

# Trees Park (Kenyon) Limited

## Kenyon Lodge

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Good</b> 

# Summary of findings

## Overall summary

We carried out an unannounced inspection of Kenyon Lodge on 25 May 2016 and conducted a further inspection visit on 26 May 2016 which was announced.

Kenyon Lodge is owned and operated by Trees Park (Kenyon) Limited, trading as Abbey Healthcare. The service is registered with the Care Quality Commission (CQC) to provide nursing and personal care for up to 60 people. Single room accommodation is arranged over two floors with lift access. On-site car parking is available and the home is situated on a local bus route and close to the motorway network.

At our last inspection of Kenyon Lodge on 06, 07 and 13 October 2015, we found multiple breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. The home received an overall rating of 'Inadequate' and was placed into special measures. We took enforcement action against the Provider and issued four warning notices in respect of; Safe care & treatment; Meeting nutritional & hydration needs; Good governance; and Staffing. The provider submitted a Service Improvement Plan which gave timescales for the improvements that were required. During this inspection, we found the provider was now compliant with each of the warning notices we had served.

We found one continued breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 with regards to consent and mental capacity assessments. This breach had previously been identified during our last inspection and we found insufficient progress had been made in this area during this inspection. You can see what action we have taken at the back of the full version of this report.

Since our last inspection, CQC had been working collaboratively with Kenyon Lodge, stakeholders from Salford City Council and Salford NHS Clinical Commissioning Group, to monitor and assess the effectiveness of the Service Improvement Plan. This was to ensure people who used the service received care and support that was safe and met their individual needs.

At the time of our last inspection, a new manager had been appointed to Kenyon Lodge and the manager had submitted an application to CQC to become the Registered Manager. Following the outcome of this inspection visit, the manager's application to become the Registered Manager was approved. A Registered Manager is a person who has registered with CQC. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our last inspection we found improvements had been made in the way medicines were being managed. However, during this inspection we found there had been a deterioration in the way some people's medicines were being managed on a day-to-day basis and that improvements were needed in this area.

We asked people living at the home if they felt safe and they told us they did. We looked to see how the

service sought to protect people from abuse and found there were appropriate safeguarding and whistleblowing policies and procedures in place. All the staff we spoke with demonstrated they had an understanding of the types of abuse and the procedure to follow if they suspected that a person was at risk of, or was being abused.

We asked staff about whistleblowing. All of the staff we spoke with told us they would not hesitate to use the policy and identified internal reporting protocols. Staff also referred to local authority and CQC as external agencies they could contact.

We looked at staffing levels to ensure there was enough staff to meet people's needs. At the time of our inspection the home was not at full occupancy. 21 people were accommodated on the nursing unit and 17 people were accommodated on the residential unit. We saw that a dependency tool was used by the home to determine the number of staff required and that staffing levels were consistently reviewed to meet people's needs. We sought reassurance from the management team that staffing levels would be kept under constant review as the home steadily increased admissions.

We looked at recruitment procedures and found robust and safe recruitment practices were in place.

Since our last inspection, we found notable improvements in staff training, supervision and professional development.

We found improvements had been made which ensured people's day-to-day nutritional and hydration needs were being met. Improvements included the accurate completion of food and fluid charts, which were regularly checked and verified by a member of the management team, people's weight was being regularly monitored and recorded and people's nutritional action plans were being followed as prescribed.

People we spoke with told us they thought there had been a cultural change at Kenyon Lodge which now translated into better quality of care.

Throughout our inspection we observed a number of positive interactions between staff and people living at Kenyon Lodge. We saw staff treated people with kindness and compassion. People's dignity was maintained and staff were respectful of people's individual choices.

During this inspection, we spoke at length with two people who had additional physical health needs which meant they were cared for in bed. They told us they felt isolated and that apart from contact with the care staff and their visiting relatives, they did not feel part of the wider community at the home.

We found improvements had been made to the overall quality and standard of care planning documentation. This included a wide range of new and updated clinical information relevant to people being cared for on the nursing unit, and new and updated social care and support information for people being cared for on the residential unit.

