

Barchester Healthcare Homes Limited

Kenwyn

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this unannounced comprehensive inspection on 4 and 10 October 2016. Prior to this inspection the Care Quality Commission received information of concern relating to people not always receiving their prescribed medicines safely. The last comprehensive inspection was on 12 January 2016. The service was meeting the legal requirements at that time.

Kenwyn is a care home which provides nursing care for up to 109 people. At the time of this inspection there were 100 people living at the service. Some people were living with physical disabilities, long term physical health and mental health conditions including dementia. The service made up of a large detached building over two floors. The service was divided in to four units.

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

The registered manager had carried out an investigation into the concerns raised about medicines management at Kenwyn. The report stated, "We will continue to monitor medicines management closely to ensure robust systems are in place." However, the registered manager had not documented interviews with key staff which had taken place as part of the investigation.

There had been a robust audit of medicines management at Kenwyn at the beginning of August 2016. There were some issues found at this audit which needed to be addressed. We found these issues had continued to occur and were found at this inspection visit. This meant the management team at Kenwyn had not taken effective action to address the concerns identified by the audit.

At this inspection we found there were some concerns with the recording practices of staff when receiving, recording and administering medicines. Handwritten entries on to the medicines administration record (MAR) following verbal instructions from a medical practitioner, were not always signed by two staff to reduce the risk of any errors. Out of 15 staff who administered medicines, 11 had been provided with appropriate training and regular updates. We were assured by the registered manager, that the four staff who required an update would be addressed immediately.

Risks to people living at the service were identified and assessed. However, risk assessments were not always updated to take account of any changes to people's needs. This meant that the risk assessment records for some people were not accurate.

Staff were clear on how to report any safeguarding concerns they may have. The service had raised safeguarding alerts to the local authority appropriately in the past. Staff were confident that any concerns raised would be listened to and action would be taken to protect vulnerable people.

Kenwyn was fully staffed at the time of this inspection. There were sufficient numbers of staff to meet the needs of people living at the service. Short notice absence, such as staff sickness, was covered by agency staff where possible.

Activities were provided for people by a dedicated activities team who worked in the service seven days a week. Some people were supported to go out in to the local community to take part in activities they enjoyed.

Care plans held clear information and guidance for staff on how to meet an individual's care and support needs. Reviews of people's care plans took place regularly. However, they were not always updated in a timely manner to help ensure they were accurate and up to date following any change in a person's needs. Such changes were not always clearly recorded on handover records. This meant that staff may not always be made aware of a change in a person's care needs.

Staff told us they found the management team approachable and supportive. Staff were provided with supervision, although this was not always in accordance with the policy held at the service. Staff meetings were held regularly to discuss any concerns staff may have and share information. Staff morale was good and staff told us they were happy working at Kenwyn.

Kenwyn was well maintained. The service was in the process of redecorating each unit with new carpet and furnishings. There were maintenance staff who addressed any faults that occurred and were reported by staff. Staff told us that all their equipment was functioning effectively. One staff member told us that if they requested any specific equipment such as pressure relieving mattresses these were provided in a timely manner.

The service had a unit for people living with dementia. This unit had good signage to help people who required support with recognising their surroundings, such as pictorial signs on bathrooms and toilets. People's bedroom doors were personalised to help people recognise their own room. This signage increased people's independence when moving around the service.

Staff were kind and caring. We observed staff assisting people with patience and respect. Staff were always available to assist people to move around the service and at mealtimes. People enjoyed the food at the service. Mealtimes were a sociable occasion with many people eating and chatting together in the dining rooms on each unit.

The service carried out an annual survey of people's views and experiences in October 2015. The 2016 survey was due to go out to people and their families this month. A food survey had been carried out at Kenwyn with several responses received which were positive about the food and its presentation. However, there had been no residents and families meetings held at Kenwyn in the last nine months.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not entirely safe. The receiving, recording and administration of medicines was not always safe. Staff did not always follow service procedures for the safe administration of medicines.

Risk assessments did not always accurately reflect changes to people's needs.

Staff were aware of how to report safeguarding concerns and were confident appropriate action would be taken.

Requires Improvement 

Is the service effective?

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff were supported with supervision and appraisals.

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.

Good 

Is the service caring?

The service was caring. People who used the service and their relatives were positive about the service and 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.

Good 

Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Good 

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.

Is the service well-led?

The service was not entirely well led. Information was not always effectively recorded at the service.

