

Trees Park (Kenyon) Limited

Kenyon Lodge

Inspection report

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Manchester
Greater Manchester
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

When we last carried out an unannounced inspection of Kenyon Lodge on 22 and 23 August 2017 and on 20 September 2017 we found multiple breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 in regard to safe care and treatment, safeguarding, meeting nutrition and hydration needs, good governance, person-centred care and staffing requirements. The overall rating for this provider was 'Inadequate' and the home was placed into 'special measures' by CQC.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the five key questions to at least good and the provider subsequently submitted action plans to CQC on a monthly basis. We also held regular meetings with the provider, local authority and clinical commissioning group (CCG) to monitor progress and to review the action plan.

At this comprehensive inspection on 01 and 02 February 2018 we found the provider had taken remedial action to improve some of the ratings but further work was needed to ensure compliance with all regulations. During this inspection, we found the process of improving the ratings was on-going and a work-in-progress and there were still breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 in regard to safe care and treatment and good governance. You can see what action we told the provider to take at the back of the full version of this report.

Kenyon Lodge 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.

Kenyon Lodge is owned by Trees Park (Kenyon) Limited, trading as Abbey Healthcare. The service is registered with the Care Quality Commission to provide nursing and personal care for up to 60 people. The single room accommodation is arranged over two floors and has lift access. On-site car parking is available and the service is situated on a local bus route and is close to the motorway network. At the time of the inspection 18 people were receiving nursing care and 12 people were receiving residential care, all on the ground floor of the home. A comprehensive refurbishment of the upstairs floor of the building was due to start in May 2018 and this part of the building was empty and no-one was residing there at the time of the inspection.

Medicines were not consistently managed safely. Protocols were not always in place for all people prescribed a medicine 'when required'; some protocols were dated 2016 and had not been reviewed to check they described the person's current needs. Two people's prescribed creams were out of stock. Nurses carried out daily stock checks of controlled drugs (CD's) for people in their care but did not check CD's prescribed for people receiving only personal care.

Regular audits were carried out in a number of areas but had not always been effective in identifying and resolving some of the issues we found during the inspection in regards to management of medicines and

care planning documentation.

Accidents and incidents were recorded and audited monthly to identify any trends or re-occurrences but not all records were up to date and some did not clearly identify the actions taken following falls.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Comments received from people who used the service and their relatives about the registered manager were very complimentary, and everyone reported significant improvements had been made since the date of the last inspection. Comments from staff were also positive and all staff reported improvements in management since the date of the last inspection.

People living at Kenyon Lodge told us they felt safe and said staff were kind and caring. Staff we spoke with told us they had completed training in safeguarding and were able to describe the different types of abuse that could occur. There were policies and procedures to guide staff about how to safeguard people from the risk of abuse or harm.

Staff had access to a wide range of policies and procedures regarding all aspects of the service.

Staff now received appropriate induction, training, supervision/appraisal and there was a staff training matrix in place. Staff told us they now received sufficient induction and training and this enabled them to feel confident when supporting people.

We saw there were individualised risk assessments in place to identify specific areas of concern and care plans were person-centred and covered essential elements of people's needs and preferences. Staff sought consent from people before providing support. People's health needs were managed effectively and there was evidence of professional's involvement regarding people's care.

Equipment used by the home was maintained and serviced at regular intervals. The home was clean throughout and there were no malodours. The environment was suitable for people's needs.

There was evidence of robust and safe recruitment procedures.

The home had been responsive in referring people to other services when there were concerns about their health.

People told us the food at the home was good. There was a seasonal menu in use and this was displayed. People's nutritional needs were monitored and met.

People told us staff treated them well and respected their privacy and dignity. We observed positive interactions between staff and people who used the service.

When people had undertaken an activity this was recorded in their care file information and there was a range of activities available for people to choose from.

The service aimed to embed equality and human rights through good person-centred care planning and

people were provided with a range of useful information about the home and other supporting organisations.

The service was supported by other relevant professionals when providing end of life care. Several relatives had commended the home for the quality of its end of life care provision.

There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with any aspects of their care.

There was a service user guide and statement of purpose in place.

Formal feedback from people who used the service and their relatives was sought and there were regular meetings with them.

The service worked in partnership with other professionals and agencies in order to meet people's care needs.

There was an up to date certificate of registration with CQC and insurance certificates on display as required. We saw the last CQC report was also displayed in the premises as per legal requirements.

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.

Medicines and accidents/incidents were not always managed safely.

People told us they felt safe living at the home.

