

Trees Park (Kenyon) Limited

Kenyon Lodge

Inspection report

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Manchester
Greater Manchester
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

About the service

Kenyon Lodge is registered with the Care Quality Commission to provide nursing and personal care for up to 60 people. The single room accommodation is arranged over two floors and has lift access. At the time of the inspection 60 people were using the service.

People's experience of using this service and what we found

Staff protected people from abuse and understood how to recognise and report any concerns they had about people's safety and well-being. Staff assessed people's needs before they started using the service. People had been involved in the care planning process. Staff managed people's medicines safely. Infection control was managed well.

The provider followed safe recruitment processes to ensure the right people were employed. Staff training included an induction and ongoing training. There were enough staff to keep people safe. Staff assessed any risks to people's health and wellbeing and mitigated these risks. Care plans provided staff with the information they needed to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people to share their views and shape the future of their care.

Staff had formed genuine relationships with people, knew them well and were caring and respectful towards people and their wishes. Staff were dedicated to their roles and in supporting people to achieve their goals and aspirations. Staff supported people to access healthcare professionals and receive ongoing healthcare support.

Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence that the staff and management worked with other organisations to meet people's assessed needs. The provider and manager followed governance systems which provided effective oversight and monitoring of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 15 May 2019)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection

outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kenyon Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Kenyon Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Kenyon Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people using the service and three relatives about their experiences of the care provided. We spoke with eleven members of staff including the registered manager, regional operations director, COVID-19 co-ordinator, domestic staff, kitchen staff, a nurse and five care staff members. We reviewed a range of records including six people's care records, risk assessments and medication administration records (MARs) and associated documents. We looked at three staff personnel files including recruitment records. We looked at staff training and supervision records. We reviewed records relating to the management of the service, audits, and a variety of policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from the risk of abuse and avoidable harm. All staff received mandatory safeguarding training. Staff we spoke with knew how to recognise and report safeguarding concerns. The registered manager and senior staff ensured they reported any concerns to the appropriate agencies such as the local authority and Care Quality Commission.
- The service had a safeguarding and whistleblowing policy, accessible to staff. The registered manager took appropriate action to keep people safe and kept a record of any safeguarding incidents.
- People told us they felt safe when receiving a service. One person said, "I feel safe, the staff help me when I need them and support me". A second person told us, "The staff make me feel safe, they give me my medication, they are around when I need them". A relative commented, "[My relative] had falls at home and that hasn't happened here which is good".

Assessing risk, safety monitoring and management

- Staff identified risks associated with people's care and support and actions were in place to minimise risks occurring. Staff knew people well and were knowledgeable about the risks in relation to their care.
- People had pre-admission assessments completed before they moved into the home. Care plans included risk assessments in relation to people's specific care needs. The risk assessments were person centred and covered areas such as, moving and handling, falls, nutrition and hydration.
- Comprehensive fire risk assessments were in place. People had personal emergency evacuation plans in their care file to ensure staff knew how to safely support them in the event of a fire. Premises' risk assessments and health and safety assessments were in place, reviewed regularly and up to date including gas, electrical installations and fire equipment.
- Staff recorded the care they provided on daily care logs in people's care records. The daily care logs we reviewed showed staff completed them fully and accurately.

Staffing and recruitment

- The provider recruited staff safely. The staff personnel records we reviewed contained the appropriate information and documents, and were well organised.
- During our inspection we observed staff constantly interacting with people and there were enough staff available to ensure people received timely care. A relative told us, "[My relative] is well looked after which gives me great piece of mind; sometimes items of clothing goes missing which I accept".
- Staffing levels were determined by the number of people using the service and their needs, and were adjusted accordingly.

Using medicines safely

- The provider had systems in place to ensure people received their medicines as prescribed; people's medicines administration records we looked at were completed correctly.
- We observed staff administering medicines in a safe manner. All staff who administered medicines had received the necessary training and checks on their competency. A staff member who administered medicines told us, "The medication system is efficient and gives a good audit trail and it would create an alert if anyone was trying to give medicines at the wrong time or if a medicine was missed".
- Medicines were stored safely and room and fridge temperatures were maintained daily to ensure medicines were stored at the correct temperature. Protocols were in place for 'as required' medicines.
- The registered manager completed regular audits to ensure procedures were followed and any medicine concerns were followed up.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance

Learning lessons when things go wrong

- The provider completed a comprehensive range of audits, done by regional and local staff which helped identify any issues, gaps and risks, which they then addressed. The provider reviewed all incidents to identify themes and learning and shared any changes made with all staff.
- Staff knew how to report accidents and incidents. A log of any incidents was in place including the action taken to reduce the potential for a re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs were holistically assessed. Care records we reviewed had up to date assessments with individual care plans for each need identified, for example, meal preparation, medicines administration, mental health, communication, mobility needs, nutrition and skin integrity.
- Staff acknowledged people's preferences, likes and dislikes, past life histories and backgrounds and recorded these in care documentation; we saw staff respected these choices.
- A relative told us, "I feel fully informed and involved in [my relatives] needs".