The management team had not addressed issues identified at audits and such issues continued to occur.

People were consulted for their views on the service, and this informed future development of the service.

The maintenance of the premises was effective and equipment was regularly serviced to ensure it was safe to use

Requires Improvement 

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.

We carried out comprehensive inspection of Kenwyn on the 4 and 11 October 2016. This inspection was as a response to information of concern received by the Care Quality Commission relating to people not always receiving their medicines in a safe manner. The inspection was carried out by one adult social care inspector and a pharmacist. Before our inspection we reviewed the 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.

We spoke to the registered manager, the deputy manager, 10 staff and four people who lived at the service. We reviewed 10 care plans, the medicine records for 22 people, staff training records and other records relating to the running of the service. We spoke with four family members who were visiting the service. Following the inspection visits we spoke with three further families of people living at Kenwyn.

Is the service safe?

Our findings

At this inspection we reviewed the concerns raised to the Care Quality Commission. It was alleged that specific people living at the service had not always had their prescribed medicines managed and administered in a safe manner.

At this inspection we identified some concerns with the recording processes used by staff when receiving, recording and administering medicines. There had been an error in the recording of a person's medicines when they were admitted back to the service following a period of time in hospital. The medicines had been handwritten by one member of staff on to the medicine administration records (MAR). The medicines written on to the MAR did not tally with the printed hospital discharge record and had not been countersigned by a second person in accordance with the policy held at Kenwyn. There were six items on the hospital discharge letter and 11 items were handwritten on the MAR by one member of staff. This discrepancy was not identified and checked with the hospital or GP. Staff administered doses of medicines from a monitored dosage blister pack and using a MAR which had been in use before the person's admission, as well as use of a MAR and boxed medicines issued subsequently after the person had come back to the service. Staff then recorded signatures on to the two separate MAR for the same date and time for four doses. This recording error had put the person at risk from being given their medicines wrongly.

Several further handwritten entries on to other people's MAR charts were found at this inspection which had been signed by only one member of staff. This meant staff were not following the procedure held at the service for the safe management of medicines.

Some people required prescribed creams to be applied by care staff at specific times. Body map records showing staff where and when to apply such creams were seen in people's rooms. We checked the MAR sheets recording the use of topical cream of three people. Staff had not always recorded when prescribed creams were applied. There were gaps in these records of up to two weeks. This meant it was not possible to establish if people had had their prescribed creams applied as directed by the doctor. Staff told us, "It is a big bone of contention, cream records" and "They (staff) just don't fill them in." We found two tubs of prescribed cream in use in two rooms which had not been dated upon opening, with a dispensing date of over one month ago. These were disposed of by staff during the inspection. Staff were not clear on when creams in certain packaging should be disposed of as no longer safe to use.

Staff generally managed people's medicines safely however, they were not always following the protocols in place for administration of 'as required' (PRN) medicines. These protocols informed nurses when and how to administer the medicine safely, and in the way specific to each person. They included non-verbal cues for people who could not tell staff if they needed to be given their medicine. However, on one unit we saw that staff recorded a code N (meaning PRN offered, not required) on people's MARs without asking the person or assessing whether they needed the medicine or not. The staff on duty said, "I know when people will need their PRNs".

Staff had completed Mental Capacity Act and Best Interest Medicines forms for people who lacked the

mental capacity to make decisions about their medicines. A pharmacist had checked to make sure that medicines were safe and effective when administered covertly (crushed and mixed with food or drink). However, we saw that the form for one person did not include all the medicines being administered covertly, which means they might not have been safe or effective to give in this way. Another person had his lunchtime medicine crushed and mixed into a cup of coffee. The member of staff left this in his room and explained that she would check at the end of the medicines round if he had drunk the coffee or not. Care staff told the nursing staff member that the person had not drunk any of his morning coffee and they had disposed of it. That meant the person had not received their morning medicines. The nurse explained that they found it difficult to encourage this person to eat or drink regularly and that the GP was closely involved in their care.

We identified that one person had not been given a dose of a specific prescribed medicine when it had been signed for by staff as having been given. This dose of medicine remained in the blister pack and was recorded as returned to the pharmacy at the end of the month. The registered manager told us that there was no specific monitoring of the reason for such ungiven medicines to be returned to pharmacy and that this missed dose would not have been identified routinely.

