Rowedast Developments Limited

Rowedast Developments Limited t/a Kenmure Lodge Residential Home

Inspection report

Kenmure Lodge Residential Home
Kenmure Place (Off Garstang Road)
Preston
Lancashire
PR1 6DD

Tel: 01772250513

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05 September 2016
06 September 2016

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

This inspection took place on 5 and 6 September 2016 and was unannounced.

The last inspection of Kenmure Lodge took place on 03 July 2013. At that inspection we found the service was meeting the legal requirements in force at the time.

Kenmure Lodge provides residential care for up to 24 people. The home is situated in a residential area, near to the city centre and is close to a range of local amenities. Accommodation is provided over two floors with a lift access to the first floor. The grounds are small, with limited provision for sitting outside. A ramp is provided for easy access.

The registered manager was present throughout our inspection. 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 and associated regulations about how the service is run.

At the time of this inspection there were 18 people who lived at Kenmure Lodge Care Home. We spoke with eight people living at the home. People were able to share their thoughts and experiences with us. We spent time observing care delivery and spoke with people who visited the service.

People who lived at the service and their relatives told us that they felt safe.

We looked at how the service protected people against bullying, harassment, avoidable harm and abuse. We found that staff had not received training in safeguarding adults. Allegations had been made by people against one staff member however; this had not been adequately addressed by the registered manager. We made a safeguarding referral to the local safeguarding team immediately after the inspection. The safeguarding policy was outdate and not in line with the current local safeguarding board and national guidance.

The provider had recorded accidents and incidents and documented the support people were getting after experiencing falls. We found evidence staff had sought advice from health professionals. We however, recommended the service to put this information together and analyse it regularly to help them understand trends and help come up with preventative measures.

We found people's medicines had not been managed in a robust manner. This included storage and administration practice that we observed. People did not have care plans for 'as and when' medicines (PRN). Staff had received medicines training however they had not been competence tested to ensure they were administering the medication as recommended.
We observed unsafe medicine administration and unsafe moving and handling practices from the registered manager during the inspection.

There was a building fire risk assessment on the premises and emergency plans were in place in case people needed to be evacuated from the premises urgently. People had personal emergency evacuation plans (PEEPS) to enable safe evacuation in case of emergency. However, the PEEPS lacked sufficient detail on individuals; they did not provide adequate guidance on the difficulties that staff could encounter when assisting people depending on people's physical and mental health needs. We found fire doors were wedged. Although this can be permitted under certain circumstances, the fire policy did not identify when this can be permitted. This guidance need to be available for care staff. We made a recommendation.

Infection control measures were in place and standards of hygiene had been maintained. However, some toilets did not have hand washing soap for people to use and continence pads had been disposed in normal open bins. Following the inspection the provider acted promptly and addressed this.

Majority of the care staff had been safely recruited. However, we found concerns regarding safe recruitment of one care staff member. Evidence we saw showed safe recruitment procedures had not been adequately followed for this care staff which had a potential of exposing people to risk of abuse. The service did not have adequate care staff to ensure that people's needs were sufficiently met. People who lived at the home, relatives and care staff expressed concerns about the number of staff and how it was affecting the quality of care people received. There was an analysis of staffing levels by the provider which had not been consistently reviewed or changed when people's needs had changed and they required more support. The provider acted on these findings and informed us they had been in the process of recruiting additional and had staff starting work in due course.

We found care planning was not done in line with Mental Capacity Act, 2005 (MCA). People's consent to receiving care was not consistently recorded in their care files. There was no mental capacity training. Some staff showed awareness of the Mental Capacity Act, 2005 and how to support people who lacked capacity to make particular decisions. However, we found the knowledge of mental capacity among staff needed some improvement and the registered manager had limited awareness of the principles of mental capacity act and how to apply them in practice. Appropriate applications for Deprivation of Liberty Safeguards had been made however; no mental capacity assessment was completed before the application. Some people required DoLS authorisations however, they had not been considered.

People using the service had access to healthcare professionals as required to meet their needs. We found that people's health care needs were assessed on admission to the service to ensure the home was able to meet their assessed needs.

Care plans demonstrated people's involvement. People and their relatives told us they were consulted about their care.

The service demonstrated how they sought people's opinions on the quality of care and service being provided. People informed us they were asked about their opinions in residents meetings. However, resident and relative's surveys had not been undertaken to obtain people's opinions in a more confidential manner.

People were not adequately supported with meaningful daytime activities, there were no activity plans, a designated activities co-ordinator or day trips. People told us they would prefer to have a choice activities and day trips. Staff informed us they could not always support with activities as they were busy with other tasks. We made a recommendation.

Management systems in the home were not robust. Staff had not received regular and adequate training to

support them in their role. Care staff had not received adequate supervision and recruitment practices had exposed people to risk. The quality assurance systems were in place however they were not robust enough as some areas of people's care were not audited regularly to identify areas that needed improvement. We found audits had been undertaken for the premises, health and safety and infection control however; areas such as medicines, care plans, staff recruitment files and kitchen had not been audited regularly. Staff shortages had impacted on the quality of support people received.

