

Barchester Healthcare Homes Limited

Kenwyn

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced comprehensive inspection was carried out on the 30 October 2018. The last inspection was on 22 January 2018 and was focused on reviewing the actions taken by the provider to address the warning notice which was issued after the last comprehensive inspection carried out on the 3 and 9 October 2017. The service has been rated Requires Improvement following the last three inspections. Kenwyn had made improvements and was rated as Good at this inspection.

At the last comprehensive inspection on 3 and 9 October 2017, we had concerns about medicines management. People did not always receive their prescribed medicines in a timely manner, or as prescribed. Medicine records were not always accurate. Nursing staff did not follow the choking protocol when a person choked at the service. Identified specific risks to people living at the service were not always reviewed and updated in a timely manner. We issued a requirement action against the provider for a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The action plan sent to the Care Quality Commission (CQC) following the previous inspection, had not been effectively put in to place or monitored and omissions and errors continued to occur. Complaints from healthcare professionals and families of people living at the service were not always satisfactorily resolved. Records relating to Deprivation of Liberty Safeguards (DoLS) authorisations held at the service were not accurate. Care plans did not provide clear guidance and direction for staff. Records relating to the provision of commissioned one to one support had not been kept by staff. This meant it was not possible to establish if the commissioned care had been provided. We took enforcement action against the service as a result of the repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 and issued a warning notice.

At the focused inspection on 22 January 2018 we reviewed the actions taken to meet the requirements of the warning notice. We inspected only the Safe and Well Led sections at that time. Weekly and monthly medicines audits were being carried out on all areas of medicines administration and management and these were effectively identifying when errors occurred. However, medicine errors continued to take place. Three medicine errors had been reported since the last inspection. This led to a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Risks in relation to people's daily lives were identified, assessed and planned to minimise the risk of harm. However, some guidance was not always sufficient to guide staff to reduce risks effectively. Staff were being injured by one person's behaviour that challenged. Agreed action had not been taken to record such events, and specific guidance was not provided to staff to help reduce such events in the future. Whilst the service had met the specific concerns in the warning notice, further concerns were identified which led to a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The service had been commissioned to provide 12 hours a week of one to one support with activities for one person. This had not been recorded as having always taken place. This meant this person was not having the activity levels provided as commissioned by the local authority. Staff did not have the skills and

knowledge to meet this person's needs. We issued a requirement notice to the provider for a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Due to the repeated nature of concerns found at the past three inspections a condition was applied to the registration certificate of the service. This condition states that the provider must report to the CQC bi-monthly on the action it has taken to address the repeated concerns found at the last three inspections. This inspection was carried out to review the action taken to comply with the outstanding breaches of the regulations and to review the reports sent in to CQC by Barchester Healthcare Limited as required.

Kenwyn is a nursing home which offers care and support for up to 109 predominantly older people. At the time of the inspection there were 86 people living at the service. Some of these people were living with dementia. Some people were living with physical disabilities, long term physical health and mental health conditions including dementia. Kenwyn occupies a large detached purpose-built building over two floors. The service was divided in to four units.

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.

There were systems in place for the management and administration of medicines. It was clear that people had received their medicine as prescribed. Regular audits were being carried out on specific areas of medicines administration and these were effectively identifying if any error occurred such as gaps in medicine administration records (MAR). Whilst there continued to be medicine errors reported by Kenwyn, these were being identified in a timely manner and addressed with the specific individual. The system for monitoring people who self-administered their own medicines was effective.

We spent time in the communal areas of the service. Staff were kind and respectful in their approach. They knew people well and had an understanding of their needs and preferences. People were treated with kindness, compassion and respect. The service was comfortable and appeared clean with no odours. People's bedrooms were personalised to reflect their individual tastes.

People told us, "Oh yes it's beautiful. I love the birds in the grounds" and "Yes, it's very good here." Relatives told us, "We are very happy and lucky to have [Person's name] here. We fought very hard to get him back here."

The premises were well maintained. There was renovation and redecoration work taking place throughout the service during this inspection which was due to be completed in a few weeks. People were supported to use quiet areas in other parts of the building during this work. There was some pictorial signage at the service to support people, who were living at the service with dementia, who may require additional support with recognising their surroundings. The premises were regularly checked and maintained by the provider.

Equipment and services used at Kenwyn were regularly checked by competent people to ensure they were safe to use. One person told us, "The rooms are pleasant and the general atmosphere here is good."