There were safe procedures for the recruitment of staff and sufficient numbers of staff on duty.

Is the service effective?

Good ●

The service was effective.

People's nutrition and hydration needs were met appropriately and they were given a choice of food at meal times.

Care plans included appropriate personal and health information and were up to date.

The home worked within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives told us staff were kind and caring.

Staff attitude to people was polite and respectful and people responded well to staff interactions.

Staff respected people's privacy and dignity.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Some care plans were not up to date or did not contain the latest

relevant information; the process of evaluating all care plans was on-going.

Care plans were person-centred, well organised and easy to follow.

Positive comments were received regarding the provision of end of life care.

Is the service well-led?

The service was not consistently well-led.

Audits which were carried out regularly had not identified the concerns we found during the inspection in relation to medicines and care planning information.

Staff felt the home was well-led and told us the registered manager supported them well and the atmosphere within the home had improved.

People were asked for their views about the service and the culture of the service was focussed on the needs of people who used the service.

Requires Improvement 

Kenyon Lodge

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 was planned to check whether the provider is 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.

The inspection was undertaken on 01 and 02 February 2018 and was unannounced. The inspection was undertaken by one adult social care inspector, a CQC pharmacist inspector, an adult social care 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. The expert was experienced in older adult's residential and community care and dementia care. The inspection was observed on day one by a CQC inspection manager.

The inspection was undertaken to check improvements had been made following our last inspection of this service on 22 and 23 August and 20 September 2017.

Prior to the inspection we reviewed information we held about the home in the form of notifications received from the service such as accidents and incidents. We reviewed statutory notifications and any safeguarding referrals previously submitted by the service. Prior to this inspection we did not request a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at records held by the service, including policies and procedures, staffing rotas and staff training records, 14 medication administration records (MAR's), five care files and four staff personnel files.

We undertook pathway tracking of care records, which involves cross referencing care records via the home's documentation. We observed care within the home throughout the day in the lounges and communal areas. We used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We observed the medicines round and the breakfast and lunchtime meal. We toured the premises and

looked in various rooms. We also reviewed previous inspection reports and other information we held about the service.

During the inspection we spoke with the registered manager, five care staff, eight people who used the service, three relatives and one visiting healthcare professional.

Before the inspection we asked the clinical commissioning group (CCG) and local authority safeguarding and quality performance teams for their views about the service.

Is the service safe?

Our findings

At our last inspection the home was in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because medicines were not managed safely. At this inspection we found the management of medicines had improved. However, the home continued to be in breach of regulation 12 (2) (g) because further improvements to the ordering and use of medicines taken 'when required' were needed.

The home had an up-to-date medicine policy and the manager carried out monthly and weekly audits. The audits had been effective as the recording and handling of medicines had improved.

We watched the nurse and senior carer giving people their morning medicines. Both gave medicines safely and kept medicines locked away all the time. One person was given a medicine for Parkinson's disease later in the morning rather than first thing which would help their movement whilst getting up; this happened because exact times for administration were not stated on their medicines records. Managers we spoke with agreed that this was not correct and provided assurance that this would be addressed immediately.

We looked at the medication administration records (MARs) belonging to 14 of the 30 people living in the home. Records of the administration of medicines were all completed. We found one discrepancy between the record and the number of tablets left in stock so we could not be sure this medicine had been given in the right way. The amounts of other medicines we checked, including three antibiotics, matched the records.

Protocols (extra written guidelines) were in place for some, but not all people prescribed a medicine 'when required'. Protocols were written in a general way and did not describe people's specific needs. For example, when a person was prescribed a mild painkiller 'when required' the type or site of pain to be treated was not specified. This could result in staff giving pain relief tablets inappropriately instead of seeking medical advice. Some protocols were dated 2016 and had not been reviewed to check they described the person's current needs.

Some people were prescribed moisturising or barrier creams that were applied by carers. We looked at three people's cream charts and saw that the application of creams was recorded. A system was in place for managing thickening agents that were prescribed for people with swallowing difficulties. This protected people from the risk of choking. The use of two people's thickening agent was not recorded on their MAR. This is necessary as thickening agents are prescribed by the person's doctor.

Medicines were stored safely and at the right temperatures. The temperatures of the medicines storage room and refrigerator were monitored in the right way. Controlled drugs (medicines subject to stricter legal controls because they are liable to misuse) were recorded and stored in the way required by law. We checked four controlled drugs (CDs) and found that stock balances were correct. Nurses carried out daily stock checks of CDs for people in their care but staff did not check CDs prescribed for people receiving only personal care. It is good practice to record checks of all CDs in stock to minimise the risk of misuse.