The provider was not meeting the Care Quality Commission registration requirements. They did not send notifications to CQC for notifiable incidents, such as serious injury, allegations of abuse, people going missing or incidents involving the police.

The fire policy did not reflect current practice in the home and the safeguarding policy provided information which was not in line with current practice. There was no pet policy in the home for the home pet. There was resident cat. We made a recommendation.

People felt they received a good service and spoke highly of their staff and the registered manager. They told us the staff were kind, caring and respectful. Many people appreciated having their privacy and independence. However, they expressed that staff shortage had meant that they had to wait for long periods of time to receive support from staff. People told us the providers visit the home regularly and are pleasant and approachable.

We found the service had a policy on how people could raise complaints about care and treatment however, there was no evidence to demonstrate how complains had been received and dealt with in line with regulations. Complaints had been dealt with face to face. We made a recommendation.

The registered manager and the provider sent us an action plan immediately after the inspection. They had responded to some of the concerns raised immediately.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to, Regulation 12 – Safe care and treatment, Regulation 13- safeguarding service users from abuse and improper treatment, Regulation 17 –Governance Regulation 18- Staffing and Regulation 18 of Registration Regulations 2009 -Notifications of other incidents.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to

varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We will report on what actions we have taken in due course.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Risks to the health, safety and well-being of people who used the service were not always properly assessed and significant incidents had not been reported to relevant safeguarding authorities to allow independent investigations.

Accidents and incidents were not recorded and analysed centrally to show trends and patterns. We made a recommendation.

We observed unsafe care practices during the inspection. People's medicines had not been safely managed.

PEEPs had been completed however, they did not have enough detail to ensure safe evacuation of people during emergencies. Fire safety practice was not in line with the organisation's own policy. We made a recommendation.

Is the service effective?

Inadequate

The service was not consistently effective.

The rights of people who did not have capacity to consent to their care were not consistently protected because the provider did not always follow the MCA and associated guidance in practice.

Arrangements for staff training, and supervision were not consistent and were not adequate to ensure all staff had the necessary skills and knowledge to carry out their roles safely.

The service followed safe recruitment practices however; this was not consistently followed to promote the safety and wellbeing of people who used the service. We made a recommendation.

Sufficient numbers of suitably qualified staff were not always on duty which meant people were at risk of not receiving safe care.

People received appropriate support to access health care when

they needed it.

Is the service caring?

Good

The service was caring.

People's personal information was sufficiently managed in a way that protected their privacy and dignity.

People spoke highly of care staff and felt they were treated in a kind and caring manner.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

There was a lack of social stimulation. People did not have regular planned meaningful day time activities. We made a recommendation.

Pre admission assessments were carried out before people were admitted to the service.

Important information about people's needs was not always included in their care plans. This meant people were at risk of not receiving the care they needed.

The provider had attempted to gain the views of people who used the service and their representatives. Residents meetings took place regularly.

Complaints had been dealt with however, records had not been kept. We made a recommendation.

Is the service well-led?

Requires Improvement

The service was not well led.

We found a number of breaches relating to people's safety, governance, staffing and consent.

Staff training and supervision was inadequate.

The provider did not meet CQC registrations requirements as they did not send statutory notifications for notifiable incidents.

Processes to assess safety and quality assurance were not effective to cover all areas of care practice. Medicines records, care plans, kitchen and staff records had not been audited

regularly.

Audits had been undertaken around health and safety and the provider carried out spot checks.

People and staff told us management were supportive and listened.

Policies and guidance to staff were not always accurate and up to date. The registered manager had not followed guidance from other professionals on mental capacity. We made a recommendation.

The provider did not have an effective system in place to ensure that any potential learning from adverse incidents such as accidents was identified and cascaded to the team.

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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.

This inspection took place on 5 & 6 September 2016, the first day was unannounced.

The inspection team consisted of two adult social care inspectors, including the lead inspector for the service, 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.

Before the inspection, the provider completed 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.
In preparation for the inspection, we reviewed information from our own systems, which included notifications from the provider and safeguarding alerts from the local authority.

We gained feedback from external health and social care professionals who visited the home. As part of this we looked at safeguarding enquiries that we received from Lancashire County Council safeguarding enquiries team. Comments about this service are included throughout the report.

We spent time talking with people who lived at the home. We reviewed records and management systems and also undertook observations of care delivery. We spoke with three relatives, eight people who lived at

the home, the registered manager, the business administrator, one domestic staff, two professionals who had visited the service and six care staff. We looked at five people's care records, staff duty rosters, five recruitment files, the accident and incident reports book, handover sheets, records of residents and staff meetings, medicine's records, service policies and procedures, records and service maintenance records.

Inadequate

Is the service safe?

Our findings

We asked people who lived at the home whether they felt safe. People told us they felt safe living at the home. One person told us, "I feel quite safe." Another person told us, "I feel safe but the front door is not always kept locked, it's brought up at resident's meetings every few weeks." Another person told us, "Only two carers on day and night, I would like to suggest this is increased by one in each case." And: "I feel they need an extra pair of hands."