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs were recorded. Daily notes were completed by staff. Risks in relation to people's daily lives were identified, assessed and planned to minimise the risk of harm whilst helping people to be as independent as possible. Risk assessments provided appropriate guidance and direction for staff.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The service had staff vacancies at the time of this inspection which were being covered by a number of agency staff. There was some concern on one unit regarding the staffing levels due to the dependency of one person at the time of this inspection. The management team agreed to review this. One person with specific healthcare needs was being supported by some staff who did not have the necessary knowledge and skills to meet their needs. We have made a recommendation about this in the Safe section of this report.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

People had access to activities. An activity co-ordinator was in post. There were three staff who provided activities throughout the service. However, there was little activity recorded for people who were being cared for in bed. We spoke with the manager about this who agreed to address this issue.

Technology was used to help improve the delivery of effective care. Some people has sensors on their bedroom doors which were activated when a person entered or left the room. However, on several occasions throughout this inspection these sensors were found to be off following staff visits to the person in their rooms. This meant the person could leave, or another person could enter the room, without staff being aware. Call bells were available to people to summon assistance when needed.

Staff were supported by a system of induction training, supervision and appraisals. Staff felt happy working at Kenwyn and told us that morale was good.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. The service held appropriate policies to support staff with current guidance. Mandatory training was provided to all staff with regular updates provided. The manager had a record which provided them with an overview of staff training needs.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards (DoLS) were understood and applied correctly. However, the records held by the service regarding the DoLS authorisations which were in place were not always accurate. We have made a recommendation about this in the Effective section of this report.

The service had experienced some changes recently with three manager changes in recent years. Kenwyn had been managed by an interim general manager for several months prior to the current new manager joining Kenwyn a few weeks prior to this inspection. The general manager was overseeing the induction of the new manager for the next week. The managers role was supported by a deputy manager, a clinical lead and the provider.

There were effective quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly by both the management team and representatives of the provider. Kenwyn has taken positive action to address the concerns found at past inspections. The CQC will be monitoring service reports for a further few months to ensure that recent improvements are sustained over time, and to allow the new manager to embed the changes, before removing the current condition on their registration.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not entirely safe. There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. However, one unit was experiencing pressure on staffing due to the dependency of one person.

One person was being supported by some staff who did not have the necessary specific knowledge to meet their needs. We have made a recommendation about this in this section of the report.

People told us they felt safe using the service. Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

People received their medicines as prescribed. However, some medicine errors continued to be identified by the auditing process

Requires Improvement ●

Is the service effective?

The service was effective. Staff were well trained and supported with regular supervision and appraisals.

People had access to a varied and nutritious diet.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The records held by the service regarding Deprivation of Liberty Safeguards authorisations were not always accurate. We have made a recommendation about this in this section of the report.

Good ●

Is the service caring?

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and

Good ●

the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs. Care plans were well organised, up to date and relevant.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

People had access to a variety of activities. However, records did not evidence one to one activities provided for people being cared for in bed.

Is the service well-led?

Good ●

The service was well-led. There were clear lines of responsibility and accountability at the service.

Staff were happy working at the service and felt well supported.

There were systems in place to assess, monitor and improve the quality of the service provided.

The service had made improvements and addressed many of the concerns identified at previous inspections. However, a period of sustained and in-bedded improvement is required before the condition on the registration is removed.

Kenwyn

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 took place on 30 October 2018. The inspection was carried out by two adult social care inspectors, a specialist nurse advisor, a pharmacy inspector and an expert by experience. An expert by experience is a person who has experience of, or has cared for a person who has used, this type of service.

The provider had completed bi monthly reports and sent them to the Care Quality Commission as required by the condition of their registration. This was so that we could monitor the action they were taking to meet the requirements of the regulations. We reviewed these reports and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

Not everyone we met who was living at Kenwyn were able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with ten people, 15 staff, the general manager, the new manager, the deputy manager and the clinical lead. We spoke with three visitors and two external healthcare professionals.

We used the Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care documentation for 15 people living at Kenwyn, medicines records for 11 people, six staff files, training records and other records relating to the management of the service.

Is the service safe?

Our findings

At the last comprehensive inspection in October 2017, we had concerns about medicines management at the service. Three people had not received their prescribed medicines in a timely manner. On one unit in the service care plans for medicines that were to be given 'as required' were not available for some medicines, therefore there was insufficient information for staff to give these medicines in a consistent manner. Nursing staff did not follow the choking protocol when a person choked at the service and the person was not provided with the recommended care and treatment. Identified specific risks to people living at the service were not always reviewed and updated in a timely manner. One person was physically aggressive towards another person. There was no risk assessment in this person's care file, related to the risk of physical aggression from another person, to inform staff.