There was an unclear process used by staff when the dose of a specific medicine was changed by a healthcare professional in the middle of a monthly printed MAR period. Staff amended the printed MAR by hand and signed this amendment. However, the process of identifying the origin of the advice on which the staff member had made such a change was unclear. Phone calls taken from GP's or specialist nurses were recorded in a variety of different places. This meant it was not easy for staff to find such original advice to authorise a dose change and did not provide clear safe advice for staff to follow.

Medicines that had a reduced expiry date once opened, were dated on the day of opening. However, we saw one liquid medicine in the medicine trolley was dated as opened on 20 July 2016 and had a one month expiry date once opened. When brought to their attention, staff disposed of this medicine and replaced it with a new bottle.

This was a breach of Regulation 12 of the Health and Social Care Act 1008 (Regulated Activities) 2014.

Care plans indicated when people needed additional support maintaining an adequate diet. Food and drink charts were kept when this had been deemed necessary for people's well-being. Charts were totalled each night and monitored to ensure people had sufficient intake. However, it was not always clear when a person's needs had changed and monitoring had stopped. For example, one person's care plan stated they were at risk of malnutrition and, "Intake monitored by food and fluid chart" on 10 September 2016. We saw their intake had been recorded on 9 October 2016. This person had recently had a small loss of weight between the September and October weight recordings. We visited this person's room. There were intake recording charts in their room dated for 10, 11, 12 October but these had not been completed for the day of the inspection. Staff told us the monitoring had stopped. There was no record of this change in their care plan, the shift handover sheet or the diary. This meant care plans did not always direct staff on how to meet people's current needs, and any changes to needs were not always recorded.

Risks to people living at the service were identified and assessed. Risk assessments were carried out on a range of risks such as moving and handling, nutrition and pressure damage to skin. For example, if a person needed assistance from staff with moving and handling this was clearly detailed and guidance was provided for staff on how to do this safely. However, such risk assessments were not always updated to take account of any changes to people's needs. One person had been identified as being at high risk of weight loss and it was directed that staff should weigh the person every two weeks and record their food and drink intake. This

had been carried out until 27 August 2016 when the weight records stopped. These records showed the person had gained weight steadily and was now eating well. Staff confirmed to us that this person was no longer of concern, not at risk and monitoring had stopped. However, the last review of this person's risk assessment on 12 August 2016 stated, "At high risk of significant weight loss." This meant that risk assessment records for some people were not always accurate and did not provide staff with current information.

This was contributory to the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014

Medicines were stored safely at Kenwyn. Stocks of medicines were held securely till required. Medicines that required cold storage were kept safely in medicine refrigerators on each unit. Staff checked the temperature of the refrigerators daily to ensure any fault would be identified in a timely manner and the safe storage of the medicines inside could be assured.

Some medicines required stricter controls by law and we checked these on two of the four units at the service. The records tallied with the stock held. There were clear records to show that these medicines were regularly checked to ensure the stock balanced with the records. Staff had their medicine administration competency checked by the management team on a regular basis. We found four staff required updates in medicines management. The registered manager identified this issue during the inspection and assured us this would be addressed.

Staff were clear on how to report any safeguarding concerns they may have. The service had raised safeguarding alerts to the local authority appropriately in the past. Staff were confident that any concerns raised would be listened to and action would be taken to protect vulnerable people.

Accidents and incidents were recorded and audited by the registered manager. Incident forms were completed by staff for a variety of issues from falls and accidents to medicine errors. This meant any patterns or trends would be identified and action would be taken to reduce any re occurrence. The registered manager emailed the audit of such events to us following this inspection visit.

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 provision of two references.

Kenwyn was fully staffed at the time of this inspection. There were sufficient numbers of staff to meet the needs of people living at the service. The registered manager used a dependency score to help ensure there were sufficient staff on duty. People told us they felt that staff responded quickly when called. Short notice absence, such as staff sickness, was covered by agency staff where possible. We heard people ringing their bells for assistance during the inspection visit and they were responded to in a timely manner.

The service was not holding any money on behalf of people living at Kenwyn. If people wished to purchase items such as newspapers, toiletries, or have the hairdresser to do their hair, then the service paid for this and then invoiced the person, or if appropriate, their family.

Is the service effective?

Our findings

Some people living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. We observed care provision to help us understand the experiences of people who used the service. People we spoke with told us, "I am very happy here, the staff are great" and "I cannot speak highly enough of the staff and the manager, they are very good with me."