One relative we spoke with told us, "I feel safer leaving my mother here than I did when she was at her previous care home."

Staff knew how to keep people safe and how to recognise safeguarding concerns. However, care staff had not received adequate and suitable training in safeguarding adults. Staff knowledge on safeguarding required further development. Safeguarding policy and procedures contained outdated information and guidance. The guidance was not in line with current local safeguarding board procedures. The registered manager did not have a clear understanding of the process or procedure to raise safeguarding concerns for people. For example, we found incidents that required to be reported to the local safeguarding team for investigations which the registered manager had not acted on in line with local and national safeguarding procedures. One person had suffered a serious injury resulting in a fracture and this had not been reported.

In another example, the registered manager had been made aware of allegations of verbal abuse against one of the care staff. However, at the time of the inspection they had not reported this or started their own formal internal investigations to ensure people were safeguarded. We asked the registered manager to report this; however, they advised that they felt CQC inspectors should report the incident. This meant people could not be assured the registered manager would raise safeguarding concerns if they were notified that people had been exposed to risk.

This was a breach of regulation 13 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014 – Safeguarding service users from abuse and improper treatment.

We contacted the local authority and reported the concerns raised against the care staff after the inspection. The provider assured us they would ensure all safeguarding concerns would be reported to relevant bodies in the future.

We looked at whether the service had sufficient trained and competent staff to meet people's needs. On the day of the inspection we found the number of staff on duty was not sufficient to meet people's needs. There were two care staff to assist 18 people, five of the 18 required assistance from two care staff. The registered manager assisted with the provision of care and preparation of meals amongst other tasks. We asked people about staffing levels and all the people and relatives, we spoke to told us the home did not have sufficient numbers of staff. One person told us, "There is not always enough staff, sometimes, they gets too busy in the mornings but [registered manager]comes in an hour earlier and now we all get a brew." Another person said, "Staffing is top of the list, we definitely need more staff." And: "Three or four weeks ago in the

evening one carer went home ill [name removed] the registered manager was left alone, we need more staff day and night, we rely on them." People informed us they had raised this issue in the residents meetings with the registered manager and the provider was aware of their concerns.

We asked staff if they felt the home was staffed sufficiently enough to meet the needs of people they cared for. Staff told us the service was short staffed and they had found it difficult to adequately meet people's needs. They informed us that they did not feel people had been neglected however; they felt that they have to leave people unattended for periods of time as they would be busy assisting people who require assistance from two carers. They expressed that they had not been able to do activities with people or sit down with them. All care staff that we spoke with shared the same views. We checked people's daily records written by staff. We found some entries where care staff had recorded they had struggled to attend to individuals due to being tied up with other people.

We looked at the system that the provider had used to determine the number of staff required in the home. We found this had been completed however, the information the number of staff required did not seem to change in relation to the increase in people's needs. We saw evidence showing when people's needs had increased the number of staff remained the same. We found up to five people in the care home required assistance by two care staff for personal care needs and for transferring.

We spoke to the registered manager regarding this and they informed us, they were aware of the concerns around staffing; they referred us to the provider for an answer to these concerns. The provider informed us they had been aware of this and were in the process of resolving the issue before the inspection. After the inspection they informed us they had recruited more staff on each shift to ensure staffing levels were in line with people's needs.
This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014- Staffing

Risk assessments had been undertaken in key areas of people's care such as nutrition, skin integrity and moving and handling as well as behaviours that could pose a risk to self and others. However; this was not consistent throughout the care files that we looked at. People's needs had been assessed and staff recorded the care being provided. Any identified risks had been shared between staff on handovers to ensure they were aware of risks and the measures that were in place to minimise them. However, we found some risks had not been well managed because risk assessments provided contradictory information. For example, we found one person's mobility risk care plan stated that they were unable to mobilise and required to be mobilised by two care staff, however, within the actions to support this person it stated that staff needed to use a hoist at all times. We later observed this person walking with assistance from two staff not being hoisted as recorded in the risk assessment.

In another example we found one person's risk assessment and care plan had not provided adequate guidance to care staff. The person was diabetic and at risk of hypoglycaemia. Hyperglycaemia is the medical term for high blood glucose. It happens when the body has too little insulin or when the body cannot use insulin, a hormone that helps the body use glucose for energy. Although a care plan for diabetes had been written, there was no information to guide staff on what signs to look for in the event this person was having a diabetic episode and what immediate action they would take.

We observed unsafe moving and handling practices from the registered manager. They were transferring one person single handed using a hoist. They were also transferring the person using a wheelchair with no foot plates. We checked the care plan and risk assessments and it stated that all transfers should be carried out by two care staff. We spoke to the registered manager regarding these practices; they advised that they

had used the hoist on their own as the other two care staff were busy upstairs. With regards to using a wheel chair with no foot plates, they advised that the person had short legs and their feet would not reach the ground. This meant that the registered manager had not acted in line with best practice and risk management guidance for safe transfer of people using mobility aids. This exposed people to risk of injury.