At the focused inspection in January 2018, we reviewed this section of the report. Weekly and monthly medicines audits were being carried out on all areas of medicines administration and management and these were effectively identifying when errors occurred. However, three medicine errors had been reported since the last inspection. Nursing staff did not seek medical advice or inform the person's family following a recent error. The service was not following its own procedure and policy. There were breaches of Regulation 9 and Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found medicines management had improved since our previous inspections. People's medicines were managed and administered safely. Some medicines errors and incidents had been reported recently. These had been identified as a result of nurses completing daily medicines audit sheets. We saw that actions were being identified and measures were put in place to reduce the risks of these incidents happening again. Staff were informing medical practitioners and people's families when errors occurred. Monthly medicines audits were also carried out and actions addressed. The supplying pharmacy had been to the service recently to give advice on medicines management and they had not reported any issues.

Nursing staff administered medicines and recorded this on Medicines Administration Records (MARs). A sample of 11 people's MARs showed that people were given their medicines correctly in the way prescribed for them. Medicines were administered in a safe and caring way. Records showed why 'when required' medicines had been prescribed. We checked records for two people who were prescribed sedative medicines for agitation or distress. There were personalised and detailed protocols to guide staff when doses should be given. These included details on triggers, and measures to try to reduce agitation before medicines were used.

People could look after some of their own medicines. Risk assessments showed that this had been assessed as safe for them. Some people received their medicines covertly (without their knowledge and consent). We checked one person's records and found that their mental capacity had been assessed and that the decision that this was in their best interests was clearly documented.

There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security. Storage temperatures were monitored to make sure that medicines

would be safe and effective. There was a policy and system in place so that some non-prescription medicines were available to treat people's minor symptoms in a timely way.

There were separate charts in place for recording the application of creams or other external preparations. There were body maps and guidance in place for how staff should apply these.

Nurses received checks to make sure that they were competent and gave medicines safely. Updated medicines training was being arranged for nurses, but not all staff had yet received this training. Further dates were being arranged to make sure all staff who gave medicines could attend. There were detailed policies and procedures, and information to guide staff on looking after medicines safely.

At previous inspections risks in relation to people's daily lives were identified, assessed and planned to minimise the risk of harm. However, some guidance was not always sufficient to guide staff to reduce risks effectively. One person was being aggressive towards another person yet there was no risk assessment to address this behaviour. Staff were being injured by one person's behaviour that challenged. Action had not been taken to record such events, and specific guidance was not provided to staff to help reduce such events in the future.

At this inspection we found there were risk assessments for each person for a range of circumstances including moving and handling, nutritional needs and the risk of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, how to de-escalate a challenging situation and calm the person. Incidents of aggressive behaviour by one person towards another person, identified at previous inspections, had decreased. Monitoring records of behaviour that challenged staff and others had improved, although there were still some gaps in these records.

At the last inspection we found Kenwyn had been commissioned to provide 12 hours a week of one to one support with activities for one person. This had not been recorded as having always taken place. This meant we were unable to evidence this person had received the activity levels as commissioned by the local authority. Staff did not have the skills and knowledge to meet this person's needs.

At this inspection we found this person was now being provided with one to one support 24 hours a day as their health needs had increased. Specific training had been provided to some staff to help ensure they could meet this person's healthcare needs. However, on the day of this inspection the agency staff member supporting this person had little knowledge of them and not had the necessary training to meet their specific needs. We were told this person had been supported by a member of the care staff to go out in to the community for a family event recently. The staff member supporting this person at that time had not had the specific training for this person's healthcare needs. This meant that there was a risk some staff would not have the necessary knowledge to know how to respond to this person's needs.

Accidents and incidents that took place in the service, involving people living at the service, were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions taken to help reduce risk in the future. For example, one person was provided with a sensor mat so that staff would be aware of when the person was moving around in their room and provide timely support. However, there had again been an incident where a staff member had been injured by a person living at the service. This incident had been recorded but, as at the last inspection, there was no clear action recorded by the management to protect staff from the risk of further injuries in the future. We were assured this would be addressed by the new manager.

We recommend that the service takes advice and guidance from a reputable source on supporting staff to enable them to address specific risks posed by individuals living at the service.

At the last inspection we found one person was not being provided with the appropriate food to meet their assessed needs. At this inspection we found that the kitchen had detailed information about the dietary needs of each person living at Kenwyn. This helped ensure people were provided with food that met their specific requirements.

The service had taken action to address the repeated concerns found at past inspections with medicines and risk management. There was no longer a breach of the regulations 9 and 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The management team acknowledged there was still further work to be done to improve these areas further and they were committed to ensuring that Kenwyn continued to meet the requirements of the regulations.