We looked at how information was communicated within the home when a healthcare professional had been to visit a person living at Kenyon Lodge. We found information was not always documented by the visiting healthcare professional at the time of their actual visit and was often completed retrospectively by a member of the nursing or care staff.

There was a complaints policy and associated procedure and information about how to make a complaint was readily available.

People told us they thought the home was well-led. The manager was visible in the home and actively involved in the provision of care and support. Throughout the course of the inspection we saw the manager walking around the home and observing and supporting staff.

Audit and quality assurance was completed on a regular basis and covered a wide range of topics. We saw that where internal audits had identified issues, action was taken and lessons learnt were disseminated amongst the staff team.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Not all aspects of the service were safe.

People's medicines were not always managed safely and were not always administered as prescribed.

The service had an up-to-date and relevant safeguarding policy and associated procedures.

Accident & incident reports were completed by staff in a timely manner and appropriate action taken.

**Requires Improvement** ●

### Is the service effective?

Not all aspects of the service were effective.

The service had continued to fail to adhere to the principles of the Mental Capacity Act 2005.

Induction, supervision, training, and opportunities for professional development had improved.

People's nutritional and hydration needs were being met and the mealtime experience was positive.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People we spoke with told us they thought the staff were caring.

Good progress had been made to enable the service to deliver care to people nearing the end of their life.

People were involved in decisions about their care.

**Good** ●

### Is the service responsive?

Not all aspects of the service were responsive.

Some people told us they felt isolated due to spending long

**Requires Improvement** ●

periods of time alone in their rooms.

Limited time and resources had been dedicated to the promotion of person-centred activities.

New care plans and associated documentation was of a good standard.

**Is the service well-led?**

**Good** ●

The service was well-led.

People we spoke with told us they thought the service was well-led.

The new management team was effective.

Audit & quality assurance was completed on a regular basis and covered a wide range of topics.

Information was shared with people who used the service and their relatives and we saw resident & relatives meetings took place.

# Kenyon Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of an Adult Social Care Inspector and a Medicines Inspector from CQC. The inspection was also supported by a Specialist Nurse Advisor, with experience in general and community nursing, and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed all of the information we held about the home in the form of statutory notifications sent to CQC, including those related to safeguarding incidents, deaths and injuries.

During this inspection visit we spoke with 10 people who lived at the home, five visiting relatives, two visiting professionals, three members of the management team, eight care staff and various support staff such as housekeeping, maintenance and catering.

We looked in detail at 10 care plans and associated documentation, eight staff files including recruitment & selection records, a variety of staff training & development records, audit & quality assurance, various policies & procedures and safety & maintenance records.

We observed how care and support was being delivered in communal areas of the home and inspected the kitchen area, laundry, communal bathrooms and two people's bedrooms.

# Is the service safe?

## Our findings

People we spoke with told us they considered Kenyon Lodge to be a safe place to live. Comments included; "The staff do their very best for me and I always feels safe". "Things have really got so much better over the last few months and I feel very safe and comfortable here". "The carers help and support me every day and always come when I need them. I didn't feel very safe living at home on my own, but now I do living here." A visiting relative told us; "My [relative] has lived here for just over a year now and I have so much more confidence in the staff than I did previously. I think my [relative] is probably as safe now as they have ever been. The staff do a good job".

During our last inspection of Kenyon Lodge we found improvements had been made in the way medicines were being managed. However, during this inspection we found there had been a deterioration in the way some people's medicines were being managed on a day-to-day basis and that improvements were needed.

We watched people being given their morning medicines and looked at the way medicines were stored and recorded. We watched a Registered Nurse and Senior Carer giving medicines to people living on different floors of the home. Both staff gave medicines in a kind and respectful way but the Senior Carer did not stay with three people until they had finished taking all their medicines. Medicines, including those to be taken at least 30 minutes before food, were given at the right times.

