on 4 and 11 May 2016. The first day of the inspection was unannounced. We last inspected Kenton Manor in July 2014 and found the service was meeting the relevant regulations in force at that time.

Kenton Manor provides accommodation, nursing and personal care for up to 65 people, including people living with dementia. There were 65 people accommodated there on the day of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People told us they felt safe and were well cared for. Staff took steps to safeguard vulnerable adults and promoted their human rights. Incidents were dealt with appropriately, which helped to keep people safe.

The building was generally safe and well maintained. Chemical feeds for the kitchenette dish washers were accessible and had to be secured to limit unintended access. This was resolved at the time of the inspection. Many easy chairs were low and difficult for some people to get out of. We were told new chairs were on order. Other risks associated with the building and working practices were assessed and steps taken to reduce the likelihood of harm occurring. The home was clean.

We made recommendations regarding the way staffing levels were assessed and determined and the suitability of the furnishings available for people.

We observed staff acted in a courteous, professional and safe manner when supporting people. We received mixed comments about whether the levels of staff on duty were sufficient to safely meet people's needs. The provider had a robust system to ensure new staff were subject to thorough recruitment checks.

Improvements were required to the way certain medicines were managed. Systems to ensure medicines requiring administration on a weekly basis needed strengthening. Other medicines were safely managed.

As Kenton Manor is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate policies and procedures were in place and the registered manager was familiar with the processes involved in the application for a DoLS. Arrangements were in place to assess people's mental capacity and to identify if decisions needed to be taken on behalf of a person in their best interests. Where necessary, DoLS had been applied for. Staff obtained people's consent before providing care.

Staff had completed safety and care related training relevant to their role and the needs of people using the

service. Further training was planned to ensure their skills and knowledge were up to date. Staff were well supported by the registered manager.

Staff were aware of people's nutritional needs and where people were at risk of malnutrition, appropriate support was provided. People's health needs were identified and external professionals involved if necessary. This ensured people's general medical needs were met promptly. People were provided with assistance to access healthcare services.

Activities were offered within the home and people also had occasional trips out. We observed staff interacted positively with people. We saw staff treated people with respect and explained clearly to us how people's privacy, dignity and confidentiality were maintained. Staff understood the needs of people and we saw care plans and associated documentation were clear and person centred.

People using the service and staff spoke well of the registered manager and felt the service had good leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care and oversight from external managers.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to the management of medicines. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Improvements were needed to ensure medicines administered on a weekly basis were given to people as prescribed. Other medicines were well managed

People said they were safe and were well cared for. New staff were subject to robust recruitment checks. There were mixed views expressed about staffing levels and whether they were sufficient to meet people's needs safely.

Routine checks were undertaken to ensure the service was safe.

There were systems in place to manage risks and respond to safeguarding matters.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were well supported and who received safety and care related training. Further training reflective of people's needs was planned.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had developed good links with healthcare professionals and where necessary actively worked with them to promote and improve people's health and well-being.

Is the service caring?

Good

The service was caring.

Staff displayed a caring and supportive attitude.

People's dignity and privacy were respected and they were supported to be as independent as possible.

Staff were aware of people's individual needs, backgrounds and

personalities. This helped staff provide personalised care.

Is the service responsive?

Good

The service was responsive.

People were satisfied with the care and support provided. They were offered and attended a range of social activities.

Care plans were person centred and people's abilities and preferences were recorded.

Processes were in place to manage and respond to complaints and concerns. People had a mixed level of awareness of how to make a complaint should they need to.

Is the service well-led?

Good

The service was well led.

The service had a registered manager in post. People using the service and staff made positive comments about the registered manager.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service and staff. Action had been taken to address identified shortfalls and areas of development.

Kenton Manor

Detailed findings

Background to this inspection

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

This inspection took place on 4 and 11 May 2016 and the first day was unannounced. The inspection team consisted of an adult social care inspector, an expert-by-experience and a specialist advisor, specialising in care of people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including notifications. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home, including observations, speaking with people, interviewing staff and reviewing records. We spoke with seven people who used the service and six visiting relatives. We spoke with the registered manager and eleven other members of staff, including the deputy manager, nursing staff, senior care staff, care workers, catering and domestic staff. We spoke with a visiting nurse specialist.