The above failings around lack of robust risk management plans and unsafe moving and handling practices, are a breach of Regulation 12(1) (2) (a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014-Safe care and treatment

We looked at how people's medicines were managed and found medicines records had been completed accurately to show what medicines people had been given. However, we observed unsafe medicine administration practices from the registered manager. We observed them handling tablets with bare hands and not washing their hands between medicine administrations. We also observed they left the medicine trolley open and unattended in the lounge while they attended to people. We observed inhalers had been left on top of the medicines trolley in the hallway. We approached the registered manager immediately and advised them to ensure all medicines are kept inside the trolley and that the trolleys was kept locked and secure at all times when left unattended.

In one person's bedroom we found topical creams that had been left within reach of the person. We asked the registered manager if this person was safe to manage their own medicine and they informed us this person was not able to do so as 'they apply the creams very thick'. However, they had left the medicines in the person's bedroom where they could potentially attempt to use the cream on their own. This was an unsafe storage of medicine. This meant medicine management practice was not robust and the practices had a potential of exposing people to risk of not receiving their medicines as prescribed.

We found staff were trained to administer medicines however, they had not been regularly observed or had their competency tested to ensure they were following the correct procedures. We asked the registered manager if they had considered this however, they informed us they had not done this. Regulations require that care staff who administer people's medicines must be suitably trained and competent and this should be kept under review.

People who had been prescribed 'as and when required' medicines (PRN) did not have plans to guide staff. Care plans are meant to provide care staff with adequate guidance on, what the medicines are for, what signs to look for, and when to offer the medication. For example one person who was prescribed a spray for the treatment of their angina did not have a care plan to reflect when and how this medication should be administered.

We found regular internal medicine audits had not been undertaken. However, an annual audit had been undertaken by a local pharmacy and highlighted areas of compliance and non-compliance. The home had only addressed some of the issues that had been identified during this audit.

The above failings in medicines management and administration systems are a breach of Regulation 12(1) (2) (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014-Safe care and treatment.

We found staff at the home had been employed for a long time and turnover was low. This meant that staff had a good understanding of people they supported.

We looked at whether the home followed safe recruitment practices. We found the service had not

consistently followed safe recruitment practices. One care staff member had started employment before the provider had undertaken disclosure barring service (DBS) checks. Risk assessments had not been carried out to ensure the prospective employee was safe to work with vulnerable adults before they started their duties.

We found no evidence of how the provider carried out risk assessments or supervisions where concerns had been identified on prospective staff's disclosure barring service certificates. Regulations require that providers evidence how they have assured themselves that people they employ are not a risk to people using their services. This meant the provider had not followed safe recruitment procedures consistently to help to protect vulnerable adults.

We found majority of the staff files that we checked demonstrated safe recruitment had been followed. All other staff files we looked at contained evidence that application forms had been completed by people and interviews had taken place before an offer of employment was made. At least two forms of identification, one of which was photographic, had also been retained on people's files. Staff members we spoke with confirmed they had been checked as being fit to work with vulnerable people through the Disclosure and Barring Service (DBS).

We recommend the provider to follow regulation and guidance on the employment of fit and proper persons. This is found under Schedule 3 of the Health and Social Care Act, 2008 regulations.

We looked at how risks around the premises were managed and we found the premises had been well maintained. We found building and fire risk assessments had been undertaken. However, the fire policy did not reflect the practice in the home. We found fire doors had been wedged throughout the building. Regulations require that , where doors are wedged during the day, the provider should ensure that their fire policy direct care staff under what circumstances this can happen, and guidance showing these should not be used at night. We spoke to the registered manager who informed us they had been advised by the local fire safety department they could wedge doors during the day to allow people to walk around the building safely and to remove the wedges at night and in the event of a fire. However, this was not included on the fire policy displayed in the home.

We found fire safety equipment had been serviced in line with related regulations. Fire alarms had been tested regularly and fire evacuation drills were also undertaken periodically to ensure staff and people were familiar with what to do in the event of a fire.
We recommend the provider to follow guidance on fire risk management. This can be obtained from the local fire and rescue services.

We looked at how people would be supported in the event of emergencies. We found people had personal emergency evacuation plans (PEEPS) in place for staff to follow should there be an emergency. However the documents did not provide enough detail about people's needs and how this can affect them during evacuation. For example PEEPs did not mention where people were sight impaired, had difficulties to understand instructions or required two carers to assist them.

Regulations require that every person should have PEEP which states their physical capabilities, assistance they require, any difficulties that others may face when assisting them and where they will be evacuated to. This meant that the home had not put sufficient measures in place to establish what assistance each individual required and people could not be assured they could be evacuated in a safe and timely manner during an emergency.
We recommend the provider to follow best and current practice in emergency planning. This can be found on the Health and Safety Executive website.

We found management of risks associated with infections were implemented. We found risk assessments had been put in place for areas of known risks of infection and there was guidance for staff. We also found the service had employed a domestic who worked part time. The home did not have malodorous smells and furniture and décor looked clean.