A record of the disposal of unwanted medicines was kept. A significant amount of medicine was returned to the supplying pharmacy each month as it was not required. Two people's prescribed creams had been 'used up' and were out of stock. This showed that the system for ordering medicines from the pharmacy was not working well, increasing the chance of a medicines error.

These issues meant there was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because medicines were not consistently managed safely.

At our last inspection we found the provider's safeguarding systems had been ineffective in ensuring people were protected from abuse and this was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safeguarding. At this inspection we found the provider had taken remedial action and was now meeting the requirements of this regulation. Statutory notifications were now submitted to CQC as required and safeguarding referrals were now made to the local authority.

At our last inspection we found only two thirds of staff had completed safeguarding training. At this inspection we saw 98% of all staff had now undertaken safeguarding training and staff we spoke with had a good understanding of safeguarding processes. One staff member said, "The process of safeguarding is to protect people especially if they can't speak up for themselves. It could be things like pressure sores, a change in behaviour or not involving people in decisions. I would report to my manager but I'm aware of the local authority process if I need it." We saw the provider maintained a safeguarding log identifying the specific issue raised and the actions taken; the log was audited by head office each month. A CQC notifications log was also now kept.

We looked at the care records for a person who was in hospital at the time of the inspection and subject to a safeguarding referral. A social worker told us they had reviewed this person's documentation and found information regarding a fall on 04 January 2018 was well documented and there was a wound care plan in place, and the district nurse had been contacted promptly. This person had also fallen on 07 January 2018 and had been taken to hospital; however their falls risk assessment and care plan had not been updated since 08 December 2017.

We looked at the accidents and incidents file, which contained incident reports from September 2017 onwards. A collation of all falls had been completed for October, November and December 2017 but records for January 2018 had not yet been completed. A summary report had been completed for December 2017, which identified one person had fallen 10 times in December 2017. The back page had not been completed which should list any patterns/trends identified and it was unclear what action has been taken. However, when we looked at this person's care file we saw they had been seen by the fall's team on 09 January 2018, but their care plan was not reflective of the extent of falls sustained in December 2017 and the quality of documentation was poor.

These issues meant there was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because care and treatment was not always provided in a safe way for service users.

We asked people if they felt safe living at Kenyon Lodge; responses were all positive included, "I feel safe here, of course I do," "They are all very nice no bullying here and I have been here a while", "Oh yes there are plenty of locks on the doors and people have to ring the bell to come in," "I feel safe; there is nothing to worry you here."

We asked people and staff if they felt there were enough staff on duty to safely provide care, one person

said, "No, like this morning there are 30 odd residents and no way can two staff do everything; they have to push themselves to make sure everyone is okay but they do okay." A second person told us, "I don't think there are enough staff, but they are there when you need them if you need help, but they are kept far too busy." A staff member commented, "I think staffing levels are okay and we generally have enough time for people but it would be good to have extra time to support people individually."

We found that when determining the level of staff required the provider took into account people's needs and their dependency level, using a formal dependency level tool and staffing levels during the inspection corresponded with the staffing rota provided to us. At the time of the inspection five more nurses were being recruited to ensure a permanent staff group and to provide clinical assistance and oversight to the registered manager; this would be especially important when the refurbishment programme had finished and the home was fully occupied.

We found Salford Healthwatch had undertaken an 'Enter and View' visit of the home on 15th December 2017; local Healthwatch representatives carry out these visits to find out how services are being run and make recommendations for areas of improvement. Feedback from the visit was overwhelmingly positive and one comment in the report stated, 'The Enter and View representatives found the pace and effect of changes inspiring.'

Care files contained personal emergency evacuation plans (PEEPs), which provided guidance on the support people required to vacate the premises in an emergency. We saw these had been reviewed monthly and updated to reflect changes in a person's situation.

We looked at health and safety and building maintenance records to ensure the premises were safe. Up to date certificates and checks had been completed in respect of gas and electrical safety, fire safety, hot water temperatures and portable electrical appliances. Upper floor windows were compliant with safety regulations and suitable window restrictors were in place. Equipment used for moving and handling people had been serviced and maintained appropriately.

We reviewed a sample of five staff personnel files, including recruitment records, which demonstrated staff had been safely and effectively recruited. The files included written application forms, a written record of the job interview, proof of identity, proof of address and at least two references. There were Disclosure and Barring Service (DBS) checks undertaken for staff in the files we looked at. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people.