Relatives told us, "It is always so calm on the unit when we visit, some of the staff are just wonderful. I have seen a nurse approach (the person's name) and touch her face gently to gain her attention then smile and speak with her so affectionately it is lovely" and "As a family we are so pleased with Kenwyn and the care they provide, it is just what (the person's name) needs."

The premises were in good order. Some units had been refurbished with new carpets and furnishings. The unit where people who had dementia were cared for was about to have a total refurbishment. This was planned to start in the next few months. Bathrooms and toilets on the dementia unit were clearly marked with pictures and bedroom doors had people's names on and identifying pictures. This helped provide orientation for people who needed prompts to find their way around their environment independently. People were able to decorate their rooms to their taste, and were encouraged to bring in their personal possessions to give their rooms a familiar feel.

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. Staff told us the training they received was good. One commented, "They (management) remind us when we need to do things and we have sessions arranged here at the home."

The registered manager monitored staff training needs. They were aware of when staff needed to update their mandatory training such as moving and handling and fire safety. Training sessions were in progress for staff during our inspection visits.

In care files we saw there was specific guidance provided for staff. For example, information relating to specific health conditions experienced by people living at the service were found in their care plan for staff to refer to. There was also best practice guidance on using certain pieces of equipment seen in care files. This meant staff had easy access to relevant information that supported best practice in the care of individual's needs.

The service supported student nurses from Plymouth University, who spent time working alongside staff at Kenwyn during their training. This helped the student nurses gain knowledge and also helped ensure the staff at Kenwyn were kept up to date with best practice.

Staff received supervision. However, this was not always provided in accordance with the guidance held at the service which stated all staff should have six supervisions each year. We were told appraisals were

provided for staff each year and this year they were all due to be carried out later this month. All staff told us they felt well supported by the registered manager and were able to ask for additional support if they needed it.

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 service and the organisation's policies and procedures. The induction was in line with the Care Certificate which replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. New staff confirmed that they had received good support when they started working at the service.

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. Capacity assessments had been carried out as appropriate and were seen in people's care files. Best interest meetings had been held to support people with specific decision making where they did not have capacity to do this themselves. One care plan stated that a person, who had capacity to make this decision, had made a decision not to have protective padding on their bed rails despite advice from staff. This decision was respected and the person did not have padding on their bed rails despite the risks. This showed staff respected people's wishes.

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. Authorisations had been applied for and granted by the DoLS team. The service was supporting the conditions attached to the authorisations. The service had a system in place to monitor the expiry dates of any authorisations and were aware of their responsibilities to seek re assessments from the local authority. Staff were clear on this legislation and how to support people's legal rights.

We observed the lunch time period in one of the dining rooms. People were encouraged to eat in the dining areas on each unit. Tables were covered with tablecloths, and were laid with napkins, condiments and floral table decorations. Menus were displayed in the dining areas and throughout the service, to prompt people to know what was being offered at mealtimes. Meals were a social occasion with staff supporting people who needed assistance. People were provided with adapted cutlery and plate guards to help them to enjoy their meals independently. The food looked appetising and choices were provided for people. People told us they enjoyed the food. Feedback cards were given to people to comment on the meals provided. This information was used to plan future meals.

We spoke with two chefs who were knowledgeable about people's individual needs and likes and dislikes. Where possible they tried to cater for individuals' specific preferences. They told us, "We have meetings with the unit staff to discuss people's needs" and "People can have whatever they want, if they ask us for something we will do all we can to provide it."

People had access to healthcare professionals including GP's, opticians, podiatrists and physiotherapy. Therapeutic massage was provided for some people at Kenwyn. Care records contained records of visits by

external healthcare professionals.

Is the service caring?

Our findings

Some people were not able to verbally tell us about their experiences of living at the service due to their healthcare need. Relatives told us, "(the person's name) could not be in a better place, they have settled really well" and "The carers are really proactive in all aspects of caring for (the person's name), I cannot speak highly enough of them all." One relative referred to a time when their family member was in hospital and the staff visited them in hospital in their own time just to see how they were doing. They said it was amazing that staff should do that.

During the day of the inspection we spent time in the communal areas on all the units at the service. Staff interactions with people were respectful. People were comfortable in their surroundings with no signs of agitation or stress. Staff were kind and spoke with people considerately. If a person became agitated or distressed we observed staff responding quickly and effectively. Domestic staff were seen responding to people in a supportive manner as they went about their work.

