

Birmingham City Council

Kenrick Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kenrick Centre is a care home that provides personal care for up to 64 people. At the time of the inspection 45 people lived at the home. The accommodation was established over two floors. On the ground floor there was a residential unit where 22 people lived, and on the first floor there was an enablement service where 23 people stayed at the time of our inspection visits.

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

Improvements had been made since the last inspection in March 2019 when Kenrick Centre was rated Inadequate. Systems had been put in place to keep people safe. However, further improvements were needed to meet the legal requirements and the provider needed to be assured the improvements made so far will be sustained, remain embedding and further improved.

Systems in place to manage risks to people were not always robust. How staff had consulted with people about their care and the outcome of these discussions had not always been recorded. To show people had been involved in agreeing their care and treatment.

People were supported to receive their medication as prescribed. Staff demonstrated a good knowledge of types and signs of abuse and how to report concerns of abuse. People were supported to access healthcare professionals when required.

Staff felt supported and told us that the service was well managed, and many improvements had been made since our last inspection. Improvements had been made to the training and support staff received so they had the skills and knowledge to meet people's needs.

The registered provider had a system in place to ensure any complaints received would be recorded, investigated and responded to and any learning used to improve the service provided.

People's dietary needs were met, and people had access to healthcare services where required so they were supported to stay well. People were supported by staff who were caring. People were involved in decisions around their day to day care and were treated with dignity.

The registered provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, race, religion or belief etc.

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 Inadequate (published May 2019) and there were multiple breaches of the

regulations. The registered provider completed an action plan after the last inspection to show what they would do and by when to improve.

During this inspection the registered provider demonstrated that improvements have been made. The service is no longer rated as Inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures. However, the provider was still in breach of regulations and further improvements were needed to ensure the regulations are met.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified continued breaches in relation to regulation 12 safe care and treatment and regulation 17 Good Governance.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive 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 ●

Kenrick Centre

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.

Inspection team

The team consisted of an inspector, assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Kenrick Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 Care Quality Commission. This means they 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 18 people who used the service and four relatives about their experience of the care provided. We spoke with 11 members of staff including the provider, registered managers, senior care workers and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and four medication records. A variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 Inadequate. At this inspection the key question has improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection not enough improvement had been made to the management of risk therefore the provider was still in breach of regulation 12.
- The management of risk was not always robust. For example, a person's care needs changed due to an injury and the follow up action taken was not robust. Although some information about the person's needs were communicated to staff the risk assessments in place about changes in the persons care needs had not been updated to provide staff with the information they needed to enable them to support the person. Staff did not follow through health care professional instructions consistently and complications were not escalated promptly to ensure the person's well being.
- Risk management plans were in place. However, some were difficult to read and follow and they were not specific, For example, the risk assessment did not describe specific behaviours, triggers and control measures in a clear and concise way. The control measures section in a risk assessment described people's distressed behaviours rather than provide staff with guidance on how to support the person to manage the distressed behaviour. Risk assessments were not always reviewed following an incident or accident to ensure the control measures in place remained appropriate.

We found no evidence that people had been harmed however, systems were not always robust enough to demonstrate risks to people were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection. They reviewed the processes they had in place following an incident and accident and made improvements to these and told us about the improvements they had made. For example, a new checklist was implemented by the registered manager so when people returned from hospital or had an accident the risk assessments in place will be reviewed and any new actions or interventions can be put in place with immediate effect.

The provider told us and showed us during the inspection they were revising the risk management template to better suit the service they are providing. They told us this will enable them to capture the potential risk of people and look at what interventions and immediate actions will need to take place, how to reduce the risk and how staff can achieve to maintain and monitor specific risks so that people are kept safe. We will review

the effectiveness of these at the next inspection.

- People told us they felt safe, One person said, "I feel safe because I have my pendent it makes me feel better that I can call them if I need them." Another person told us, "It's very nice here. They check in on me during the night to check I'm okay."
- Equipment was in place and used effectively to reduce risks to people including safety pendants and sensor mats so staff could respond promptly to people requiring support.

Using medicines safely

At our last inspection medicines were not always managed and administered safely in the residential unit of the home. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection we found that the required improvement had been made and medicines were managed safely. Key staff had been assigned to oversee the medicine management and we saw they took ownership of this and were proud of the improvements made.
- Improvements had been made to the storage arrangements, new medicines fridges had been installed and systems were now in place to monitor their effectiveness. Staff understood the importance of storing medicines at the correct temperature.
- People were supported to manage their own medicines and storage arrangements had been improved so this was done safely.
- Staff were now following best practice guidance for medicines administered by skin patches ensuring regular rotation of the site applied to minimise the risk of skin irritation.
- Systems were in place for medicines that needed to be administered at specific times or before food so they were given in line with specific requirements.
- People told us they were happy with the support they received to take their medicines. One person told us, "If I need it, they give me medication. If I'm in pain, I let them know. They also ask me every day, during the day. "

A relative told us, "They give her tablets and they watch to make sure she has swallowed them."