Staff support: induction, training, skills and experience

- The staff team were skilled and experienced. All staff underwent a full induction and a comprehensive mandatory training programme when they commenced employment. Staff told us managers gave them the time and support they needed to develop their skills and confidence.
- People and relatives expressed trust and confidence in the staff team. One relative said, "I have peace of mind knowing [my relative] is in good hands".
- Staff received regular supervision and annual appraisals. The provider offered staff a good range of training and development opportunities to help meet the needs of the people they supported. All relatives we spoke with felt staff were aware of their relatives needs and were competent and trained to provide the care their relatives required.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff met people's dietary needs and preferences and people were involved in choosing their meals each day; we saw staff asking people what they wanted to eat at each meal. A variety of choices were available at each meal and dining tables were set attractively, with a pictorial menu on each table.
- Staff referred people to nutrition and dietetic services where appropriate. Some people received special diets and people had nutrition and hydration care plans in place. Information on different diet types, such as a soft diet was in place and this informed the kitchen staff how to prepare and serve these types of foods.
- People told us they enjoyed the food provided at the home. One person said, "The puddings are especially nice; I receive plenty of drinks". A second person told us, "I can show you pictures of what I have had to eat; I take pictures and share them with my family. I have roast dinners and cooked breakfasts".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. Staff worked with other health and social care professionals to achieve better outcomes for

people. Staff assessed people's oral healthcare and encouraged good oral healthcare. The registered manager monitored staff practice in good oral healthcare and an oral healthcare staff champion was in post.

- The registered manager worked with the local authority, where applicable, to ensure they could meet people's needs before providing care. People and relatives we spoke with confirmed they received a good standard of care. One relative told us, "The staff and management are very accommodating; they care and show kindness and understand [my relatives] needs; they know their likes and dislikes they also respect my wishes".
- Advice provided by healthcare professionals was recorded in people's care plans. Care plans contained professional's contact details, such as doctors.

Adapting service, design, decoration to meet people's needs

- There was clear signage to help people orientate around the home. Equipment such as bath aids, hoists and lifts were in place to help meet people's needs.
- There was a relaxed atmosphere throughout the home and people moved around as they wished so they could take part in activities or enjoy a more quiet space in a smaller lounge.
- There was easy access to the communal landscaped gardens. Shortly after the date of this inspection, the provider formally opened a memorial garden in remembrance of people who had passed away whilst residing at the home. The opening was supported by local dignitaries and other health and social care professionals.
- People's rooms were personalised and reflected their personal interests and bedroom doors had additional relevant information posted on them to assist people to find their room. Two large fish tanks were in place and professionally maintained.

Ensuring consent to care and treatment in line with law and guidance

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. 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 registered manager and staff were working within the principles of the MCA. The registered manager reviewed any DoLS each month and people had communication care plans in place.
- Staff had received training in the MCA and had a good understanding of capacity and consent.
- Staff considered people's capacity as part of the initial and subsequent assessment process and staff worked alongside people to involve them in decision making when required. One person told us, "Staff treat me with respect, they knock on my door call me by my first name, my social worker is involved in my care and I work closely with her".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people well and supported them based on their needs, preferences and choices. Staff delivered care and support in a non-discriminatory way and respected the rights of people with a protected characteristic. Protected characteristics are a set of nine characteristics, protected by law to prevent discrimination, for example, discrimination based on age, disability, race, religion or belief and sexuality.
- Staff had received training in equality and diversity and they were committed to ensuring people had equal opportunities.
- We saw people were treated with kindness and were positive about the staff's caring attitude. A relative told us, "Staff are so kind and caring, and do all they can to look after [my relative], staff are always attentive". A person said, "Nowhere could be better than here".
- During the inspection we saw the visiting hairdresser show kindness and understanding to a person who needed to lip read; the hairdresser explained everything to the person and asked what they wanted doing.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Systems were in place to maintain confidentiality and staff understood the importance of this; the service stored people's records securely. Staff understood how people communicated. Care records identified how staff should offer people choices in a way they would understand, so they could make decisions about their care. Different methods of communication such as pictures, were used to help some people to make decisions.
- Staff involved people in decisions about their care; our observations during the inspection confirmed this. We observed care taking place and interactions between staff and people using the service; it was clear staff were respecting people's decisions about their care.
- Staff respected people's privacy and dignity and could tell us the ways they did this when supporting people with personal care. One person said, "I have a bad memory, I forget names, I feel the staff listen to me, if I need anything I just have to ask".
- Staff understood the importance of maintaining people's independence and promoted this where possible. Staff encouraged people to carry out tasks they could to maintain their independence and people confirmed staff promoted their independence.
- We saw the home had received lots of compliments regarding staff attitude, for example one compliment stated, "[My relative] has been a resident for nearly two months now and the main thing I can call out is the carers. All have been wonderful, and I can tell [my relative] likes them; she always smiles when they come in. For the family, they have also been great in helping us have conversations with [our relative]".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Person-centred care plans contained specific individual details about people and how they wanted support. Care plans detailed people's likes, dislikes and preferences. Staff demonstrated they knew about people's likes and dislikes, through interactions we observed throughout the inspection.
- People's care plans detailed their strengths and areas of independence, for example, where people could complete elements of their personal care independently. The service regularly reviewed care plans to ensure all information was accurate and up to date.
- Activities were displayed on notice boards; we saw the activity co-ordinator engaged with people and encouraged them to participate in activities on offer. Staff time was available to support people in activities and a number of activities took place during the inspection
- Staff supported people to maintain relationships important to them. A relative told us, " I do not live locally and [registered manager name] has kept in touch throughout the COVID-19 period; he cares about what he does and makes sure staff are the same".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service took into account people's communication needs and preferences when planning care. Care plans included guidance for staff to help them communicate with people effectively when providing care.
- There was signage used around the home to identify rooms and help people orientate around different areas. Staff had created a word translation board for one person whose first language was not English. Communication boards were also used for people not able to clearly express their needs verbally. There were pictorial displays of menus and translators had previously attended the home, where needed, to support people.
- External professional support, such as optical or hearing services were used and referrals were made, as appropriate. Information, such as the complaints procedure was provided in a format which was easy to read and other communications were done in large print.