We looked at a sample of records including five people's care plans and other associated documentation, medicine records, four staff files, which included staff training and supervision records, six staff member's recruitment records, accident and incident records, policies and procedures, and audit documents.

Requires Improvement

Is the service safe?

Our findings

People who used the service said they felt safe and comfortable at Kenton Manor. One person we spoke with told us, "I feel alright. Nobody bothers me." Another said, "I feel safe, but the doors are always open. People can always come and go, but they're always nice people." The relatives we spoke with all expressed the view that their loved ones were safe. One relative said, "Oh yes, with the locks, etc. The outside doors are kept locked." Another told us, "Yes. My relative neglected them self at home because of their dementia. But here that is dealt with." A further comment was simply, "Yes, my relative is safe."

During this inspection we observed medicines being offered to people safely, and with due regard to good hygiene. A monitored dosage system (MDS) was used to store and manage the majority of medicines. This is a storage device designed to simplify the administration of medicines by placing the medicines in separate compartments according to the time of day. Medicines were stored safely. The store room was locked when not in use and during the medicines administration round the trolley was locked when unattended. Medicines liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs to ensure stocks were closely monitored.

We found routinely administered medicines which were dispensed in the MDS were well accounted for, with clear records of administration kept, corresponding to stocks held. Medicines administered on a weekly basis were not consistently administered. We checked the records for four people who received a specific medicine on a weekly basis before food. All of these people had missed doses during the current monthly medicines cycle. Where already prescribed, we saw multiple missed doses over previous monthly cycles. We discussed this with the registered manager who told us her expectation was that staff inform them of any errors, that they were documented, the person's GP contacted for advice and the person or their family, along with the local safeguarding adults team informed. We looked at the associated care records for two of these people and saw that none of these steps had been followed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with were clear about the procedures they would follow should they suspect abuse. Those we spoke with were able to explain the steps they would take to report such concerns if they arose. They expressed confidence that allegations and concerns would be handled appropriately. A staff member told us they had reported an incident which they told us was well handled by the registered manager. Staff confirmed they had attended relevant training on identifying and reporting abuse.

Where concerns were apparent about a person's behaviour, welfare, or there was the risk of them being harmed, staff had developed plans of care and risk assessments. These were designed to inform staff of the area of concern and to ensure a consistent approach was taken to minimise risks. The registered manager and other senior staff were aware of when they needed to report concerns to the local safeguarding adult's team and where appropriate to other agencies. We reviewed records and saw that concerns had been reported appropriately so steps could be taken to protect people from the risk of further harm.

Arrangements for identifying and managing risks were in place to keep people safe and protect them from harm. Needs assessments, support plans and risk assessments were all regularly reviewed and kept up to date to ensure they accurately reflected people's level of need, and the associated level of risk. Examples included risks associated with behaviour described as challenging, falls and pressure area care. Accidents were logged and analysed. Where people were at particular risk of falls, or other accidents, appropriate referrals were made to other professionals and staff took steps to increase levels of monitoring. However, we heard mixed views about access to call bells. Staff were available 24 hours a day to respond to calls for help and assistance. An alarm call system was also fitted throughout to enable help to be summoned remotely. A person told us, "There's no buzzer in my room, but I would like there to be because it's more immediate. I have to wait longer at bed time and meal times … sometimes 20 minutes. It varies." Another person said, "I've got a buzzer somewhere." This we noted was out of reach. For other people we saw call bells were available and accessible. We highlighted these concerns to the registered manager, who took action at the time of the inspection to remind all staff of the need to ensure call bells remained in reach of service users.

Further concerns were expressed about the suitability of easy chairs located throughout the home. A relative said, "I've got concerns about my relative's chair. This is too low. I've mentioned it a few times, but nothing's been done. They have a raised toilet seat, but sometimes it's on the floor. When I've questioned it, they've said the cleaner must have left it, but my relative needs it there." We found the easy chairs to be low and difficult to get up from. When we highlighted this to the registered manager they informed us a new supply had been ordered and would be delivered later that month.