Some people were confined to their bed due to their healthcare needs, and spent all their time in their bedrooms. We visited people in their bedrooms which were decorated and furnished to reflect their personal tastes. People were encouraged to have things around them which were important to them and reminiscent of their past.

People's dignity was respected. For example, moving and handling equipment such as slings were not shared and were named for individuals use only. Privacy was respected by care staff who ensured doors and curtains were closed during personal care visits. A green light was shown in the corridors above a person's bedroom door to indicate when care was being provided inside.

People's life histories were documented in their care plans along with details of people's interests and family members. This is important as it helps care staff gain an understanding of what has made the person who they are today. It also supports staff to have meaningful relevant conversations with people. Staff were able to tell us about people's backgrounds and past lives. Staff were clear about their individual preferences regarding how they wished their care to be provided. Staff told us they mostly worked on the same unit and got to know people on that unit very well. Some people living at Kenwyn, were unable to express themselves verbally and communication between them and staff had been a challenge. In order to address this with one person the service had supported them to begin using a computer screen operated by their eye movements to improve their communication.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak knowledgeably with them about their family member. People were well cared for. Relatives told us staff spent time applying make up for some ladies and doing their hair in a new way with clips and hair bands. They told us, "That is really going the extra mile, that is more than just washing their face and doing what is needed."

Families told us they knew about their family members care plans and the registered manager would invite

them to attend any care plan review meeting if they wished. People, or if appropriate their family, had been given the opportunity to sign in agreement to their own care plans.

We saw people moving freely around the service spending time where they chose to. Staff were available to support people to move to different areas of the service as they wished.

Is the service responsive?

Our findings

People and families told us, "Whenever I call them (staff) they come, I need them for everything when I am in bed" and "We have a good rapport with all the staff, and (the person's name) enjoys the banter with staff."

Staff told us communication and staff morale was good leading to effective teamwork. Staff told us they worked well together. Comments included, "I am very happy here, I am well supported" and "Yes all is good at the moment, we have a good team."

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 registered manager was knowledgeable about people's needs and regularly spent time on the units and with the staff to help ensure they were aware of the service provided.

People were supported to maintain relationships with family and friends. Visitors were always made welcome and were able to visit at any time. Visitors were welcome to help themselves to hot drinks during their visits. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member. One visitor told us, "All the staff have such a professional manner here, I do have a comparison to make too with another place, I can tell you this is a very good home."

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 needs. For example, one person required a specialised dressing to be applied which required two people to help ensure it was effectively secured. This helped ensure there was a consistent approach between different staff and that people's needs were met in an agreed way each time. Photographs were taken, with people's consent of their pressure areas to help demonstrate the progress of the healing process.

Some people were cared for in bed on a pressure relieving mattress. People's care plans showed the current weight of each person so that staff could ensure that their mattresses were set to the correct pressure. Some care plans clearly recorded the correct pressure for a person's mattress so that staff could check to ensure it was appropriately set each day. We checked ten mattresses throughout the service and all were correctly set for the person lying on them.

Some people needed the support of staff to be re-positioned regularly to help ensure they did not get pressure damage to their skin. We saw care plans clearly stated when each person needed to be moved by staff. We checked the records in people's rooms and found that staff were following guidance and recording when they re-positioned a person.

People had access to a range of activities both within the service and outside. A team of four activity coordinators were employed seven days a week. There was an organised programme of activities including regular trips out and visits from entertainers. Some people enjoyed helping staff with domestic tasks, others enjoyed crafts and flower arranging. On the day of the inspection we saw people being supported to play

board games, card games and go out in to the garden. One relative told us, "We were so pleased and surprised when we were told that (the person's name) had been out on the bus to the garden centre, they were good to get them to go, and I am sure they enjoyed it." Another relative told us that they felt that whilst there were activities available, their family member did not have people of similar abilities and interests to spend time with socially on their unit. Their family member suggested that they might visit other units in the service to meet new people to see if they could make new friends with the support of the activity co-ordinators. People had access to quiet areas and a well maintained secure garden as they chose.

Some people chose not to take part in organised activities and therefore were 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 activities were offered to people in their rooms. Care plans contained a record showing what each person enjoyed doing.

The service responded to issues raised by staff. For example, when the front doorbell was rung by someone outside, it rang in the dementia unit. This led to people living on this unit feeling they should answer the door and raised some anxiety for some people. The registered manager told us that the doorbell was being moved to another unit where people would not be concerned when it rang.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were displayed in the entrance to the service. People told us they had not had any reason to complain. We saw records of some concerns which had been raised in 2016. Three of these were formal complaints and these had been resolved in accordance with the policy held at the service.