We looked at 21 out of 38 medicine charts belonging to people living in the home and didn't see any 'gaps' in the administration records. The amount of medicine in stock on the day the chart started was recorded so medicines could be accounted for. We checked the stock of five people's tablets in monitored dose packaging and one person's antibiotic medicine against the chart records and found no discrepancies. This indicated that the records were accurate and people had received their medicines. However, we saw that one person's eye drops were not offered or administered as per the prescription. We also found that one Senior Carer had signed a different chart when they applied a person's prescribed emollient cream. We looked at five people's cream charts and saw their creams were being applied in the way prescribed. This showed that people's skin was cared for properly.

There was good information for staff regarding 'as and when required' protocols, about why some people had been prescribed medicines such as pain-killers and laxatives, and how these should be administered. However, one person was prescribed a medicine to help with their breathing and the maximum number of doses it was safe to take per day was not written on their protocol.

The home audited the use of medicines and medicines storage rooms were clean and tidy. Medicines were stored securely. During this inspection we found monitoring of temperatures of medicine refrigerators had lapsed and were not monitored properly because maximum and minimum fridge temperatures were not recorded. Records did not show that medicines in fridges were kept at the right temperature all day and night and thus safe to use.

Medicines that are controlled drugs were stored in the way required by law and Registered Nurses checked

stocks regularly. The stock balances of the three controlled drugs we checked were correct. The home's current medicine policy was not detailed enough to tell staff how medicines should be managed in the home.

We recommend the service consult current national clinical guidance from the Royal Pharmaceutical Society in respect of medicines management in a care home setting.

We looked to see how the service sought to protect people from abuse and found there were appropriate safeguarding and whistleblowing policies and procedures in place. Staff were able to describe the homes alert process and the local authority protocols. All the staff spoken with demonstrated they had a good understanding of the types of abuse and the procedure to follow if they suspected that a person was at risk of, or was being abused.

We asked staff about whistleblowing. All of the staff we spoke with told us they would not hesitate to use the policy and identified internal reporting protocols. For example informing head office if they did not feel their concerns were being taken seriously. Staff also referred to the local authority and CQC as external agencies they could contact.

We looked at staffing levels to ensure there was enough staff to meet people's needs. At the time of our inspection visit the home was not at full occupancy. 21 people were accommodated on the nursing unit and 17 people were accommodated on the residential unit. This was because since our last inspection, the home had agreed to a voluntary embargo on admissions. However, following consultation with stakeholders, the home was now admitting people on a managed phased basis.

We saw that a dependency tool was used by the home to determine the number of staff required and that staffing levels were consistent to meet people's needs. We sought reassurance from the management team that staffing levels would be kept under constant review as the home steadily increased admissions.

We looked at the care records for 10 people to ascertain that care, treatment and support which people needed was being delivered safely and that risks to people's health and wellbeing were being appropriately managed. We case tracked three people with more complex needs that had presenting high risk areas. For example, nutrition, falls and pressure care. We found that people's risks were appropriately assessed and managed and that care plans had been updated to reflect people's changing needs in a timely way.

Risk assessments included people's health needs. People's allergies were easy to identify and risks of malnutrition were covered. We saw that detailed guidance of how to manage risks were outlined and reviewed. Staff were knowledgeable about people's health needs and the associated guidance. This showed that possible risks to people were identified and managed appropriately.

We saw that accident & incident reports were completed by staff in a timely manner and appropriate action taken. We saw people's individual risk assessments were comprehensive and actions taken were identified to mitigate the risk of future re-occurrence.

We looked at recruitment procedures and found robust and safe recruitment practices were in place. This was evidenced through our examination of employment application forms, job descriptions, interview notes, employee's proof of identity, written references and training certificates. Disclosure and Barring Service (DBS) checks had also been completed to ensure the applicant's suitability to work with vulnerable people. Records were also maintained which demonstrated nursing registrations were valid and up-to-date.

Health & safety and building maintenance records were examined and found to be in order. Up to date certificates and checks had been completed in respect of gas and electrical safety, fire safety, hot water temperate and portable electrical appliances. Upper floor windows were compliant with safety regulations and suitable window restrictors were in place. Equipment used for moving & handling people had been serviced and maintained in line with regulations.