We found people's care plans contained important information they needed if they were being transferred to hospital or other services. These are also known as hospital passports. Regulations state that people's details such as their health and social care needs, allergies and medication are recorded and ready for when they need to be shared with other professionals. This meant people were assured they could be effectively supported if they were to be transferred to another service or hospital.

We looked at how accidents, falls and near misses were managed. We found processes for reporting or recording accidents or incidents had been put in place and staff had recorded the support they provided people after the incidents. Evidence we saw showed support had been sought from emergency services and health professionals after incidents however on one occasion this had not been done in a timely manner. Records we saw showed observations had been carried out after falls.

We found no evidence of accident and incident analysis. The registered manager had recorded fall accidents and incidents and looked at the causes and actions to reduce the risks. However, they had not analysed the records to identify patterns.
We recommended the registered manager to consider best practice around management of accidents and incidents which can be found on National Institute for Health and Care Excellence (NICE) website.

Following the inspection the provider sent us actions they had taken to address the staff shortages, medicine management, safeguarding concerns and risk assessments for staff. This was prompt and a positive response to the findings of the inspection.

Inadequate

Is the service effective?

Our findings

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service was not consistently working in line with the key principles of the MCA. We found that the registered manager had made a DoLS application to the local authority for one person who had been assessed as having restrictions in place; however, they had not completed an assessment to determine whether this person had mental capacity to make decisions about their safety. The MCA and DoLS codes of practice require that the registered manager assess a person's mental capacity before they can apply to have restrictions authorised. Applications are made if the person lacks mental capacity however as they had not been tested the registered manager would not know this person's capacity.

We found another person was being deprived of their liberty and the manager had not sought the appropriate authorisations. This person was not free to leave the care home, was under constant control and supervision, lacked mental capacity and could not leave the home even though they had not asked to do so. We spoke to the registered manager and the business support manager and they both agreed that this person was not free to leave and lacked mental capacity around the decision to leave the home on their own.

We found no evidence of mental capacity assessments carried out for key decisions such as receiving personal care and medication administration. The MCA requires that, where there is a reason to believe that a person's ability to make decisions may be compromised, such as mental illness, living with dementia or a neurological condition which affects the mind, a mental capacity assessment must be carried out. Evidence we saw demonstrated people's relatives had been consulted and advance decisions had also been considered.

We looked at training records and found care staff had not completed training to help them understand the principles of the Mental Capacity Act, 2005. Some staff however, showed awareness of mental capacity and Deprivation of Liberties legislation and requirements as they had received training in their previous roles. However, the registered manager lacked knowledge of the MCA principles to support and guide their care staff. Before the inspection we had spoken to the safeguarding social workers from the local authority and they informed us they had signposted the registered manager to get support around their skills and knowledge in relation to the MCA and DoLS. However, at the time of the inspection the registered manager informed us they had not managed to do this. They told us they had struggled to get time to attend the

training and take up the support offered due to the demands or their role and staffing issues. This meant that the provider had not taken necessary steps to ensure that peoples' rights had been protected.

We have signposted the registered manager to relevant professionals within the local authority for support, we will check they have follow up on this.

The above failings around failure to test people's mental capacity, failure to obtain valid consent and failure to train staff in the principles of the MCA was a breach of regulation 11 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014 - Need for consent

Care staff at Kenmure Lodge had not received appropriate support, training, professional development, supervision and appraisal. We looked at training records which showed staff had not received formal training from an accredited trainer for two years. Care staff had been provided with printouts from the internet on various health and social care areas. They would be asked to read these and sign to say they have done so. A certificate was then printed out stating that training had been completed.

We looked at minutes of staff meetings and saw training had been discussed however, staff had been told it was expensive to get an outside trainer and encouraged to ensure they read the information given. We spoke to a national organisation which provides guidance on staff training in health and social care and they confirmed that this did not meet requirements for appropriate training in line with regulations and best practice. This meant that staff had not received on-going support to continue developing their skills and knowledge.

Staff had not received adequate and suitable supervision and appraisal in line with the regulations and the organisation's own policy. Evidence we saw showed that the registered manager had written down comments about a member of staff and asked staff to comment on the document and return to the registered manager. This was recorded as formal supervision; however this does not meet the requirements for staff supervision under the regulations.

We spoke to care staff who confirmed this was the form of 'supervision' that they had been provided. Staff told us they did not feel this was adequate to allow them to discuss their developmental needs. They also advised us they would prefer to have time set aside to sit down and discuss and reflect on their work with their manager. We spoke to the registered manager and informed them this did not meet the requirements for staff supervision. This meant that the provider had not provided staff with supervision to enable them to carry out the duties they are employed to perform.
These issues were a repeat breach of regulation 18 2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014- Staffing

We found staff meetings had been undertaken regularly and staff told us they found these helpful in understanding service developments. Staff we spoke with showed awareness of people's needs and how to respond.