Improving care quality in response to complaints or concerns

- The provider had a system in place to ensure people could raise concerns about the service.
- The registered manager kept a record of complaints raised and could evidence they had addressed

complaints appropriately.

- Relatives we spoke with told us they would be able to talk to staff if they had any concerns and felt they would be listened to. None of the people we spoke with had felt the need to make a complaint.
- People were given a 'service user guide' which detailed how they could make a complaint which included contact details for the local authority and CQC.

End of life care and support

- The service followed the principles of the 'Six Steps' end of life care programme which is intended to enable people to have a comfortable, dignified and pain free death.
- At the time of the inspection no-one was at the end stages of life. People had supportive care records, which identified if people had a 'do not resuscitate' order in place.
- District nursing teams, doctors and relevant other professionals supported end of life care provision.
- People's relatives had provided positive feedback regarding end of life care, one comment stated, 'As a family we cannot begin to express our eternal gratitude to you all for truly going above and beyond. During the last few days of [our relative's] life, it was obvious to see that she received exceptional care. This has given us as a family tremendous comfort knowing that she was peaceful, settled and had a dignified death. We will always be indebted to you for that'.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff held a handover meeting in between each shift change to discuss each person and notes of meetings we saw included identifying if any issues had arisen in the night or day, which ensured staff followed up on any required actions in timely way.
- The registered manager was aware of their obligations under duty of candour. The provider's audit systems supported good service delivery and showed the management team were able to question and act on issues raised.
- Peoples relatives told us the registered manager was supportive and approachable. One relative spoke highly of the registered manager who they said 'went above and beyond'. They told us "[My relative] moved to the home during COVID-19, it was difficult as I couldn't go inside and it was a big decision to make. They [staff] were accommodating and although it isn't home they have made it the best they could, and I am extremely grateful nothing was too much trouble".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager showed a strong commitment to good governance of the service supported by their regional operations director. The provider had a range of governance systems, tools and processes in place to assess the safety and quality of the service and identify areas for improvement. For example, they completed audits on care records, medicines administration and infection control.
- The registered manager was aware of their regulatory requirements, for example, they knew their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service.
- People at all levels understood their roles and responsibilities and managers were accountable for their staff and understood the importance of their roles.
- We saw the registered manager was fully involved and engaged in supporting staff and people throughout the inspection, providing guidance, support and instruction.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service engaged with people and their relatives on an ongoing basis. Although one relative told us communication had sometimes been difficult during the height of the pandemic, another relative said

communication was excellent.

- The provider engaged with staff regularly. Staff had access to regular team meetings and one-to-one supervision sessions, where they could make suggestions or raise concerns. One staff member told us, "We get thanks for what we do daily from the manager. I can't think of anything I would change. We have a good staff group and all work well together". A second staff member said, "If there was a change in care plans, we would be informed at the handover meeting in the morning at 11.00am and we also get updated information at the 8.00am meeting every day from the shift leader or nurse".
- The registered manager promoted best practice in person centred care. There was a clear culture based on achieving positive outcomes for people.

Continuous learning and improving care; Working in partnership with others

- We saw the provider had learned from issues identified at other homes owned by the same provider, which had resulted in a change to a policy and staff competencies in the management of people's medicines.
- The service worked in partnership with the local community, other services and organisations.
- Records showed multi-disciplinary teams were involved in people's care.
- A social care professional who regularly supported the service told us the registered manager had worked hard to make improvements at the home and was very dedicated.