We recommend the registered person seeks advice from a reputable source and reviews the availability and suitability of furnishings and adaptations throughout the home.

Practical measures were in place to keep people safe. For example, bath temperatures were automatically controlled by thermostatic mixer valves. Staff checked the temperature of the water to ensure this was at a safe and comfortable temperature, with records kept to confirm this.

Overall, the home was in a good state of repair and decorative order. The registered manager kept copies of service records including electricity, gas and water system checks carried out by external contractors. There were no sharp or hard fixed furnishings which could cause injury and doors to the units had key pads to keep people safe from leaving by wandering from the unit and coming to harm. Corridor, bathroom and lounge areas were free from other obvious hazards. Shared areas of the home were free from unpleasant odours and appeared clean. We found some areas, such as an infrequently used shower room, were being used to store excess equipment. This was because the home had not been designed with suitable and sufficient storage space. We raised this with the registered manager who informed us some areas would be re-designed and designated as storage areas. Each dining room had a small kitchenette facility. These contained commercial dishwashers, fed with liquid dishwasher solution. These hazardous chemicals were not secured and therefore potentially accessible to people not wearing suitable protective equipment. We highlighted this to the registered manager and secured storage was put in place before the inspection was concluded.

The registered manager's view was that staffing levels were adequate and above those assessed using the Isaac and Neville dependency tool. The tool included assessments of personal care, nutritional and manual handling needs, from which people's support needs were graded from low to high. Individual need levels were aggregated to formulate an overall figure from which staffing levels were determined. This enabled the registered manager to determine a baseline figure from which to determine suitable staffing levels. We heard mixed views about the adequacy of staffing levels. A person who used the service whom we spoke with said, "Not always enough staff, especially at meal times. It's not always possible to go out because

there's no-one to accompany you, but I do think they try their best." A relative told us, "Sometimes I would like more of a presence where my relative sits during the day. My relative doesn't go in the TV room, so sometimes it would be nice if there was someone for them to talk to in that area." A further comment was, "I wouldn't want there to be any less. Just adequate I'd say." Another relative expressed the view that staffing levels were sufficient, "Most of the time", with less adequate levels, "on odd occasions, such as weekends." Similarly we heard the comment, "If I'm honest, at weekends I don't think there are [enough staff]. Sometimes we have to go looking [for staff], but not often." A staff member spoken with said, "There always appeared to be enough staff." Another staff member told us people were unsafe at times on the ground floor. When there was three care staff on duty, if attending to a person who required three staff to move them, this left no staff to attend to other people. They explained that on the occasions when the senior care worker was doing paperwork, this left fewer staff on the unit too.

We recommend the registered person seeks advice from a reputable source on the suitability and applicability of the staffing assessment tool used at this location in relation to the needs of people living there.

Staff were vetted for their suitability to work with vulnerable adults before they were confirmed in post. The application form included provision for staff to provide a detailed employment history. Other checks were carried out by the registered manager and included ensuring the receipt of employment references and a Disclosure and Barring Service (DBS) check before an offer of employment was confirmed. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. We looked at the recruitment records for the most recently recruited staff members. Appropriate documentation and checks were in place for them. They had not been confirmed in post before a DBS check and references had been received.

Good

Is the service effective?

Our findings

People who used the service made positive remarks about the staff team and their ability to do their job effectively. One person said to us, "Absolutely. They have good skills." Another person said to us, "Staff are quite friendly." People expressed mixed opinions on the food provided. Comments included, "The food's alright really, not very exciting, but proper good food. Sometimes you'd think they'd vary the food a bit and make it more appetising. There is a choice, usually the day before", "We get good food", "Really nice. I can choose what I want" and "Quite good. If I get hungry I ask for an extra slice of jam and bread, but I don't always get it. I just eat what I'm given." A relative told us, "Sometimes I think there should be more drinks. My relative used to be a 'teapot' and though they've never said they're thirsty, I think they would drink more." Another relative told us, "The menu used to be posted on a board, but not now." We saw this was resolved by the second day of the inspection. People using the service confirmed they were supported to access healthcare services. A relative told us, "Yes. When I come and visit, they'll always tell me if the doctor's in or what the doctor has said. My relative sees a podiatrist as well."