We looked at how people's nutrition was managed. We found the provider had suitable arrangements for ensuring people who used the service were protected against the risks of inadequate nutrition and hydration. We found snacks and drinks were readily available throughout the home and people were offered drinks regularly. Nutritional care records we looked at showed people had been assessed to ensure their nutritional needs were met. We also saw evidence of someone who had previously assessed as not able to eat adequately and at risk of malnutrition; the home had found a way of supporting this person and had referred them to a dietician. This showed the home had identified the risk and acted on it resulting in

positive outcomes for the person. We spoke to a professional who informed us they worked positively with the service to ensure people's nutritional needs were met. They further advised they felt people's nutrition was well managed.

People who required a special diet, such as people who were diabetic, were offered choice. There were two regular choices of meals. We observed people eating during lunch time. People were offered choice and encouraged to eat. The atmosphere during lunch time was relaxed and people seemed to enjoy their meals. The care staff and the registered manager offered people food with respect, in an effective and efficient manner. People were not rushed and staff had time to talk with residents. People's views on meals were positive. One person told us, "[name removed] (the chef) is absolutely first class, they will bring an alternative if don't like something." Another person said; "Food is nicely presented, not just thrown on your plate." People were asked about their views on food and menus.

We however, found menus had not been adopted to ensure people who are sight impaired could read them. We recommended the registered manager consider using pictorial menus to suit people who lived with dementia. Following the inspection the registered manager informed us they were contacting a local service which supports people with visual impairment.

We looked at how people were supported to maintain good health, access health care services and receive on going health care support. We found the service had measures in place to ensure people were referred to specialist professionals. We saw evidence of referrals to dieticians, chiropodists, district nurse and people's doctors. We found referrals had been done in a timely manner to ensure people received suitable care. There were links with the local primary health services and professionals such as practice nurses came into the service to offer support regularly. There was a proactive approach to meeting people's physical and psychological health needs.

Good

Is the service caring?

Our findings

We asked people if the staff team were caring. People told us, "It's great, I'm happy here, it's not the poshest of places but a friendly place." And: "The girls are really great." Another person told us, "In all the years I've received support, this set of people (staff) are the best."

A relative told us, "It's a nice atmosphere; staff are always friendly and always say hello and goodbye." And: "I can visit whenever I want."
Feedback from people who lived at the home, their families and professionals was overwhelmingly positive.

During the inspection, we observed some warm and genuine interactions between people and staff. Conversations showed kindness and compassion. We heard warm and meaningful conversations taking place between people and staff. People appeared to be very comfortable with staff and staff knew people well. We saw members of staff working, providing consistent care and support to people. We observed some positive interaction between care staff and people who used the service. We noted that care workers approached people in a kind and respectful manner and responded to their requests for assistance promptly. People were referred to by their preferred names.

We spoke to professionals who visit the home and they informed us they felt staff were caring and that they witnessed warm relationships between carers and people when they visited. One person who visited the home regularly told us, "My experience of visiting patients at this home has always been a positive experience."

We looked at how the service supported people to express their views and how people were actively involved in decisions about their care treatment and support. We saw people had been actively involved in planning their care. People told us they were asked about their views regarding meals on a regular basis and said they could feedback directly to the manager if they wanted any changes. We saw evidence that demonstrated people had been actively involved and consulted about their care and treatment.

Some people had made advance decisions on how they wanted to be cared for. We spoke to a relative who told us they were kept informed of what was happening with their loved one. Relatives had been involved in their care planning and reviewing for those who lacked capacity. However, this was not consistent throughout the files we looked at.

We looked at how people's privacy and dignity was respected and promoted. People we spoke with told us they could get up and go to bed when they wished and they said their privacy and dignity was respected by the staff team. A staff member we spoke with told us how they would respect people's dignity.

People were given a choice whether they were willing to receive care from male care staff. We saw evidence people had expressed concerns when a male agency staff had assisted them with personal care. People told us male care staff are no longer used since they raised concerns. We spoke to relatives and they told us, "They are very respectful and people's dignity is respected." Another person said, "It's a family here."

We found no evidence of end of life care plans and staff had not undertaken training in end of life care. This meant that people could not be assured they would receive end of life care in line with their wishes.

We looked at people's bedrooms and found they were clean, warm, well presented and people had personalised their bedrooms with their own possessions.

Requires Improvement

Is the service responsive?

Our findings

We asked people who lived at the service if they felt their needs and wishes were responded to. One person told us, "We have resident's meetings, the last one was two weeks ago." And: We have them every two months or so and if we want anything or anything's wrong we tell them." Another person told us, "We asked for a fry-up meal and we got one once a week." Another person told us, "We asked to go out for trips out, we have not heard anything back, it would be good to go out."

We found there was lack of social stimulation for people living at the home. There was no designated activities co-ordinator within the home. There were no organised activities on the day of inspection. We asked whether there was a list of planned activities. There were no planned activities except bingo on Fridays. People told us they had asked for trips out however, this had not happened. Care staff we spoke to told us they had been unable to co-ordinate activities with people due to staff shortages and the need to focus on personal care duties. They felt that people had missed out as they were busy providing personal care and other tasks. We looked at people's care records and found no evidence of regular activities recorded as being undertaken.