We looked at how well people were protected by the prevention and control of infection. We found the service had continued to work with the local authority infection prevention and control (IPC) team and scored 97% in a recent audit. We found the home to be visibly clean and well presented.

## Is the service effective?

### Our findings

Since our last inspection of Kenyon Lodge, we found that improvements had been made to staff training, supervision and professional development. We looked in detail at each of these areas to ensure staff were fully supported and qualified to undertake their roles.

Although the vast majority of mandatory training continued to be completed via online E-learning modules, we saw the training matrix which demonstrated the vast majority of staff had completed, or were scheduled to complete, all of the required training. E-learning training modules included dementia awareness, diet and nutrition, safeguarding and health & safety. Staff told us that practical support was now offered to staff who were less confident in using a computer. In addition to E-learning, face-to-face training was delivered for moving & handling, safeguarding and first aid.

We looked at eight staff files and saw that staff recruited recently had undertaken an induction programme and completed mandatory training. New staff were given the opportunity to shadow more experienced colleagues before working unsupervised and were also required to complete a formal probationary period.

Staff supervision had improved since our last inspection and we found that supervision sessions were completed on a regular basis and appropriate records were maintained. We saw discussions had taken place around training, professional conduct, management of medicines and various day-to-day operational matters. We saw that annual appraisals were completed and appropriate records maintained.

Staff spoke positively about improvements to training opportunities and the benefits of now having regular supervision sessions. Comments from staff included: "I've recently been enrolled on the NVQ course and I'm really looking forward to starting it. I've been encouraged by management to complete this and support has been offered". "I previously struggled with all the e-learning but now we are offered support and this has helped". "There's never been so much training offered here. Its good though and I think it benefits the residents". "I think the way supervision is done now is much better. We can talk to our supervisors about things before they build up and become an issue".

Comments we received from people living at Kenyon Lodge and their visiting relatives included; "The staff seem more confident in their approach these days which is great". "I have seen a real difference in the way staff go about their business. Some of the staff now seem to know what I need before I even ask. I think their training has probably got better." "I visit my [relative] on a regular basis and I can tell a real difference. I'm sure training has improved and this means the staff are able to care for people better."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager demonstrated a system had been implemented to manage DoLS and in instances where people were deemed not to have capacity, the manager had completed standard authorisations which had been submitted to the local authority.

However, we found mental capacity assessments had not been consistently completed with people to determine whether they had capacity to make specific decisions. For example, we looked in the care records of five people who were deemed to lack capacity and found an 'abbreviated mini mental test' assessment had been completed. However, this type of test was not appropriate for use in a residential care setting and was not sufficiently robust enough to adhere to the principles of the MCA 2005.

We also spoke with care staff to ascertain their understanding of the MCA. We found that staff did not have sufficient working knowledge of this legislation or its practical application when providing care and support. This meant we could not be satisfied that the care and support being delivered to people who used the service, was always done so by staff who understood the principles of the MCA and acted in accordance with it.

As we reported on this issue at our last inspection, we found insufficient progress had been made and the service had continued to fail to adhere to the principles of the Mental Capacity Act 2005.

This was therefore a continued breach Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to the need for consent.

During our last inspection, we found systemic problems in the way the service was managing people's nutritional and hydration needs. In particular, for those people who were at high risk of malnutrition. However, during this inspection we found a range of improvements had been made which now sought to ensure people's day-to-day nutritional and hydration needs were being met. Improvements noted included; the accurate completion of food and fluid charts, which were checked and verified by a member of the management team, people's weight was being regularly monitored and recorded and people's nutritional action plans were being followed as prescribed.

Since our last inspection of Kenyon Lodge, CQC liaised with NHS community dieticians to monitor the effectiveness of nutritional improvements. Feedback we received was positive with a number of tangible examples of good practice. For example, people previously deemed at high risk of malnutrition had steadily gained weight; smoothies and mid-meal snacks had been introduced; details of fortified diets were listed in the kitchen and reviewed weekly, or as when required; weights were reviewed and recorded weekly along with BMI and MUST reviews on a monthly basis or as required. Additionally, Kenyon Lodge was now engaged with the community dietetic service; training had been provided to staff and the home was now part of a wider pilot project in Salford to tackle malnutrition in care home settings.