Staff made positive comments about the support they received and training attended. One staff member said, "This is a good team of staff, very caring and we work well together." Another said, "We're always up to date [with training] and never overdue."

Staff we spoke with said they received supervision with their managers. Records confirmed staff attended regular individual supervisions and group meetings. Staff we spoke with felt the supervision they received was helpful. The records of these supervision meetings contained a summary of the discussion and the topics covered were relevant to staff roles and their general welfare.

Records showed staff had received safety related training on topics such as first aid, moving and handling theory and food hygiene. Topics and learning opportunities relevant to the health and care needs of people using the service were also offered. Further training was planned, including refresher training once training was deemed to be out of date. Staff also had access to additional information and learning material relevant to the needs of people living at Kenton Manor.

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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions of authorisations to deprive a person of their liberty were being met.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager. They told us people's capacity to make decisions for themselves was considered as part of a formal assessment. Those people living with dementia had their capacity to make decisions assessed. Where they lacked capacity and decisions were taken in their best interests, a DoLS had been applied for. A copy of the authorisation was retained on file so staff were aware of any relevant conditions attached to the authorisation.

Staff undertook nutritional assessments and if necessary drew up a plan of care for meeting dietary needs. This was reviewed periodically; either monthly or weekly depending on people's needs. People's weights were regularly monitored to ensure care was effective and to identify the need for additional advice and support from the GP or dietitian. We saw this support and advice had been arranged where people were at risk of malnutrition and supplementary food products had been prescribed for them. Catering staff told us they were fully informed about people's dietary needs and choices and fortified food with full fat milk and butter where appropriate. We observed staff were kind and caring when offering support at meal times, being seated with those people who needed help to eat and drink.

People using the service and their relatives confirmed that health care from health professionals, such as the General Practitioner (GP) or dentist could be accessed as and when required. Records showed people were registered with a GP and received care and support from other professionals, such as the chiropodist, dentist and optician. Links with other health care professionals and specialists to help make sure people received appropriate healthcare had been made. For example, the input of a visiting nurse practitioner was documented and their advice was incorporated into care plans. Care plans relating to healthcare needs were up to date and completed appropriately. Medical history information was gathered and was available in a way that could easily be communicated with other services, for example when someone needed to be admitted to hospital at short notice.

Good

Is the service caring?

Our findings

People using the service told us they were happy living at the home and their privacy and dignity were promoted. One person said, "Good. They wouldn't dare do anything else! If I want a bath I get one of the girls to come with me so I make sure I get my back washed." Another person told us, "I'm happy with this place and I'm happy with everything." A further comment made to us was, "I'm with nice people; they do anything you ask them, within reason. They can't do the impossible. Well they come in and say 'hello [name], how are you the day?' Oh, they're lovely, man."

People confirmed staff were caring and that they were treated kindly. People told us they were involved in decisions about their care and stated if they had any worries they could approach the staff and they would help.

Relatives we spoke with said they were kept up to date and involved in important decisions about their loved ones care. One relative told us, "We were told about treatment for a [healthcare need]." They also told us about how people's beliefs were recognised and supported, for example by promoting a vegetarian diet.

We observed in the majority of cases that staff members interacted in a caring and respectful manner with people using the service. They acted appropriately to maintain people's privacy when discussing confidential matters or helping people with their medicines. We observed appropriate humour and warmth from staff towards people using the service. The atmosphere in the home appeared calm, friendly, warm and welcoming. We frequently heard laughter and appropriate humour. We observed one instance where a person was manoeuvred backwards in a wheelchair, with little interaction from the staff member concerned. We highlighted this to the registered manager to address with the staff member.