People told us, "I feel safe here" and "They're very good at making sure that we are alright. I'd give them 100% for that."

The service held an appropriate safeguarding adults policy. Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. Staff had received recent training updates on safeguarding adults. If people were involved in safeguarding enquires or investigations and they were offered an advocate if appropriate or required.

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or if there had been safeguarding investigations, the management team investigated these issues. This meant people were safeguarded from the risk of abuse.

Equipment used in the service such as moving and handling aids, wheelchairs, passenger lifts etc, were regularly checked and serviced. Necessary service checks were carried out by appropriately skilled external contractors to ensure they were always safe to use.

The management team understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these as necessary. Staff told us if they had concerns management would listen and take suitable action.

Care records were stored securely but accessible to staff and visiting professionals when required. They were accurate, complete, legible and contained details of people's current needs and wishes. Office areas that stored confidential information were secured when the room was not occupied.

The staff shared information with other agencies when necessary. For example, when a person was admitted to hospital a copy of their care plan and medicine records was sent with them.

We looked around the building and found the environment was clean and there were no unpleasant odours. The service had arrangements in place to ensure the service was kept clean. The service had an infection control policy and lead staff who monitored infection control audits. The manager understood who they needed to contact if they need advice or assistance with infection control issues. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons, hand gel and gloves and these were used appropriately throughout the inspection visit.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency had awarded the service a five star rating.

Each person had information held at the service which identified the action to be taken in the event of an emergency evacuation of the premises. Firefighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the obtaining of suitable references.

The management team reviewed people's needs regularly. This helped ensure there were sufficient staff planned to be on duty to meet those needs. During the inspection we were told of acute staffing pressure on one unit due to the dependency of one person. This had impacted on other people living on this unit who were sometimes unable to summon support from staff when they needed it. We raised this concern with the new manager who assured us this would be addressed. The new manager spoke with the people who had been impacted by this staffing pressure at the time of this inspection. People confirmed they had access to a call bell to attract the attention of staff when they needed support. People told us staff usually responded in a short time.

We saw from the staff rota there were between three and six care staff on each day shift, supported by a nurse, this varied across the four units. There were two to three care staff who worked at night supported by a nurse, again varying across the four units. There were staff vacancies at the time of this inspection. The vacant posts were being covered by a number of consistently used agency staff. This meant there was some continuity for people. Staff told us they felt they were a good team and worked well together, morale was good and staff felt the management team was very supportive.

The management team was open and transparent and always available for staff, people, relatives, and healthcare professionals to approach them at any time. Staff told us if they had concerns the management team would listen and take appropriate action.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service held an appropriate MCA policy and staff had been provided with training in this legislation.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The service had applied for some people to have authorised restricted care plans.

At the last comprehensive inspection in October 2017 we found the service did not have robust systems and processes to manage the MCA legislation and the associated DoLS. The service did not have accurate information on all the authorisations that were in place. This meant the service was not aware of any conditions which may have been put in place on this authorisation that had been in place since May 2017. The service had not notified CQC of all the authorisations in place as they are legally required to do. At the focused inspection we completed in January 2018 the service had accurate records relating to any authorisation.

We requested current information from the DoLS team prior to this inspection relating to any authorisations at Kenwyn. We were told there were seven authorisations in place. At this inspection we asked for the records of people who were subject to DoLS authorisations. The service did not have a robust system for ensuring they were aware of all authorisations, and any associated conditions, in place for people living at Kenwyn. The service had records of four authorisations. One person was no longer living at the service and one did not have any conditions. There was one person who did have conditions attached to their DoLS authorisation and these were being closely monitored by the dementia liaison nurse who visited weekly. There were DoLS authorisations in place which had not been notified to CQC as the service is legally required to do. Following the inspection the outstanding authorisations were notified to CQC appropriately. We judged there was no impact on people living at the service due to this oversight.

We recommend the service take advice, guidance and training from a reputable source to ensure the Mental Capacity Act 2005 Code of Practice and associated legislation is understood, implemented and effectively monitored within the service.

There were capacity assessments held on people's care files to demonstrate that a formal capacity assessment had been carried out before the DoLS application was made. Where the service was aware of a person having an authorised restricted care plan in place, this was recorded in the person's care plan.

We did not see any evidence of people, or their appropriate representative, having been asked to sign in consent to the content of their care plan, or photographs taken for their files. We did not see any records which evidenced that people, or their appropriate representative, were involved in care plan reviews. However, we did see stickers on some files which indicated staff were waiting for relatives to agree to some risk assessment reviews. Care plans indicated where people had Lasting Power of Attorneys in place. However, this information was not held centrally by the management team for easy reference.