- Staff told us they felt confident providing support with medication and had been trained to do so.

Preventing and controlling infection

At our last inspection there were ineffective measures in place to ensure risk of infection was prevented and/or minimised on the residential unit of the home. Staff did not always follow best practice and guidance when supporting people to prevent the spread of infection and cross contamination. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection we found that the required improvement had been made.
- People's bedrooms and the communal areas of the service were clean and smelt fresh.
- Staff followed good infection control practices. They used protective clothing, gloves and aprons to help prevent the spread of infections.

Learning lessons when things go wrong

- At our last inspection we found that lessons were not always learnt when things went wrong. We saw that progress had been made regarding this. For example, there was a more open culture and incidents and accidents and any learning from these were discussed with the staff team in meetings.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe. Comments included, "I don't have any concerns about the place and if I did I would tell my daughter."
- Staff were very clear about protecting people from the risk of harm. They could tell us their responsibilities and the correct procedure to follow if they had any concerns. A staff member said, "Safeguarding- so they are safe from harm, so they feel safe. Protecting, looking after people welfare. If I saw abuse. I'd report it straight away to the manager. If the manager was not handling it very well - I'd go over them to the team manager. We have a safeguarding policy for escalating abuse - there is a phone number on the wall. So, if you don't feel manager manages it or if the manager is the abuser or if couldn't get the answer I wanted, I'd call the safeguarding and CQC."
- Records were kept of safeguarding concerns and alerts, information was shared with the local authority safeguarding team and the Care Quality Commission.
- There were easy read posters throughout the service, so people knew about abuse, that it was not tolerated, and that they should talk to staff if they had concerns. This showed the registered provider had systems in place to raise people's awareness about what abuse is and what they should do to keep people safe.

Staffing and recruitment

- Most people and relatives, we spoke with told us there were enough staff to meet their needs. Some people told us there needed to be more staff because staff were busy at times with the people that need more help. We observed there were staff available to support people with personal care, respond to request for help and to support people safely at mealtimes. All staff we spoke we told us staffing levels were sufficient to meet people's needs.
- The registered provider had a recruitment policy and completed recruitment checks on staff prior to them commencing in post to make sure they were safe to work with people. There had been no new staff employed since our last inspection. We saw there was a system in place for checking DBS and staff declaring their suitability to continue in their role.
- A number of agency staff worked at the service, the registered provider told us they had a system in place to ensure only agency staff that had completed training and had the required recruitment safety checks worked there.
- The registered provider told us that following restructuring across their services staff recruitment had been put on hold, they informed us during this inspection that recruiting to vacant posts would commence soon.

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 Requires Improvement. At this inspection this key question remains the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our last inspection improvements were needed to how the service was working within the principles of MCA. At this inspection although some improvements had been made some further improvements were still needed.
- Where MCA assessments had been completed, for some people how staff had consulted with people about their care and the outcome of these discussions had not always been recorded.
- Staff we spoke with had a limited understanding of mental capacity and had a limited understanding of why a best interests meeting may need to be held.
- The provider told us following our inspection they will continue to support staff with mental capacity act training and briefing sessions, so staff have a better understanding and confidence to be able to support people.
- We saw people were offered choices and most staff consulted with people about their care, however on some occasions this practice was not followed through.
- The registered manager was in the process of ensuring information about people's legal representatives were obtained and recorded.
- DoLS applications had been made where needed and there was a system in place to track progress with these.

- There was information in people's care plans about their likes, dislikes and choices.

Staff support: induction, training, skills and experience

- At our last inspection we found staff had not always received refresher training to update their skills and knowledge and the system in place for monitoring staff training was not always effective.
- At this inspection improvements had been made and staff training opportunities had improved. All staff we spoke with told us they received the training they needed to carry out their role. A staff member told us, "Ongoing training is good, I have mental health training next month. I can request additional training too."
- The registered manager told us that staff training on oral health care was planned for November 2019.
- Staff told us they have regular staff meetings and supervisions, as well as handovers and briefings where they can discuss good practice and learn from incidents:

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

- People's needs were assessed with the person, health professionals and mental health specialists before they came to live at Kenrick Centre. Assessments included information on people's physical and mental health needs, and how they wanted their support to be provided.
- People who stayed on the enablement unit were assessed for their health care needs by a multi-disciplinary team and plans were put in place to return home or to move to another care setting.
- One person told us, "I feel safe and comfortable living here. I picked somewhere to live where I knew I would be looked after properly."