The home had an infection control policy and procedure in place. We observed that staff followed appropriate infection control and prevention practice, for example using personal protection equipment (PPE) such as gloves and aprons when providing support to people and at meal times.

Is the service effective?

Our findings

At our last inspection we found the service had failed to ensure staff were suitably qualified, competent, skilled and experienced; and that staff received appropriate professional development and supervision and this was a breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regard to staffing. At this inspection we found the service had taken remedial action and was now meeting the requirements of this regulation.

We looked at staff training records, which included details of training previously undertaken and dates for when training was due for renewal. Training offered to staff was now more consistent and staff completion of all training courses offered was nearly 100%, with the exception of first aid e-learning which was 85% at the time of the inspection. Other training courses undertaken and completed now included medication, COSHH, safeguarding, dementia care, diet and nutrition, equality and diversity, fire safety, food safety, MCA/DoLS, health and safety infection control, manual handling, dealing with distressed behaviour. This gave us reassurance that staff were now receiving the appropriate range of training to enable them to carry out their job effectively.

Newly recruited staff were required to undertake a probationary period before being offered a permanent position, which included observed practical assessments before confirmation in their role. Staff were also required to familiarise themselves with the people using the service by reading care plans and spending time in their company. Induction also included a range of basic mandatory training and staff were required to read certain policies as part of this process. An induction checklist booklet was completed for each new staff member and this was used until the staff member was deemed competent. If a new staff member had not previously worked in social care, their induction was aligned with the requirements of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff now received regular supervision with their manager. There was a supervision matrix in place and all staff now supervisions at least every two months, although the majority of staff had received supervision every month. An annual appraisal matrix was also in place and all staff had received appraisals in November and December 2017. We saw discussions at appraisals all included fluid and nutrition monitoring and totalling, medication administration and safety and policies and procedures.

At our last inspection we found people with specific nutritional requirements were not having their needs met effectively. Professional advice was not being followed and the systems in place for recording and monitoring people's food and fluids were ineffective. This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to meeting nutritional and hydration needs. At this inspection we found the service had taken remedial action and was now meeting the requirements of this regulation.

Overnight food and fluid intake was now monitored and any poor food and fluid intake was discussed at the daily flash meeting; this was a daily meeting held between managers and staff and used for shift

changes/handovers. Any people with concerns were now allocated a designated care worker to support them with fluids and intervention charts were signed by nurses and/or shift leaders and audits of food and fluid intake were audited daily.

We found people's weights were now recorded and corresponded with their Malnutrition Universal Screening Tool (MUST) score and care management plan. A new monthly audit and tracker had been introduced in January 2018; this was completed and follow-up action identified and documented.

During our last inspection on 22 and 23 August 2017 we found conflicting information regarding the management of people's wounds and staff did not have sufficient guidance to provide effective care; this was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, person centred care.

On the third day of inspection on 20 September 2017, we saw an action plan was in place and processes and procedures were starting to be developed to address the concerns and improve the standard and consistency of pressure care. Our review of documentation showed some improvements over the previous week prior to the inspection, with care files starting to be reviewed and updated, wound care being prioritised and discussed at two daily flash meetings.

At this inspection we found all wounds had been reassessed and documentation reviewed and updated and wounds were being documented in a separate wound care file. A wound tracker was in place and skin tear prevention training was being arranged with a senior tissue viability nurse (TVN) with dates to be confirmed. There had been a significant reduction in on-going wounds since the last inspection and there were only two people currently with wounds at the time of the inspection. CQC did not need to be notified of these events but the provider had referred them to the local authority safeguarding team who determined all appropriate measures were in place, and the referrals were closed. We found all people's dressings had been signed for as done, and dates listed for when they were next due. Photographs of wounds were also taken regularly.

We looked at another person's care file regarding the management of their skin integrity as they were, 'currently nursed in bed' and required turning every three hours. We saw an appropriate pressure relieving mattress was in place and set to soft and information in their care file corresponded with information in their separate wound care file. A wound treatment plan was in place which gave advice to staff on the required frequency of dressing changes. We saw the last dressing change was 25 January 2018 and this was correctly documented, with the next dressing change identified on the sheet appropriately. This meant people's wounds were now being managed effectively.

We asked people and their relatives if they felt the service effectively met their needs and responses were largely positive. Comments from people who used the service included, "At the moment I haven't asked for help but they would help if I needed it," "You have to wait, that is natural," "I never have to wait," "They come very quickly when I need them and sometimes they come when I don't need them to make sure I am ok; one staff may be coming in as one goes out and I think to myself I am well looked after," "I don't have to wait long I just shout out and someone comes quickly."