People and their relatives said they felt involved in their care and decisions about their treatment. They told us staff always asked them before providing any care and support if they were happy for them to go ahead. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs and choices were assessed prior to the service commencing. People were able to visit or stay for a short period before moving in to the service. This helped ensure people's needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was the basis for their care plan which was created during the first few days of them living at the service.

The service had a good working relationship with the local GP practices and external healthcare professionals such as dementia liaison nurses. We saw people had seen their optician, dentist and podiatrist as necessary.

The use of technology to support the effective delivery of care and support and promote independence, was limited. Sensors placed on some people's doors, and pressure mats were used to alert staff when people were moving around, if they had been assessed as being at risk of falling. However, throughout the inspection we found some staff had switched some door sensors off and had not turned them back on again when they left. This meant there were times when people were in their rooms and the door sensor was turned off so staff would not be aware when they left the room, or another person entered. We raised this concern with the management team who assured us this would be addressed with all groups of staff.

The service was well maintained, with a good standard of décor and carpeting. We noted that one person had linoleum on their bedroom floor as they were a wheelchair user and their bedroom décor/furnishings were very individual to them. Some people living at Kenwyn were living with dementia and were independently mobile around the building. They required additional support to recognise their surroundings. There was some pictorial signage which clearly identified specific rooms such as toilets and shower rooms. However, people's bedrooms displayed a number and a small name plate displaying their name in small print. This was not easy to read for people with poor sight and did not help people with dementia to find and recognise their own room independently. Some people's bedrooms did not have their names shown. This did not support people, living with dementia, to identify their own rooms.

The premises was in the process of a programme of renovation and re-decoration at the time of this inspection. Some people were finding the resulting noise and disruption challenging. These people had been provided with quiet space elsewhere in the building to help reduce the impact of this work. The work was due to complete in the next few weeks.

Training records showed staff were provided with mandatory training for their roles. The manager and the provider had an overview of staff training needs and updates were provided when needed.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. The service had identified through their own audit that some agency staff did not receive an induction prior to working at the service. Agency staff member on duty of the day of this inspection confirmed to us they did not have any induction when they first arrived.

Staff received support from the management team in the form of supervision and annual appraisals. They told us they felt well supported by the management team and were able to ask for additional support if they needed it. Staff meetings were held to provide staff with an opportunity to share information and voice any ideas or concerns regarding the running of the service. Staff told us they felt the meetings were useful.

The service held a policy on equality and diversity and staff were provided with training on this subject. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, if people were poorly sighted staff would read things out to them or support them to recognise where they were in the service.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support.

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age. Relatives told us they felt staff were respectful and supportive of people's individual needs and wishes.

We observed lunch being served to people at tables covered with tablecloths. Material napkins, condiments, flowers and the option of a glass of beer or wine with the meal helped make the occasion an enjoyable and sociable one. We heard people chatting together with each other and staff about the afternoons activities. People told us they were provided with a choice of main meal or snack but did not have a choice of starter. People told us starter was always soup. We were told by the kitchen staff that a review of the meals provided was planned when they would be asking people for their views.

People's comments included, "They make sure I don't have shell fish or pork and if they have that as a choice, they make sure I have something else. The carers ask me if I like the food and everything else here, when they come and see me," "The food isn't bad actually, usually 3-4 choices, it's well made, simple things like shepherd's pie and I have lots of drinks" and "It's generally ok and we get a choice at each meal, but not a choice of starter, it's generally soup and so not a choice of starter. I always get what food I've asked for." Relatives told us there always appeared to be plenty of drinks and snacks available outside of mealtimes. Relatives comments included, "It's very good and they work hard in the kitchen. There is a choice of main meals and the starter is generally soup, not sure if there is more than one choice of starter, but if there is anything that you want they'll do it. They are very flexible, always obliging and always get the meal that has been asked for. People are asked for our views on the food on a regular basis."

People were supported to eat a healthy and varied diet. Staff regularly monitored people's food and drink intake to ensure all residents received sufficient each day. Staff monitored people's weight regularly to ensure they had sufficient food. People told us the chef spoke with them occasionally to ask what food they particularly enjoyed. We spoke with the new chef and second chef who were knowledgeable about people's individual needs and likes and dislikes.

Is the service caring?