We asked the registered manager about meaningful day time activities for people who were unable to go out in the community without support. They informed us they did not believe in keeping a list of activities and that staff would do activities wherever possible. Guidance and best practice states that; organisations providing care ensure that opportunities for activity are available and that staff are trained to offer spontaneous and planned opportunities for older people in care homes to participate in activity that is meaningful to them and that promotes their health and mental wellbeing. Regulation requires that the provider must make sure that people are not left unnecessarily isolated. We spoke to the provider after the inspection and they informed us they were unaware why we had been informed there were no activities list and that activities took place daily. However, this was contradicted by the feedback we got from people who lived at the home, staff, the registered manager and what we observed.

We recommend the provider to follow regulation on dignity and respect and best practice in mental well-being in care homes. This can be found on National Institute of Clinical Excellence (NICE) and Social Care Institute of Excellence (SCIE).

We looked at how people were supported to maintain local connections and take part in social activities. We found people were encouraged to maintain local community links. This ensured that people continued to make a positive contribution to the local community. People's independence was promoted. We observed some people helping set out tables and those who could go out in the community could go to the local shops independently or with their families.

We looked at how the service provided person centred care. We found assessments had been undertaken before people were admitted to the home to ensure the service was the right place for them. A person centred care plan had then been developed outlining how these needs were to be met. However, this was not consistent in all the files we looked at. For example, we found no care plans for people who had religious

needs. There was no evidence to show whether they had been asked if they wanted to continue following their religion. We also found plans of care for people who were sight impaired had not included how they need to be supported, for example using plate guards when serving meals, telling them where food is on the plate and ensuring they had the right footwear. The care plan and risk assessment did not consider how pets can cause trip hazards especially for people with sight impairment. There is a resident cat in at the home.

We observed hazards that had not been highlighted to ensure people who are visually impaired can easily identify them. One person told us, "Steps are not highlighted in yellow or white." We observed there were steps outside leading up to the main entrance, these had not been highlighted. The provider acted on this immediately after the inspection.

Reviews had been undertaken to reflect significant changes in people's care. However, the recording was not detailed or up to date. For example we saw people's reviews were recorded as, 'No change' or 'as above' for many months. Another person's records had continued to state that they required hoisting for mobility however, we observed them walking. The care staff and the registered manager had knowledge of each person's needs.

Care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs.

We looked at the plans of care to see if they were written in a person centred way. The care records included detailed information on what difficulties people faced, their likes and dislikes and what worked for them.

People's social backgrounds and their life history had been clearly documented to provide a clear history of their personal background. Staff encouraged 'people to share their history and talk about their achievements.

We looked at how people were assured they would receive consistent, co-ordinated, person centred care when they used, or moved between different services. We found evidence of information that had been completed to facilitate information sharing when people moved between services. These are sometimes referred to as Hospital Passports.

People had been involved in decisions made about the general running of the home. We looked at various documents including meetings that people had with the registered manager to discuss any concerns that people had. Meetings with people who lived at Kenmure Lodge were regular. We spoke to people who lived at the home and they told us they talked to the registered manager and whenever they had suggestions they felt listened to. This meant the service had demonstrated that people's voices were heard.

People were facilitated to maintain contact with their families. People told us they could visit their family and friends whenever they wanted. This ensured that people could visit and spend time with their loved ones and maintain family links.

People had sent compliments to the service showing their appreciation to the service received. The service had a complaints procedure which was made available to people. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. We did not however, see evidence of how complaints had been dealt with. The registered manager informed us they had received complaints however they had dealt with them verbally. Regulations require that providers keep a record of complaints and how they have responded to them.

We recommend the provider to follow regulation and best practice in complaints management.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with spoke highly of the management. They told us: "[name removed] is wonderful." And: "He's brilliant, absolutely great, he's the best ever."

There was a positive staff culture within the home. This was reported by all the staff members that we spoke with. Staff told us: "I enjoy working here." And: "We have a good atmosphere and the staff team are friendly." Another staff member told us, "The registered manager is approachable and is hands on however; he can sometimes find it difficult to make decisions." Another staff member told us, "The registered manager is good and caring but not always on side with staff, when we ask we can get told 'I don't know or they never get back to us.'

Staff told us that they felt well supported however; they felt staff shortage was impacting on how they support people. Staff also raised concerns about lack of one to one supervision and face to face training with a qualified trainer. They said: "I do think another staff member is needed, not having to speak to people, and people having to wait for long periods is not alright." Another staff member told us, "For training we get leaflets to read and sign to say we have read them." And: "I don't find that helpful or appropriate." Another staff member told us, "Management are approachable and very understanding."

We found that there was a lack of consistent quality auditing and governance processes. Formal audits had not been completed in a number of areas. We found no evidence of regular medicine management's audits. Care files and staff personnel files, staff supervision and training records had not been audited regularly. We found things that could have been picked by formal audits. The registered manager informed us they checked these areas however, they did not keep formal audit records. We could not be assured audits had been undertaken.