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

- People who stayed on the enablement unit were assessed regularly to ensure they were progressing, to reach their goals and move on from the unit.
- There were systems in place, such as daily care records, and regular handover meetings to share information about people's progress.
- People had access to health professionals such as district nurses. Staff took people to regular hospital, dental and clinical appointments to maintain their health.
- People confirmed they saw the doctor when they needed to. A person said, "I can see the Dr if I need to and yes the optician as I have glasses for reading and I have my hair done."

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

- People ate where they chose, either in dining areas, lounges, or their own bedrooms and staff made an effort to make it a social occasion for people. The mealtime was relaxed and unrushed.
- People told us there was enough to eat and drink. Person told us, "Food is good you can have what you want get a choice if you don't want it have something else. Plenty of drinks, we have water in our bedroom."
- Most people could make choices about what they ate each day, by selecting daily food choices from a menu.
- Where people had undergone assessments from health professionals in relation to their food and fluids, we saw staff were following the guidelines. Specialist cutlery and eating aids were available for people who needed it, to promote their independence.

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

- People were supported in a purpose-built home which met their accessibility needs and provided them with access to local community groups and events.
- Corridors and doorways were wide to accommodate mobility equipment and walking aids.
- On the residential unit people could decorate their home with personal items.

- The building had a number of facilities that were open to the public and could be utilised by people who lived at Kenrick Centre. These included a café, gym and meeting rooms. These facilities provided opportunities for people living at the service to gain opportunities for community participation.
- Some areas of the home were in need of redecoration. The registered provider told us that plans were in place to decorate and make improvements to the environment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and caring. A person told us, "Staff are lovely we always have a laugh and a joke together. They seem to know us very well." Another person told us, "Carers are wonderful, brilliant. You can talk to them anytime. If you have a problem they are always there to sort it out. They always listen to your point of view."
- We observed positive interactions between staff and people. Staff smiled at people, had meaningful conversations and gave people compliments to boost their self-esteem.
- People records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use this information to provide personalised care.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. A person told us, "They always knock the door even if it's open which it always is, I prefer it that way."
- Staff ensured people's dignity and privacy were maintained. People had their own bedroom which enabled them to have a private personal space. A person said, "If they help me shower they are there and they [staff] make sure the door is closed so its private."
- People were supported to maintain their independence. During the day we saw staff encourage people to eat independently and to do small tasks for them- selves. One person told us, "They [staff] are encouraging my independence I have to keep doing what I can."

Supporting people to express their views and be involved in making decisions about their care

- Most people told us they felt involved with their care. A person told us, "In a way you feel involved in the care planning because they [staff] talk to you about it." Another person told us that staff always ask them about their care and they felt involved. However, some people told us they do not see their care plan.
- Relatives we spoke with confirmed they were made to feel welcome and were encouraged to raise any concerns they may have.
- We heard staff give people choices regarding food, drinks, where they wanted to sit and activities they wanted to take part in.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At our last inspection some people told us that they didn't have much to do to occupy themselves. At this inspection we saw improvements had been made. Some social events had taken place, trips out in the local community and improvements had been made to in house activities. A kitchen area had been developed so people could take part in baking and cookery sessions and people told us they enjoyed these sessions. Activities were now monitored and showed that more one to one session and group activities had taken place. Most people we spoke with were satisfied with the different activities taking place. However, some people told us further improvements were needed and they would like more things to do in the day to keep them occupied.
- People's personal beliefs and backgrounds were respected by staff. We saw people who practiced religion, were supported to do so. People's cultural choices were discussed with them, so that staff knew how to support them.
- Relatives and people's friends said they always felt welcome at the home and staff encouraged and supported people to have positive relationships with their loved ones. One relative told us, "I am always made feel welcome when I visit."
- A relative told us that it was lovely to have the other facilities located within the Kenrick centre to use. They told us, "Its lovely I can go with [relative] to the café and they love it and they sit and have a chat with other people from the local community who also use the café."
- On the day of our inspection we saw that a nit and natter community group met in the community area of the Kenrick Centre and people from the residential unit were able to access this session. People told us they had enjoyed the opportunity to meet and talk to other people and purchase some items that were on sale.
- Staff were aware of people's sensory needs, some sensory equipment including light features had been introduced. Staff told us they were considering purchasing additional equipment that may be suitable for people.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff we spoke with knew what was important to each person.
- Peoples care plans included information about how they liked to be supported. Some records needed clarification and updating about people's needs and staff were taking action on this at the time of our inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered managers understood their responsibility to comply with the Accessible Information Standard (AIS). Information was made available to people in different formats. For example, some documents were available in 'easy to read' formats using large print and pictures.
- Information about how people communicated was included in their care plans to ensure staff could recognise different signs.
- We observed staff communicating verbally with people. They spoke clearly and slowly when needed and checked with the person's their understanding of what was being said.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure. We saw records that showed complaints had been recorded and responded to.
- People and their relatives told us if they had any concerns they would speak with staff or the manager and they were confident they would be listened to. A relative told us, "I am very pleased with [family members name] care, there has been just a few times I have asked about minor things and they were very quick to act on my request."