A relative told us, "I can't fault the staff, I used to have real issues but since [manager name] has taken over he has sorted them all out. I came to see him when he first started and I laid into him about the state of the place, he listened to me, took notes and sorted out everything I said. He always replies and feeds back after I ask him anything. Before [manager name] I could never get through on the phone to ask how [relative name] was; now I can always get through and they're always helpful." Another relative stated, "The staff are

fabulous with people when they are in bed and the carers are very good; they try their best to make sure people are safe." A third relative told us, "[Relative name] is now very settled. When I take him home for visits he says, 'Can I go home now,' (meaning Kenyon Lodge); this is definitely the right place for him."

We asked people and their relatives what they thought about the food provided. One relative said, "[Relative name] is well-fed and has snacks during the day; the cook is a very good cook." Comments from people who used the service were all positive and included, "I never grumble, I don't like everything but most of the time I do. They ask me what I want to eat occasionally but I am not very good in knowing what's what. If I don't eat something they tell someone and they come and make sure I am alright," "The food is very good; in a morning I have two lots of toast and porridge, for dinner I get a choice of what I can have and I have puddings. The trouble is I can't have certain things I like as I might choke on them. I have my meals in my room," "I like the food, always have done and everything is good; they give me a choice of what I want for every meal. Someone will sit by the side of me to make sure I don't choke."

There was a four week rolling menu which was placed on tables and people had a choice of at least two options at each meal. Allergen information was identified including the food name and its allergen content. Each person had a 'meal chart' which identified their dietary requirements, including any dietary/fortified supplements, if gluten free, low fat or coeliac.

We observed the lunchtime meal using the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. There was a relaxed atmosphere at mealtimes and staff interacted with people in a respectful and dignified manner and encouraged people's engagement. Staff provided assistance to people who required it and spoke politely to people confirming with them what they wanted to eat and drink before serving it.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 on authorisations to deprive a person of their liberty were being met. The MCA/DoLS require providers to submit applications to a 'supervisory body' for authority to do so and we saw that the service had made the appropriate applications as required. Staff training records showed 98% of all staff had now completed training in MCA/DoLS, which was a significant improvement since the date of the last inspection.

At the time of our inspection, there were a number of people living at the home who had a DoLS authorisation in place and there was no evidence that people were being deprived of their liberty unlawfully. We saw that people's capacity to consent to their care was captured on the initial assessment. If people had a power of attorney (POA) or an advocate, this was captured in people's care files. All the staff spoken with were aware of their responsibilities under the MCA. They knew how people communicated their wishes and how they showed they consented to their support. The provider was aware of advocacy services if needed.

From our discussions with people and a review of people's care records we saw that people were consulted

with and, if able to, had consented to their care and support. Consent was also captured and recorded in people's care files at the point of initial assessment. All the people spoken with confirmed staff continued to seek their consent before providing care. One relative told us, "Oh yes, if I say I don't like something they will change it; when I first came it was terrible but it is better now I don't have to come in every day." Comments received from people who used the service included, "I get taken out by a member of staff if I want to and get something to eat, I just like going round and about and to the park," "Yes of course they do," "I think so, nothing is too much trouble."

Is the service caring?

Our findings

We asked people and their relatives if staff treated them with kindness and included them in decision making. One relative told us, "[Manager name] has turned everything around, I get regular phone calls and updates; good communication. I sat down with [manager name] and [relative name] and we went through her care plan; he involves me in everything. Carers work really hard and [relative name] is always safe as there is always someone around and her pressure mattress is always on." Another relative said, "Oh yes the girls are fabulous and the kindest; not one of them isn't." A third commented, "Yes they ring me if [relative name] is ill and I can't fault them. They involve me in any decisions such as checking medication."

Comments from people who used the service were mostly positive and included, "Yes, they ask if I am alright, do I need anything, we have a little bit of banter. They know all about me and what I like," "They aren't bad, sometimes they have their off days," "Yes I particularly like the activities coordinator," "I do think they are kind, when they come to me they are always smiling and talking to me," "Oh yes, they make you feel as you are part of their family they are very nice," "Yes, they always remember my birthday and they give you a card. As I can't get out they bring me things from the shop," "They treat me with respect; I love the banter which goes both ways."