We looked at the mealtime experience for people living at Kenyon Lodge and noted that improvements had also been made. Comments from people living at the home included: "The food is lovely, I can choose what I want to eat and where I want to eat it". "I'd much rather eat in the lounge rather than in the dining room and I'm allowed to do this." "We get some lovely cakes and treats during the day and loads of drinks, I've really no complaints about what we get to eat and drink here". "The staff always offer me a choice. Sometimes I don't like what's on the menu and I can chose something else".

Over the two days of our inspection visit we observed lunch time service on both the nursing and residential

units. We did this by completing a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We saw that people were given a choice of where to have their lunch, either in their own room or in the dining area. We saw that people were offered a choice of hot or cold drinks and that staff took their time to ensure people were served the choice of meal they wanted. Appropriate levels of support were offered to people who needed it and staff were patient and encouraging. Dining tables were well presented and condiments were available. The atmosphere on both units was calm and relaxed with background music playing.

# Is the service caring?

## Our findings

People we spoke with told us they thought there had been a cultural change at Kenyon Lodge which now translated into better quality of care. Comments from people living at the home and their visiting relatives included; "The staff seem to have so much more time to spend with me than they ever did before". "It's lovely now, the staff seem so much more happier". "There's a new manager, they seem to have made a big difference, the attitude of staff is much better". "My [relative] was quite poorly recently but the staff couldn't have been more caring, they not only looked after my [relative] but they looked after me". "Nobody used to speak to me, I felt like I was in the way when I visited, but now the staff make me very welcome".

At our last inspection of Kenyon Lodge, we reported on a number of serious failings in the way the home managed end of life care (EoLC). However, since our last inspection the home has been working closely with local NHS services to improve their overall approach to EoLC. This included enrolling a number of staff on the 'Six Steps' North West End of Life Programme for Care Homes, which is coordinated by local NHS services. By participating in the 'Six Steps' programme, care homes are able to demonstrate that the physical, emotional and spiritual needs of people nearing the end of their lives can be met.

Registered Nurses at Kenyon Lodge had also received additional professional development to ensure they had the clinical skills to effectively support people who are nearing the end of their life. This meant the home was no longer dependant on the input of local NHS district nursing teams.

Throughout our inspection visit we observed a number of positive interactions between staff and people living at Kenyon Lodge. We saw staff treating people with kindness and dignity and being respectful of people's individual choices. One such example we observed occurred when one person living at the home became visibly upset and very distressed and was shouting and crying because they thought their relative was not visiting them that day, and as a result they wanted to leave. However, we saw how a member of staff approached this person in a calm, sensitive and reassuring manner. The member of staff then supported this person to go outside of the home, into the fresh air, which on their return, clearly had a very positive impact on this person's emotional well-being.

We looked to see how the service promoted the principles of equality & inclusion and how people's human rights were protected. We found the service aimed to embed these principles through effective support planning to enable people to make choices for themselves. We found new care planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed which met their individual needs.

We saw that people's pastoral needs were being met through good links with local faith groups and the provision of regular communion.

During our inspection, two people living at the home showed us their bedrooms. We found their rooms to be personalised with individual items and was homely and welcoming. We observed staff being respectful of people's private spaces whilst maintaining a supportive and caring presence within the home.

## Is the service responsive?

### Our findings

When we asked people living at Kenyon Lodge and their visiting relatives, whether they thought the home was responsive to people's needs, we received a mixed response. Comments included; "I love the music, I sing along and the staff join in with me sometimes". "The staff are very good, we have talked about how to help me get my mobility back". "The staff arranged with my doctor for me to change my medication so I could have a beer whilst watching the Rugby. The staff are very good, they take me to the workingmen's club, I enjoy having a conversation with people". "Because of my health problems I spend most of my time in my room but I rarely see anyone. I get very bored and would like more support to take part in activities". "I don't think there's enough to do really. My [relative] seems to spend a lot of time in their room. I don't think the activities person has enough time to do things with people on one-to-one basis". "The only problem I can really raise is that I don't think there is enough for people to do during the day. My [relative] would really benefit from more interaction with people as they are nursed in their room, but I know [relative] doesn't really see anyone else apart from the carers".