Is the service well-led?

Our findings

The registered manager was aware of the concerns which had been raised to the Care Quality Commission about medicines management at Kenwyn. An investigation had been carried out by the registered manager into the concerns raised. The report stated that supervision and competency checks had been carried out to help ensure such issues did not re occur. The report also stated, "We will continue to monitor medicines management closely to ensure robust systems are in place."

The registered manager and deputy manager agreed that policy and procedure regarding medicines management had not been followed by staff in this instance. We reviewed the investigation process and information gathered. The registered manager had met with specific staff to discuss the concerns raised as part of the investigation. We were told one member of staff admitted their errors. However, these meetings were not documented. This meant it was not possible to establish the details of all discussions and meetings that had taken place and what decisions had been made with staff to help ensure a re-occurrence of these events did not take place in the future.

There had been a robust audit of medicines management on all four units at Kenwyn at the beginning of August 2016. There were some issues found at this audit which required action. Handwritten entries on to the Medicine Administration Record (MAR) had not always been signed by two staff to reduce the risk of errors. Also staff were using incorrect codes on the MAR when people either refused or did not need their medicines. This practice was identified throughout all units at the service. However, we found these issues had continued to occur since the audit and were found at this inspection visit. This meant the management team at Kenwyn had not taken effective action to address the concerns identified by the audit.

The service carried out their own internal monthly medicines audits. We were told spot checks were done at these audits on random records across the service. Staff told us they regularly found handwritten entries in the medicine records which had not been signed by two staff. The issues identified at this inspection had not been identified in such audits.

Care plans were detailed and contained informative guidance for staff on how to support people well. People's preferences and wishes were clearly seen in their care files. The files contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration. The information was well organised and easy for staff to find. The care plans were regularly reviewed. However, they were not always updated in a timely manner to help ensure they were accurate and up to date following any change in a person's needs. Daily notes and handover sheets were completed by each shift and referred to when one shift handed over to the next. However, some changes to people's needs were not always clearly recorded on these sheets.

This is a breach of Regulation 17 of the Health and Social Care Act 1008 (Regulated Activities) 2014.

During this inspection visit we asked about the training provided for staff who administered medicines. It was identified by the management team at this inspection that four staff had medicine training which had

expired. The registered manager accepted that some staff training had expired and this would be addressed in the near future.

External pharmacy advisors had visited the service and reviewed the management of medicines at Kenwyn. There was one issue which had been raised at these audits. This was about the temperature of the medicine cupboard on one unit as it was considered to be above the recommended temperature of 25 degrees centigrade. The service had requested that an air conditioning unit be fitted in this cupboard to help ensure this temperature was maintained safely.

Staff told us they found the management team approachable and supportive. Supervision and staff meetings supported all staff regularly. Staff morale was good and staff told us they were happy working at Kenwyn. A staff meeting had been held on the 9 September 2016 which discussed the concerns that had been raised to CQC about medicines management at Kenwyn. Staff were aware of the guidance given at this meeting.

The service carried out an annual survey of people's views and experiences in October 2015. We saw the feedback from this survey was mostly positive. The 2016 survey was due to go out to people and their families this month. However, there had been no residents and families meetings held at Kenwyn in the last nine months. A food survey had been carried out at Kenwyn with several responses received which were positive about the food and its presentation. This feedback informed the development of future meals provided.

The registered manager and deputy manager spent time supporting staff and the people who lived at Kenwyn. This meant they were aware of the culture of the service at all times.

Kenwyn was well maintained. The service was in the process of redecorating each unit with new carpet and furnishings. There were maintenance staff who addressed any faults that occurred and were reported by staff. Staff told us that all their equipment was functioning effectively. One staff member told us that if they requested any specific equipment such as pressure relieving mattresses it was provided in a timely manner.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Staff did not follow policies and procedures about managing medicines. Staff responsible for the management and administration of medication must be suitably trained and competent and this should be kept under review. Regulation 12 (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes such as regular audits of the service provided, where issues had been identified, had not always been monitored and addressed. Identified risks to people who used the service had not always been effectively monitored and reviewed to take account of changes in the risk to a person. Accurate complete records relating to investigations carried out relating to staff were not always kept by the management team. Regulation 17 (2) (a) (b) (d)