We saw people chatting to staff and enjoying each other's company. We saw instances where staff took the time to speak to people and enquire about their welfare or inform them of what was going on or what was on the daily menu. We found staff had developed a good rapport and understanding of the people and were friendly and treated them with courtesy and respect. We observed staff interacted with people well and engaged them in conversations relevant to them.

We asked people if staff respected their privacy and dignity and promoted their independence. One person said, "They always knock before they come into my room." A second person told us, "Yes, they close the door when I am having a shower and they knock when they are coming into my room." A third person commented, "If I want to be alone to watch TV they leave me in peace; they knock before they come into my room." A fourth person said, "They encourage me to go out and do some shopping and to take part in activities inside and outside the home." A fifth person told us, "They are definitely promoting my independence and I have got better over the past few months."

Our observations of people throughout the inspection demonstrated people were happy living at Kenyon Lodge and we saw lots of laughter and chatter between people and staff at all times of the day.

Information on how to access advocacy services was posted in the building; this information would be useful for people who did not have any relatives to ensure they had someone they could turn to for independent advice and support when needed.

We looked to see how the provider promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to

ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs. For example if people had been referred to the home that required an alternative diet the service had responded appropriately.

We found the provider had policies and procedures covering personalised care, treatment and support; autonomy and choice; service users contract; dignity and privacy; independence and fulfilment, person-centred care planning, equality and diversity, confidentiality, privacy and dignity and equal opportunities. These policies gave guidance to staff on how to ensure that people lived in an environment where their diversity was celebrated and respected and where they could live free from discrimination and prejudice.

We asked people if staff listened to them and acted on what they said. One person told us, "Yes, when I am talking they write things down I say about how I am feeling." A second person told us, "Yes they do; I know they can't be in ten places at once there are only so many of them."

We found people's care files were held in an office where they were accessible but secure and staff records were also held securely in lockable cupboards. Medication administration records were stored in the lockable treatment room. Any computers were password protected to aid security.

We also noted that the service had received a number of compliments thanking them for their care and support which were captured on a log and included verbal compliments. Compliments included, 'You all treated [[relative name] very well and with respect,' 'Thank you for looking after mum these past four years; I don't know what we would have done without you,' 'Thank you for the great care you have given to [relative name]; it has been so reassuring for us to know she has been safe and comfortable these last years.'

Is the service responsive?

Our findings

At our last inspection we found the quality and standard of care files varied greatly in regards to detail and overall makeup of the file and this was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance; accurate records were not being maintained for each person using the service. We also found a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to person-centred care, as care and treatment did not always meet people's needs and reflect their preferences.

At this inspection we found the provider had started the process of evaluating all care plans which were now reviewed each month or as needs change and personal preferences and choices were now better identified in people's care files. We found the process of evaluating all care plans was on-going as some care plans needed to be re-written to be more person centred and evidence relative and resident involvement. The provider told us at least two care plans were being fully evaluated each week and this was because it was important to take time to ensure all the latest information was gathered which involved contacting people's relatives and this could not always be done immediately, due to their lack of availability.

Following our last inspection, the provider had re-designed the care plan documentation and we found care plans were now better organised and more person centred and included information about people's likes and dislikes. Information on preferred methods of communication, preferred gender of care staff, personal care/hygiene preferences, social activities and nutritional preferences were recorded. There was reference within the care files to people's spiritual and emotional needs as well as physical requirements. Although the quality and content of care files information had greatly improved since the last inspection we found some care files still did not identify the involvement of relatives and their signatures were missing from the preferences sections of some people's documents.

We asked people if they were involved in developing their care plan and comments included, "I have a file in my room and they are always writing in it," "Yes, my care plan gets updated every day," "If they do anything for me they write it down in my file in the room," "I know about my care plan, they update it each day."

We asked people's relatives if they felt the care their relative received was responsive to their needs. A relative commented, "It has been a 100% improvement; I couldn't be happier, I was hoping to move [relative name] somewhere else but not anymore, she's happy and it's great." Another relative told us, "[Manager name] listens to me and acts on what I say like bringing in an extra chair with a cushion in [relative's name] room. [Manager name] is watching everything and on top of everything." A third relative said, "I'm always involved in care planning and if anything has happened they always tell me."

Despite these reassurances we found the process of fully evaluating all people's care files to ensure the latest and most relevant information was available to staff was a work in progress and although people's relatives were now being more involved this had not been fully completed at the time of the inspection.

This meant there was a continuing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014, good governance; accurate records were not being maintained for each person using the service.