Staff had not been competence tested in a number of care practices in line with regulation. Competence checks ensure that staff are checked to see if they continue to be able to deliver care within the required standards. For example there were no competence checks on medicine administration and moving and handling or food hygiene. We observed unsafe practices from the registered manager around medicine administration and safe moving and handling. We could not be assured they could lead by example in these areas.

We found the provider did not have systems in place to enable them to learn from adverse incidents such as accidents, complaints or safeguarding concerns. Accident and incidents were recorded in people's individual files however, there was no evidence of how the service has analysed the accidents and incidents and develop trends and patterns and ways to reduce the accidents. Local safeguarding board protocols for reporting incidents had not been followed on three occasions from the evidence we reviewed.

Surveys had not been carried out to seek people's views on the quality of the service. Although meetings had been undertaken, they were not a private and confidential way for people to share their opinions.

We identified a number of breaches of regulation during this inspection, several of which related to areas of safety such as staff recruitment, training and supervision. Some of these issues had not been identified by the provider. For example unsafe recruitment procedures for one care staff member, missing guidance in the fire policy, and the unsuitable, training and supervision arrangements by the registered manager. This demonstrated that the arrangements for assessing quality and safety were not effective.

We raised concerns about management's awareness of safeguarding protocols. Action had not been taken to investigate allegations of abuse reported to them by residents and other staff. They also failed to report the concerns to the local authority safeguarding department. The guidance and protocol that they used was out of date. The safeguarding protocol they showed us directed staff to speak to the owners with no reference to reporting to the local safeguarding team.

The registered manager had been signposted for mental capacity training by the local safeguarding team however; they had not follow through with this guidance at the time of the inspection. We found they had no awareness of mental capacity principles and people's records had no mental capacity assessments where that was necessary and consent was not routinely sought and recorded in people's records. Regulations require that where relevant, the provider should seek and act on views of external bodies that provide best practice guidance relevant to the service provided.

This breach of regulation 17 (1) (2) (a) (b)(e) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014- Good Governance

We checked to see if the provider was meeting Care Quality Commission (CQC) registration requirements, including the submission of notifications and any other legal obligations. We found the registered provider had not fulfilled their regulatory responsibilities. They had not submitted statutory notifications to CQC. For example, one person had gone missing from the premises and staff were unaware until paramedics returned the person to the home, in another example two people fell and were injured, requiring hospital treatment, allegations of abuse had been made by residents to the registered manager. These incidents should have been reported to CQC as well as the local authority. Regulation requires providers should notify CQC of certain incidents. The intention of this regulation is to ensure CQC is notified of specific changes in the running of the service, incidents involving people using the service and allegations of abuse, among other things. This is so CQC can be assured the provider has taken appropriate action. This also helps to ensure CQC is able to undertake its regulatory activities effectively.

This was a breach of Regulation 18 of Registration Regulations 2009 -Notifications of other incidents

There were policies and procedures relating to the running of the service. These had been reviewed annually. However, some of the information in the policies was either out of date or not in line with the current practice in the home. For example, the fire policy did not include guidance on where and when staff could wedge fire doors. However, this practice was ongoing and the registered manager told us they could wedge doors in the day and ensure they are not wedged at night however; this was not in the policy. This meant staff did not always have access to up to date information and guidance in line with current legislation. We recommend the provider follow best practice in policy and procedures.

We found the registered manager was familiar with people who used the service and their needs. When we discussed people's needs the manager showed good knowledge about the people in their care. For example, the registered manager was able to identify people, their needs and the risks associated with these individuals. We also observed the registered manager was involved in the provision of care and people who lived at Kenmure Lodge spoke highly of them. This showed the registered manager took time to understand

people as individuals and ensured their needs were met in a person centred way.

We looked at how staff worked as a team and how effective communication between staff members was maintained. Staff had been kept informed in a variety of ways including staff meetings and handovers.

The service had a business improvement plan. Some feedback and suggestions from people were considered for example people's request for cooked breakfast once a week. However, some concerns such as provision of adequate staff and day time activities such as trips had not been acted on.

On the day of inspection, we found there was limited space and chairs during lunch time. There were not enough chairs for people to sit. People told us they were concerned when their relatives visit they have nowhere private to seat and talk other than their bedrooms. We recommend the provider review occupancy and capacity of the service and update their statement of purpose in line with CQC regulations.

Audits in relation to the environment including maintenance and housekeeping were in place and seen to be satisfactory. A range of certificates demonstrating that facilities and equipment within the home, such as fire safety equipment and lifting equipment, were regularly checked. Current gas and electrical certificates were available to show these facilities had been checked by external contractors. We found the provider had carried out spot checks in the form of unannounced inspections early mornings every three to four months. They had produced clear and detailed reports on their findings.

We found the organisation had maintained links with other organisations to enhance the services they delivered, this included affiliations with organisations such as 'Investors in People' and 'Local commissioning groups, pharmacies, and local doctors. We found the registered manager and the provider receptive to feedback. They worked with us in a positive manner and provided all the information we requested. Following the inspection, the provider and the registered manager sent us an action plan showing how they had responded to the concerns that we raised during the inspection, they responded to most of the concerns immediately and had plans on how they plan to meet majority of the concerns.