Following the feedback we received regarding insufficient engagement with people being cared for in their own rooms, we looked at this issue in more detail. We spoke at length with two people who had additional physical health needs which meant for the vast majority of time they were cared for in bed, in their own rooms. We were told this was very isolating and that apart from contact with the care staff and their visiting relatives, they did not necessarily feel part of the wider community at the home. We were told this was because there was not enough structured one-to-one engagement from staff that didn't involve care being delivered.

We looked at the role of the Activities Co-ordinator and found that whilst they were doing a good job with the limited time and resources available to them, their ability to engage with people on a one-to-one basis was limited. It appeared the role of the Activities Co-ordinator was spread too thinly across both the residential and nursing units. However, four people we spoke with told us they enjoyed a range of activities that were made available to them such as arts & crafts, board games, bingo, themed event nights, and entertainment from a visiting live singer.

We spoke with the management team who agreed to look again at the role of the Activities Co-ordinator and the valuable contribution they can make to reducing social isolation and promoting positive engagement.

We looked at care and support records across both the residential and nursing units. We found that since our last inspection improvements had been made to the overall quality and standard of care planning documentation. This included a wide range of new and updated clinical information relevant to people being cared for on the nursing unit; and new and updated social care and support information for people being cared for on the residential unit.

We found care records to be person-centred and contained information which detailed people's likes, dislikes, personal preferences and life & social history. We also saw that people living at the home, or their lawful representatives, had been involved in planning and agreeing care.

We also found that improvements had been made to ensure people's experience as they move between services had improved. For example, we saw how comprehensive pre-admission assessments were fully completed before a prospective new admission was accepted. We saw that pre-admission assessments were completed by staff with the necessary skills and experience to determine whether or not Kenyon Lodge could meet their individual needs. When people were moved from Kenyon Lodge to another care setting, such as being admitted into hospital, we saw that a transfer/discharge form was used to communicate important information.

We looked at how information was communicated within the home when a healthcare professional had been to visit a person living at Kenyon Lodge and we saw a document entitled 'Record of GP/Professional contact' was in use. However, we found this document was not always completed by the visiting healthcare professional at the time of their actual visit and was often completed retrospectively by a member of the nursing or care staff.

We spoke with the management team about this to ensure that in future, visiting healthcare professionals are encouraged to complete a contemporaneous record of their visit to ensure continuity of care and to avoid miscommunication.

We looked at how the service dealt with complaints. We saw that Information was clearly displayed in the reception area which provided details of how to make a complaint. The service had a complaints policy and procedure which included timescales for providing a response. We saw that complaint's received into the service were logged and recorded appropriately. Additionally, an information board was clearly displayed in the main corridor which gave details of the shift leader on duty each day. This enabled people who had concerns to raise them in the first instance with the senior person on duty.

## Is the service well-led?

### Our findings

Without exception, people we spoke with considered that Kenyon Lodge was well-led. Comments from people living at the home included; "Since the new management team have been in place things have really changed for the better, it's like living in a new home". "The new manager is lovely, very caring and approachable and always out and about round the home". "I think the place is better now than it's ever been". "The manager and all the team are great, I've no complaints, I feel I could go to them if needed".

Comments from visiting relatives included; "The changes over the last few months have been quite dramatic. There is always going to be the odd problem but I think the changes are for the better. The place looks and feels like a new home". "It's obvious that quite a lot of staff have left but I think this is probably for the best. The whole atmosphere has changed in the home and I feel much more confident in the care my [relative] is now getting". "They say a new broom sweeps clean well that has certainly happened here. Very happy with the care my [relative] is now getting, I've honestly no complaints". "I think it's fair to say that before last October things were pretty awful. You can't help but notice now though how things have improved. Communication is so much better and the staff keep me well informed if there are any changes to [relatives] condition".