During our inspection, we checked to see how people were supported with interests and social activities. There was a hairdressing salon in place and we saw three people accessing this facility during the inspection. We saw activities previously undertaken included one-to-one support, DVD's, newspapers, lunches out, reminiscence, mobile library, gardening, special celebration days, raffles, visiting entertainers, art and crafts.

We spoke with the activities coordinator who told us, "As part of the refurbishment we are having a cinema room and we have a popcorn maker and we are getting a candy floss maker. I'm aware of which residents can eat or drink certain foods; they are very strict here. We have a room full of activity and craft items, games and seasonal things, something for every occasion."

We asked people about activities and comments included, "They show DVDs , film nights, dominoes, bingo, singers come in, we have a piano, we have people doing crafts," "They have singers; I go to the pub for meals," "Occasionally I listen to singers,"

We looked at how complaints were handled. There was a complaints policy and procedure in place in addition to a complaints log and details of how to complain were posted around the building. Where people were unhappy about any local investigations they could contact the provider's quality and compliance director. The complaints procedure identified details for the Local Government Ombudsman (LGO) the local authority or CQC. Complaints records we saw identified the provider had responded in accordance with their procedure. People we spoke with and their relatives were provided with information on how to make a complaint and stated they would not hesitate to bring any concerns to management.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the provider was meeting this requirement by identifying, recording and sharing the information and communication needs of people who used the service with carers/staff and relatives, where those needs related to a disability, impairment or sensory loss.

A pre-admission assessment was used to identify those who needed additional support to communicate or receive information which was recorded in the person's care file along with the plan of how to meet these needs such as braille if it was required or 'easy read' information. Other services and healthcare professionals were also involved where appropriate and when consent had been given to do so.

We looked at how end of life care (EoL) was delivered. The service followed the six steps end of life care programme which is intended to enable people to have a comfortable, dignified and pain free death. The provider had an end of life care register in place, which listed each person within the home who was currently on one of the six 'steps' pathway and nursing staff completed a monthly review to decide whether the current stage was still appropriate to reflect their situation.

We saw where people had been willing to discuss end of life wishes, advanced care plans were in place which clearly documented the person's wishes at this stage of their life, including where they wished to receive treatment and where they chose to die. Care files documented whether a person had a DNACPR in place, with a copy of the form located at the front of their file.

We saw several compliments from people's relatives regarding end of life care which included, 'I cannot

thank you enough for all you did for [relative name] during her illness. In her final days with us you all helped me and my family through it; you are all special people in what you do,' 'We would like to pay tribute to all the excellent care all the staff gave to our mother whilst she was at Kenyon Lodge; she was very happy during the four and a half years she was with you. Especially during the last few days of her life the care she received was marvellous and we really appreciate everything you did for her.'

Is the service well-led?

Our findings

At our last inspection on 22 and 23 August and 20 September 2017 the home was rated as inadequate overall and in this domain. At this inspection we found although the quality of care had significantly improved and detailed action plans were being sent to CQC each month, further work was still necessary to fully meet the requirements of all regulations.

During our last inspection we found a lack of co-ordinated leadership, which was impacting on the quality of care provided and there was no registered manager in post; at this inspection there was now a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

We asked people and their relatives if they knew who the manager was and their views of management and comments received were all positive. One person said, "Yes, I do, we see a lot of him, and he talks to us and he is approachable." Another person told us, "Yes, he is a belting bloke; you can speak to him and get some sense out of him." A third person said, "Yes, he comes to talk to me, he's really nice; they all are." A relative commented, "The manager is very courteous and so are the staff; I can go home now and know [relative name] will be well looked after."

Similarly staff we spoke with also commented positively about the manager. One staff member said, "I feel I get a lot more support from the manager now and you can go to him anytime. Supervisions are more regular and he listens to me. We have team meetings and daily flash meetings and these are helpful. We get praise for the things we do and the manager is doing a great job." A second staff member told us, "I think [manager name] is a good manager and I have seen a difference; I enjoy coming in to work and working with the team."

Staff we spoke with told us management were always present and visible in the home and said management supported them well. Our observations throughout the inspection supported this view and we saw all the management team were permanently involved in supporting and advising staff and people who used the service. The registered manager displayed a positive approach throughout the inspection when accommodating our requests for information and answering our questions and we found the appointment of an experienced registered manager was making a positive difference to the quality of care provided.

At our last inspection we found statutory notifications were not always sent to CQC as required; at this inspection we saw all notifications had been processed without delay and the manager understood their responsibilities in this area. We verified this by checking the notifications we had received since the date of the last inspection. There was now a more open and honest relationship between the manager, the local authority and the clinical commissioning group (CCG), which we verified by speaking with them and attending joint multi-disciplinary meetings to monitor the improvements being made.