We saw people being spoken with considerately and staff were seen to be polite. We observed the people using the service to be relaxed when in the presence of staff. Staff were clear about the need to ensure people's privacy; ensuring personal matters were not discussed openly and records were stored securely. One staff member told us, "We offer private space for visitors." They said, "We make sure doors are closed and talk through what's being done." Another staff member told us, "Dignity is seen as really important. It's important to know what people like, for example not a male carer." They stated, "We close doors, shut curtains and don't talk [about people's needs] in front of visitors." A relative told us, "During a review, a male staff member said that Mum didn't mind whether she had male or female workers which surprised me, but I think they would give her female if she wanted." We highlighted this comment to the registered manager so they could check the suitability of this arrangement.

During the inspection we observed people were able to spend time in the privacy of their own rooms and in different areas of the home. We also saw practical steps had been taken to preserve people's privacy, such as door locks fitted to toilets and bathrooms.

There was evidence that people using the service were involved in aspects of planning their care and treatment. People attended their care reviews and provision was made for them to sign their care plans,

although this was not always the case. Relatives confirmed to us they were involved in decisions about care and treatment. The manager was aware of local advocacy services available to support decision making for people. At the time of the inspection nobody was supported by an advocate, however information about this service was displayed on the home's notice board. Staff told us they were updated about people's needs at 'hand over' meetings to ensure such decisions were implemented in practice. We observed people being asked for their opinions on various matters, and we observed staff discussed and encouraged participation in day to day activities.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs and they were listened to. A staff member told us, "Family are highly involved with their family members care." A relative explained how they were kept involved in their loved ones care, stating, "They are all very friendly; willing to give advice and keep me up to date. They are all approachable." When asked about complaints one person said to us, "I've never made a complaint, but I would go to the boss". Another person said, "I've not made any complaints." They told us they would be less confident in raising a complaint. Relatives appeared to have mixed knowledge of the complaints process. Comments made to us were; "I'm not good at complaining. I don't want to upset things", "I would just speak to one of the one's in blue [uniform] initially, and then take it from there. I don't know of any official way", "I know who the manager is and I would probably go to her" and "Other than going directly to the manager, I wouldn't know what to do. It's always an open door policy, which is good."

The people living at Kenton Manor accessed a variety of activities; both away from the service and in house. The activities on offer were varied and interesting, with evidence around the home in the form of photographs, montages, artwork and mobiles. Activities included separate men's and women's coffee mornings and lottery funded creative arts which included pottery, canvasses, mobiles and chair aerobics. Church services for two denominations were offered, as were bingo, pamper sessions, cookery, entertainers, occasional trips out and gardening. The activities worker said, "I have no set routine. I like to swap activities around." She had developed a one page profile for each person using the service which appeared succinct, and a record of each person's involvement in activities.

Staff told us they saw offering activities as an important aspect of their work. One expressed the view that it would often be the same people involved and some people would benefit from more activities. Comments from people using the service included, "We do art, coffee mornings and go out to Alnwick Gardens. I don't get bored; there's enough to do", "Indoor gymnastics is every Tuesday after lunch, which is not the best time. Sometimes I'm getting bored because activities are nothing new or exciting enough" and "Sometimes I join in, like the cooking or something." Relatives told us, "My relative has enough to do. There are coffee mornings, a film club, crafts, aerobics, aromatherapy and a newsletter." In contrast another said, "I don't think my relative has enough to do. There is an activity programme and bingo, but I feel my relative would want to do more. I think they're bored. I feel they should have more outings as well. I think my relative's only been out once since they've been here [about eight months]." - Another relative told us, "My relative enjoys activities, it keeps their mind active. I've seen them joining in."

Staff identified and planned for people's specific needs through the care planning and review process. We saw people had individual care plans in place to ensure staff had the correct information to help them maintain their health, well-being and individual identity. When people had moved to Kenton Manor an initial assessment of their needs had been undertaken. Their needs had been reviewed and re-assessed since that time. From these re-assessments a number of areas of support had been identified by staff and care plans developed to outline the care needed from staff. There was evidence to show that people's care and treatment was reviewed and re-assessed in response to changes. For example, staff acted on feedback from people, or instances where people's needs had changed or risks increased. Areas included changes in

people's behaviour, nutritional risks and personal care needs.