Our findings

People, relatives and visiting healthcare professionals were positive about the attitudes of the staff and management towards them. People were treated with kindness, respect and compassion. Comments included, "They are lovely people here, all are very nice, but [Staff name] takes care of me and takes me places and takes someone else with us in case I have another seizure," "Generally, everything is fine and they look after us well," "They are very good and they give me what I want when I need something and always check if we want a cup of tea before they go and then the night staff get a cup of tea for me and my best friend" and "I don't have any worries or concerns."

Staff had time to sit and chat with people. We saw many positive interactions between staff and people living at Kenwyn. Relatives and healthcare professionals told us staff and management were kind and caring. We heard staff talking to people saying, "It is a beautiful day, just like you," "Oh look at you! Where did you get that dressing gown, it looks nice and cosy" and "What's wrong, did you just have one of those thoughts again? Do you want to tell me about it or would you rather not? What would you like to do, go to your room or the dining room?"

People's dignity and privacy was respected. For example, one person preferred only to be cared for by female carers and this was respected. Staff provided people with privacy during personal care and support ensuring doors and curtains were closed. If people required the use of moving and handling slings these were provided, named solely for their use and not shared. Staff were seen providing care in an un-rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout. We saw staff stop on their way through lounges, hold hands with people and chat with them.

We spent time in the communal areas of the service. Throughout the inspection people were comfortable in their surroundings. If people showed signs of agitation or stress staff approached them and were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly.

When people came to live at the service, the staff asked people and their families about their past life and experiences. This way staff could have information about people's lives before they lived at the service. This is important as it helps care staff gain an understanding of what has made the person who they are today. Information in care plans about people's past lives was variable. However, activity staff did help to complete this information with people if they were able to participate in this exercise. Staff were able to tell us about people's backgrounds and past lives.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to

have things they felt were particularly important to them and reminiscent of their past around them in their rooms. One person told us, "The rooms are pleasant and the general atmosphere here is good." One person had asked to be provided with a key to lock their room when they were not using it. This had taken time to arrange but we were assured by the manager this would be done.

Families and friends told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for. Some women wore jewellery and had their nails painted. One person had a birthday during this inspection. We saw a card being passed around so that all the staff could sign it for the person. Another couple were celebrating their wedding anniversary and this was going to be celebrated with cake and supported by the staff. People told us, "My friends come from St Eval, they can come when they want to and I can see them wherever I want to see them" and "My son comes here a lot and everyone knows him and his dog." Relatives told us, "I don't think we could have any better care for [Person's name] we feel very blessed to have him here" and "The staff are great."

The service had not held resident's meetings recently. This meant there had not been an opportunity to raise any ideas or concerns they may have. We were told the new manager was holding a meeting to meet people and their families in the next few weeks.

Is the service responsive?

Our findings

At the last comprehensive inspection in October 2017 we found that care plans did not always contain sufficient detail and accurate information for staff to meet people's assessed needs. Information relating to people's past lives was not always accurate. We found guidance regarding when people should be re-positioned in bed was not always clear for staff. Staff did not always record when care should have been provided. This contributed to the repeated breach of the regulations relating to Good Governance.

Since the last inspection the provider has been supporting the service to report bi monthly to the Care Quality Commission (CQC) regarding the actions they are taking to meet the requirements of the regulations.

At this inspection we checked the information provided in the reports sent to CQC by the provider. We found the events and guidance detailed in the reports had been recorded in people's care plans and agreed actions had been taken by the service when necessary. Significant improvements were noted in the monitoring of the service provided to people living at Kenwyn. However, there remained some gaps in monitoring records. It was not always clear that people received care as directed in the care plan. We judged people were receiving appropriate care but that staff were not always appropriately recording this. For example, the re-positioning of people.

The management team had made improvements in this area since the last inspection, although acknowledged that there was still some work to be done to ensure that all care and support provided was always recorded effectively. The guidance in care plans was accurate. However, one advanced care plan, detailing a person's wishes for their end of life care, provided conflicting information to what the medical professionals had stated. The manager assured us this would be addressed.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's current needs as well as their backgrounds and life history from information gathered from people, families and friends.

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The management team were knowledgeable about people's needs. Each person had a care plan that was tailored to meet their individual needs. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed to take account of any changes in people's needs. Specific information was seen in some care plans. For example, to guide staff in case of an emergency reaction, where one person was allergic to several medications. Care plans also directed staff on what to do in case of a choking incident. Wound care records were clear and pain charts were also used particularly with people who had communication problems. Depression assessments were seen in care plans and were used to monitor the mood of people who had dementia. This meant staff were regularly assessing people's well-being.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This meant people's changing needs were met.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided. Mattresses, which were in use at the time of this inspection were set correctly and had the appropriate setting for the person using them clearly recorded in care plans.