We found a more comprehensive range of governance and auditing schedules had been put in place including a weekly risk monitoring report that was submitted to the operations team; this was then validated so that risks were quickly addressed which ensured the senior management team were involved at an early stage this was a supportive and effective form of governance. The home manager was supported by a regional manager who made weekly visits to the home, carrying out spot checks and providing the registered manager with a level of support that contributed to ensuring the safety of the people who used the service.

The regional manager visits also meant that capital improvements and training opportunities were now dealt with swiftly, for example where a person needed equipment or additional support, the relevant staff were available on site to action this quickly. This also provided an opportunity for the wider staff team to speak with a more senior manager should the need arise and for people, their families and stakeholders to become familiar with the senior manager team. This had resulted in a more open, transparent and accountable culture within the home.

We saw a range of audits and checks were now undertaken by the home, which included nutrition, infection control, health and safety, incident and accident reporting, weight monitoring, equipment checks, fire inspection checks and fire alarm testing. The service both monitored and analysed people's weights, falls, DoLS applications, call bell response times and trained nurses professional registration. We saw evidence that the home manager undertook a daily 'walk around' to monitor standards. The provider also pro-actively analysed reported deaths, complaints, hospital admissions, safeguarding referrals, wound management and pressure ulcers.

We found that although significant positive progress had been made since the date of the last inspection and a system of auditing had now been established, audits of medicines had not identified the issues we found with the safe management of medicines and gaps in care planning information. In addition the providers' system of auditing and governance had failed to ensure clear guidance was available to staff that mitigated risks to people, following accidents and incidents.

This meant there was a continuing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance.

Formal feedback from people who used the service and their relatives was sought through annual quality assurances surveys, a suggestions box, via formal meetings, as part of the review of care plans and through the process of daily feedback. Staff meetings also now occurred each month.

We found meetings with people and their relatives had taken place nearly every month since the last inspection and discussions included, new manager introductions, reducing the use of agency staff, meetings updates with the CCG and CQC, documentation, the provider action plan, copies of our last report for relatives who don't use the internet, admissions. Comments from families at these meetings identified they had noted improvements and that the manager encouraged families to approach him at any time with any complaints or concerns. A 'morning surgery' had now been introduced every Tuesday morning which provided a further opportunity for people and their relatives to speak to the manager about any issues. This demonstrated an open and transparent culture where people and their relatives were provided with the relevant information in a timely way and offered the opportunity to provide feedback.

Staff told us meetings with the manager were held regularly, which we verified by looking at records and we saw previous discussions had included our last report, the uniform policy, residents charts completion, moving people downstairs due to the refurbishment of the upper floor, confidentiality, domestic duties and

deep cleaning the dining room and lounges, training, archiving, meal times, encouraging people to eat and drink throughout the day and not just meal times, the need for clear handwriting on charts, skin tears, accidents/injuries and body maps.

We found comments from the staff annual survey were overwhelmingly positive with staff now feeling better supported and confidence in the management team had improved; one staff had commented about low staffing levels and we saw the provider was actively recruiting to nursing and care staff posts during the inspection.

At the last inspection we found staff morale to be low with negative comments received about training and supervision; at this inspection we found the atmosphere within the home to be positive and vibrant and morale had improved. One staff member told us, "Staff meetings are happening regularly now and they're really useful for discussing any issues. I feel it's much better here now than before, [manager name] is not a pushover and he's worked really hard; a genuine type of man."

We found the management team reflected on past issues raised regarding the delivery of care and support to people and used this information to improve practice; for example with regards to the process of putting paperwork through the manager's door after an incident, which needed adapting and this had been done.

The home worked closely with local community services who visited the premises and relevant professionals or religious figures visited the home to deliver appropriate spiritual support to those who requested it. People also accessed the local community and enjoyed social visits into the local community for activities such as live music or a trip to the local pub or to go shopping at shops of their choice.

We saw the ratings from the last inspection were displayed in the home along with the required certificates of insurance and CQC registration documentation.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have appropriate arrangements in place to manage medicines safely. Care and treatment was not always provided in a safe way for service users.</p> <p>Regulation 12(1)(2)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service had failed to effectively assess, monitor and mitigate the risks relating the health, safety and welfare of service users.</p> <p>Accurate records were not being maintained for each person using the service.</p> <p>Regulation 17(1)(2)(b)(c)</p>