Staff developed care plans with a focus on maintaining people's skills and independence. They covered a range of areas including; physical health, psychological health, leisure activities, and relationships that were important to people. We saw that care plans were reviewed periodically and if new areas of support were identified, or changes had occurred, then they were modified to address these changes. Care plans were evaluated regularly and included updates on the progress made in achieving identified goals. They were sufficiently detailed to guide staffs' care practice. Staff detailed the advice and input of other care professionals within individual care plans so that their guidance could be incorporated into care practice.

Progress records were available for each person. These were individual to each person and written with brief details to record people's daily routine and note significant events. Such records also helped monitor people's health and well-being. Additional monitoring records helped evidence the care and support provided, for example with fluid intake and positional changes. Areas of concern were recorded and these were escalated appropriately, for example to the GP, or to mental health and community healthcare professionals, such as the speech and language therapist or dietitian.

Staff had a good knowledge of the people living at the home and could clearly explain how they provided support that was important to each person. Staff were readily able to explain people's preferences, such as those relating to health needs, behaviour described as challenging and leisure pastimes.

People using the service had a mixed understanding of to whom and how to complain. Most said they would speak to a member of staff and the registered manager if they had any concerns. One relative said, "No, we don't have concerns. If the staff have concerns they are quick to react. I've got a good relationship with staff. I can speak to staff freely about concerns we have for Mum." We saw information about making a complaint was available on the service's notice board. There were seven complaints recorded within the service during the twelve months prior to the inspection. Records showed the complaints were acknowledged, investigated, an outcome communicated to the person concerned and apology offered where appropriate. A record of compliments was also kept, as well as numerous thank you cards; where people expressed thanks and gratitude for the care given and approach of staff.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. They had been registered in respect of this service in 2013. Some people we spoke with couldn't recall the manager's name although, those who could told us they were happy at the home and with the leadership there. One person told us, "The management is very good." Another person said, "She's alright. I don't have conversations with her; she's busy." A relative commented to us, "I've seen the manager around, but never really been introduced. It must be okay because I've nothing to complain about. I get the impression that staff always want to be here." Another said, "It's run very well. I see lots of places, and this compares very well." A further remark made to us was "[Manager's name] is excellent; very approachable." The manager took us around the home and introduced us to people living in the home. She appeared to know people well and they were relaxed in her company.

Staff were complimentary about the leadership of the service. One staff member said, "[Name] has an open door, it's always open." Another commented, "The manager is really good. The manager's really approachable and has a sympathetic approach too." Staff also told us about how they were involved in the operation of the service and that events and incidents were discussed openly.

The registered manager was present and assisted us with the inspection. They appeared to know the people using the service and the staff well and had a visible presence within the service. Paper records we requested were produced for us promptly and we were able to access care records we required. The registered manager was able to highlight their priorities for the future of the service and was open to working with us in a co-operative and transparent way. They were aware of the requirements to send the Care Quality Commission notifications for certain events and had done so. The registered manager told us about the underlying values they saw as important, including ensuring people were treated with dignity and respect. Care staff were also clear about expected standards of work and the registered manager's ethos.

To ensure a continued awareness of current good practice the registered manager attended on- going training and had networked with other managers within the provider group and more widely. They had supported the learning and development of colleagues. They sought the advice and input of relevant professionals, including in relation to people's general medical and mental health needs.

We saw the registered manager and senior staff carried out a range of checks and audits at the home. A representative from the provider organisation also visited to carry out a quality check on care and staffing issues, and staff confirmed senior managers attended the service periodically, seeking their views and those of the people living at Kenton Manor. Annual questionnaire surveys were carried out and those received from people using the service, their relatives and care professionals contained positive feedback, with high levels of satisfaction expressed.

Staff expressed they were 'well informed' about matters affecting the home. The registered manager told us there were staff meetings and meetings for people living in the home. Records confirmed this was the case. There was a broad range of topics discussed. The team meetings included discussions of care related, safety

and personnel issues. This gave people using the service and staff the opportunity to be involved in the running of the home and to be consulted on subjects important to them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not ensured the proper and safe management of medicines. Regulation 12(2)(g).