People and their relatives were very positive about living at Kenwyn and the staff and management. One visiting healthcare professional told us Kenwyn had, "Very caring staff, things are getting better, there have been lots of changes but the day to day running of the unit seems to be very clear and the staff are caring towards the people. They refer people for G.P visits appropriately, they pick things up quickly and act appropriately (in regards of medical issues). Staff provide very good end of life care, the nursing staff regularly set up syringe pumps, I haven't known of any untoward problems associated with these situations."

There was a staff handover meeting at each shift change this was built into the staff rota to ensure there was sufficient time to exchange any information. There was also a daily 'stand up' meeting where all heads of units and teams attended the manager's office to share information related to people living at the service and events taking place. This helped ensure there was a consistent approach between all staff and meant that people's health and social needs were met in an agreed way.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member. Each unit had a kitchen area where relatives were able to make hot drinks and share food with their relatives when they visited.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the complaints policy. Some people had raised concerns with the management team and with CQC. We saw these concerns had been investigated fully and responded to in an appropriate time frame. All were resolved at the time of this inspection.

People had access to a range of activities both within the service and outside. An activities co-ordinator was recently employed who organised a programme of events, supported by three activity staff. Events included cooking, flower arranging, singing, games etc., Some people were supported outside in the local area to walk or visit local amenities. People told us, "I enjoy making things. We have trips out together in the mini bus. I do bingo, we're doing that this afternoon. Singers come in and he lets me do a bit of singing with him," "I'm not keen on things like bingo. Singers come in, there was one here yesterday, it was a little 'screamy', but enough to please the residents. I've been on one or two of the trips out, but I don't particularly want to go on them," "It's very early days, we haven't been here for more than one week, but so far, they don't ask what we'd like to do or come and see us. I'm aware of the activities, but haven't done any yet. Yesterday there was an activities sheet here in my room, but it's gone again" and "Yesterday, there were sit down exercises, which as I am immobile, thought would be a good idea." A memory game and memory box, was made up for each person and contained items of personal relevance and interest to the person e.g. makeup, jewellery, paint brush, sensory items, photo of the cathedral, scarf, map of the world. The Memory Game and

Memory Box were located in each person's bedroom, so that it could be easily accessed by staff. This helped staff to have meaningful and relevant conversations with people.

Some people chose not to take part in organised activities and therefore could be at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any call bells. There was little evidence of one to one activities provided by staff to people in their bedrooms. One person, who was unable to communicate, had a record of things they enjoyed having around them. This record was not known to the activities co-ordinator and opportunities to provide this enjoyment for this person had been missed. We raised this with the management team who assured us they would address this concern.

Since August 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Care plans documented the communication needs of people in a way that met the criteria of the standard. There was information on whether people required reading glasses and any support they might need to understand information. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

Some people were unable to easily access written information due to their healthcare needs. Staff supported people to receive information and make choices where possible. Menu choices were requested from people each day for the next day's meals. Staff were seen sitting with people going through the menu to help people to make a choice.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service had arranged for medicines to be held at the service to be used if necessary to keep people comfortable. Where appropriate people had an end of life care plan which outlined their preferences and choices for their end of life care. The service consulted with the person and, where appropriate, their representatives about the development and review of this care plan.

We found that Kenwyn had met the requirements of the regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Is the service well-led?

Our findings

Kenwyn has been rated as Requires Improvement in this section of the report for the last three inspections. At the last comprehensive inspection in October 2017 we were concerned that appropriate action was not always taken by the manager following events that took place at the service, such as investigating concerns about staff actions and the service provided. Where action was taken it was not always effective in addressing the risk of re-occurrence, such as medicine errors. We were also concerned that the action plan sent to CQC following the previous inspection, had not been effectively put in to place or monitored and omissions and errors continued to occur. Complaints from healthcare professionals and families of people living at the service were not always satisfactorily resolved. Records relating to Deprivation of Liberty Safeguards (DoLS) authorisations held at the service were not accurate. Their care plans did not provide clear guidance and direction for staff. Investigations into an event where staff had acted inappropriately to a situation, had not been recorded robustly. Staff were being injured by a person living at the service. This risk continued as staff had not been provided with clear guidance on how to help reduce future events. Records relating to the provision of commissioned one to one support had not been kept by staff. This meant it was not possible to establish if the commissioned care have been provided. A warning notice was issued against the provider following this inspection.