End of life care and support

- The registered provider had policies and procedures in place to ask them about their wishes and to support them through this time.
- People's end of life wishes were discussed and documented. There were no one on end of life care at the time of our inspection.

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 Inadequate. At this inspection this key question has improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the registered provider had failed to ensure governance systems were effective in identifying and mitigating risks to people's health, safety and welfare. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the registered provider was still in breach of regulation 17.

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

- At this inspection we found that although improvements had been made to the oversight of the service further improvements were needed to ensure the systems in place were fully effective and embedded into day to day practice.
- There were systems in place to assess, monitor and mitigate risks to people however these were not always robust and followed through consistently. Risks to people were not always updated following a change in need, risks and their management were not always clear and the escalation of risk was not always robust.
- There were systems in place to ensure people's consent was sought, however these were not always consistently followed. For example, how staff had consulted with people about their care and the outcome had not always been recorded.
- At the last five inspections at this service the well led key questions has been rated as 'Requires Improvement' in four inspections and 'Inadequate' in one inspection. This demonstrated that the registered provider's systems in place to review quality were not always effective enough to drive the improvements in the service. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Following the breach of regulations identified at our last inspection we imposed positive conditions on the providers registration. The provider was required to send monthly reports to CQC on how they were ensuring effective oversight of the Kenrick Centre. The registered provider complied with this condition.
- There were two registered managers employed at the home. Each manager oversaw a unit. Registered managers were supported by deputy managers.
- The registered managers understood their role and regulatory responsibilities. The latest CQC inspection report rating was on display throughout the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

- The registered provider had notified us of important events as required. This demonstrated the management team was clear about their roles.
- The registered provider told us following our inspection that they would be taking a new approach to risk management and would be strengthening their processes. They also told us that they would be providing training and development opportunities for the management team to further develop their skills in risk management.
- The local authority put a restriction on the number of people who could use the service following our inspection in March 2019. The local authority recently visited the service and told us that improvements were still needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There had been many improvements made since our last inspection.
- Improvements had been made to the training and development of the staff team. A more formal supervision structure was implemented so staff were clear about the support and the frequency of the support provided to them. Observed practice of staff performance had been introduced and provided an opportunity for feedback on good practice and also where improvements needed to be made.
- Steps had been taken to improve the culture of the service. The registered provider told us they were committed to use their culture change programme within the service. For example, generating a culture where learning from mistakes takes place and sharing any learning takes place in an open and inclusive way.
- Improvements had been made to how the two registered managers from the two units worked together as a team, so they could learn from each other and share good practice. More shared social and recreational activities were taking place with both units to forge closer working relationships.
- The registered managers sought feedback and acted upon it to improve the service, for example, by holding meetings with residents and staff. Minutes of the meetings included information about where concerns and complaints had been raised, lessons learnt and where improvements needed to be made.
- Staff told us that improvements had been made. A staff member told us, "Yes, the service is well led. My manager leads me well, they will pick up on my training needs, they offer me opportunities. They involve me in things, keep me updated with changes. We make a difference to people life's." Another staff member told us, " I think the service is well led we get regular supervisions and team meetings, we have policies and procedures, we have staff meetings, if we have concerns or ideas, we can put them through."

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 was aware of their responsibilities under the duty of candour and told us relatives would be informed of any concerns or issues that had arisen. People and relatives, we spoke with told us that staff and managers were approachable and helpful.

Working in partnership with others; continuous learning and improving care

- Following the previous inspection and rating of Inadequate the registered manager and registered provider made improvements at Kenrick centre. An action plan was developed, and regular updates were provided to CQC to demonstrate what improvements had been made.
- Health and social care professionals that we spoke with told spoke positively about people's care and the staff team at the Kenrick Centre.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were not always robust enough to demonstrate risks to people were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

The enforcement action we took:

The service already has a condition imposed it was agreed that this will remain in place

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider's systems in place to review quality were not always effective enough to drive the improvements in the service. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

The service already has a condition imposed it was agreed that this will remain in place