Comments we received from visiting healthcare professionals included; "I used to dread coming here. The atmosphere was awful and staff were not particularly helpful. The improvements now though are excellent and it's actually a pleasure to visit here now". "Communication is so much better. The staff can sometimes be a little over cautious but I can't knock them for having the best interest of people at heart. I hope things are sustained and that the new management team stick around. I'm sure with the right level of support from the company it can be achieved though". "I've no concerns at all about the way the home is now managed. Nurses are acting like nurses and things clinically are getting done when they should".

Comments from staff included; "The new management are great. We now have clear direction everyday about what we need to be doing. Before it was just a free-for-all with no one having a clue". "The managers are good. Very approachable". "It's been a tough few months, people have left but at the end of the day, the new manager has been firm but fair".

At the time of our inspection visit, the manager of Kenyon Lodge had submitted all of the required documentation to CQC in order to have their application considered to become the Registered Manager. However, due to the seriousness of the issues we found during our last inspection of Kenyon Lodge, we deferred a decision about the prospective Registered Manager's application until the outcome of this inspection was known. Shortly after this inspection visit, CQC approved the Registered Manager's application. A Registered Manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We observed the morning staff handover on the nursing unit and a daily 'flash meeting'. During handover,

information was clearly communicated by the senior nursing staff and clear direction was given to members of the care team regarding their duties for the day. All staff were given the opportunity to ask questions and to seek clarification as to what was expected of them for the shift ahead. The manager demonstrated good oversight of daily issues and played an active part in ensuring that critical documentation from the previous shift had been properly completed.

During the flash meeting, we saw how staff from various departments within the home were brought together to discuss any issues effecting their respective area of responsibility. Electronic records of the meeting were maintained to provide an audit trail of issues discussed. Staff we spoke with told us this inclusive approach to multi-disciplinary working meant that staff working in the laundry, housekeeping, kitchen and maintenance, as well as care staff, had a forum to raise immediate concerns with the management team which were resolved quickly and often before issues were able to escalate.

We looked at how information was shared with people living at the home and their relatives and found that resident & relatives meetings were taking place on a monthly basis. Records of these meetings demonstrated that not all meetings were well attended but a variety of topics were always discussed and people were clearly able to share their views and experiences. People were also able to provide feedback to the service by using a suggestion box and 'review us' cards located in the reception area. Additionally, a 'you said – we did' notice board was displayed which provided responses to suggestions made.

We saw evidence of how the management team had taken positive action regarding a number of concerns raised by people. For example, daily menu options had been changed to suit people's tastes, a new laundry tagging system had been implemented in an attempt to reduce clothes being misplaced and people's personal mail was now delivered directly to those who wished to deal with their own correspondence.

We saw that staff meetings were held monthly and appropriate records were maintained. Minutes of meetings demonstrated that a wide range of issues were discussed including conduct at work, quality of care, activities for residents and training & development. We also saw that additional management meetings were held on a regular basis for heads of each department. Staff told us they were able to contribute to agenda items and staff meetings were useful and productive.

Since our last inspection, we found that improvements had been made to audit, quality assurance and questioning of practice. A robust internal audit system was now in place and covered a wide range of topics. We saw that where issues had been identified, positive action had been taken and lessons learnt shared with the wider team.

We looked in detail at how accidents & incidents were recorded and audited across the home and found good progress had been made in implementing systems and procedures which sought to identify the causes of accidents & incidents more swiftly and to implement strategies that sought to reduce the likelihood of such incidents occurring again in future.

We asked for a variety of documents to be made available throughout the inspection. We found documentation was kept securely in locked offices and the offices were organised enabling the documentation requested to be accessed promptly. We found all the records we looked at were structured and organised which assisted us to find the information required efficiently. This made information easy to find and would assist other staff if they were required to find information quickly for themselves.

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 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	The principles of the Mental Capacity Act 2005 were not adhered to. This was because mental capacity assessments had not been consistently completed with people to determine whether they had capacity to make specific decisions.
Treatment of disease, disorder or injury	