At the focused inspection in January 2018 we reviewed the Well-Led section as we inspected the action taken by the provider to meet the breaches of the regulations found in October 2017. We found the new manager had taken time to meet with people to discuss any concerns. Healthcare professionals confirmed that they felt any matters raised with the new manager, deputy or clinical lead, were now being addressed effectively. Audits had been carried out on the medicines management of the service, regularly over the past three months, and they showed clear improvements in specific areas of the management of medicines. Errors were being identified effectively and addressed. However, we identified continuing concerns with medicine errors. A further error had occurred during the weekend prior to the inspection. Immediately following the identification of this error, the nurse concerned did not follow the policy and procedure held by the service following this event. We have had previous concerns about nurses not always following the service's policies and procedures. The action plan sent by the provider to CQC following the warning notice and the breaches of the regulations at the last inspection, had been carried out and its implementation was being monitored on a regular basis by the management team and the provider. The service now had accurate records of all the assessed DoLS authorisations in place and details of these were held in people's care plans. However, we continued to find care plans did not always provide clear guidance for staff regarding the needs of some people. Some care provided was not always recorded by staff.

At this inspection we found that the management team had taken action to address any concerns raised to them. People, relatives, healthcare professionals and staff told us they felt the service had improved greatly over the past few months. Staff were committed to further improving the service provided to people. There were no open complaints at the time of this inspection. Medicine audits were identifying when medicine errors occurred. Errors were continuing to be identified but staff were following the medicines policy and guidance when necessary and seeking medical advices and informing families. The service had improved its recording of mental capacity assessments, but concerns found at the last inspection regarding the

management of records relating to DoLS authorisations held at the service remained. The service did not have accurate records of who had an authorisation in place and if it had been notified to CQC. Care plans were much improved and contained clear guidance for staff to meet people's needs. Risk management was improved generally. People who exhibited behaviour that challenged others had these risks assessed and monitored. There was clear guidance for staff on how to help reduce the risk to others. However, there were incidents where staff were injured by people living at the service and it was not clear what action the service was taking to address this. Specifically commissioned support for one person was now being recorded as provided. However, the staff were not always knowledgeable about this person sufficiently to meet their specific needs.

This service was now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The service is required to have a registered manager. 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. The service had a new manager in post who was in the process of registering to become the registered manager. People told us, "They've had three managers in the last five years," "I do not know the manager by name, but I do by sight" and "I would definitely recommend this place." People, relatives, staff and healthcare professionals told us the management of Kenwyn had improved recently.

The management team spent time within the service so was aware of day to day issues. Recent staff changes had led to the clinical lead and the deputy manager working alongside care staff and nurses in meeting people's needs. The manager believed it was important to make themselves available so staff could talk with them, and to be accessible to them.

Staff met regularly with the manager, both informally and formally to discuss any problems and issues. There were handovers between shifts and daily 'stand up' meeting so information about people's care could be shared, and consistency of health and social care provision could be maintained.

There was a clear vision and strategy to deliver high quality care and support. There were clear lines of accountability and responsibility both within the service and at provider level. There was a clear management structure. The manager was supported by a deputy manager, clinical lead and a team of nurses.

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented, "The management changes recently have not really impacted too much. Kenwyn has been bought together by the general manager recently" and "I find the management team very approachable and easy to talk things through with."

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of incidents such as expected and unexpected deaths. The previous rating issued by CQC was displayed.

The provider had a quality assurance policy. People, their relatives and staff had been given a survey to ask for their views on the service provided at Kenwyn in November 2017. This years survey was due to go out in the coming weeks. The new manager had arranged a 'meet the manager' meeting in the coming weeks for people and their families to get to know each other.

There was a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits regularly completed included monitoring care plans were to a good standard and regularly reviewed; monitoring accidents and incidents; auditing the medicines system and checking property standards were to a good standard.

There were maintenance people with the responsibility for the maintenance and auditing of the premises. The environment was clean and well maintained. The provider carried out regular repairs and maintenance work to the premises.

The service had an open and transparent culture. Some issues identified at this inspection had been addressed by the end of our visit.

Lessons had been learned from past inspection reports. Comments received both positive and negative were seen as an opportunity to constantly improve the service it provided. The management team accepted that the findings at this inspection were a fair judgement of the service at this time. They recognised there was still 'work to be done' with further improvement to be made, but were committed to ensuring the Kenwyn continued to improve the service it provided to people.

There were effective quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly by both the management team and representatives of the provider. Kenwyn has taken positive action to address the concerns found at past inspections. The CQC will be monitoring service reports for a further few months to ensure that recent improvements are sustained over time, and to allow the new manager to imbed the changes, before removing the current condition on their registration.