

Leonard Cheshire Disability

Kenmore - Care Home with Nursing Physical Disabilities

Inspection report

Kenmore
100 Whitcliffe Road
Cleckheaton
West Yorkshire
BD19 3DS

Tel: 01274872904
Website: www.leonardcheshire.org

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We inspected Kenmore – Care Home with Nursing Physical Disabilities (known to people using the service, their relatives and staff as Kenmore) on 3, 4 and 5 January 2018. The first day of inspection was unannounced. This meant the home did not know we were coming.

Kenmore is registered to provide nursing and residential care for up to 26 people. When we inspected, 20 people were using the service. The building is a converted older house with a more modern annex attached. Most people's rooms were in the ground floor annex, although some people's rooms were on the first floor of the older part of the building; rooms there were accessed via a lift. People's rooms had sinks and were located near communal bathrooms and toilets. The home had a large dining room, two sitting rooms and an activity room.

Kenmore is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the last inspection we rated the home as 'Requires Improvement' in all five of the five key questions and identified breaches of Regulation 9 (person-centred care), Regulation 12 (safe care and treatment), Regulation 18 (staffing), and Regulation 17 (good governance). We asked the registered provider to send us an action plan to include when and how improvements would be made. The action plan we received stated all concerns would be addressed by February 2017.

At this inspection we found little improvement had been made, and identified breaches of Regulation 12 (safe care and treatment), Regulation 17 (good governance), Regulation 18 (staffing), Regulation 19 (the employment of fit and proper people), and Regulation 11 (consent). The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures.'

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

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their

registration.

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

The home had a registered manager. 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 found some issues with medicines management identified at the last inspection had not been addressed. The application of people's topical creams was not always recorded. Records could not evidence how medicines errors at the home had been learned from to prevent them happening again in the future.

Risk assessments were not always updated regularly. This was a finding at the last inspection. The quality of people's moving and handling care plans varied. We observed an agency care worker put a person at risk of choking by not supporting them to eat in accordance with their care plan.

People and relatives told us there was not enough staff deployed to meet people's needs at Kenmore. There was a reliance on agency nurses and care workers due to staff sickness and long term leave.

Recruitment records could not evidence fit and proper persons had been employed.

Staff told us they received training, however, training records could not evidence staff had received the training they needed to meet people's needs. Staff had received appraisals, but their access to supervision had not improved since the last inspection.

As at the last inspection, records could not evidence the registered provider was compliant with the Mental Capacity Act 2005. One person's liberty was being restricted and records failed to show why this was being done and how the person had been involved in decision-making.

Feedback about meals at the home was mixed. The catering supervisor was responsive to feedback and people had been asked for alternative meal ideas.

We identified issues with communication of people's needs between the staff team. Relatives gave examples of when important information had not been passed to them. Feedback from visiting healthcare professionals was generally positive. People were supported to meet their holistic health needs.

Feedback about care staff from people and their relatives was not all positive. Some people told us care staff did not always respect their privacy and were not all kind and caring. Relatives told us staff were caring but did not always promote people's dignity.

People's care plans contained information about their personal histories and preferences. Staff knew people well as individuals and could describe their likes and dislikes. People and their relatives were involved in planning and reviewing their care.

The service supported people to meet their equality and diversity needs although this was not well

documented.

As at the last inspection, the quality of people's care plans varied. Some were individualised, detailed and up to date; others consisted of a list of tasks and were over two years old. We identified inconsistencies in people's care plans and aspects which needed to be updated.

Formal complaints had been investigated and resolved but this was not always documented. Two people and one relative told us they had complained about a specific issue but there was no record of this in the complaints folder.

Some people told us they enjoyed the activities on offer at Kenmore, whereas others did not. We saw people engaging in activities during the inspection. Most people told us they wanted to go on more outings. We recommended the service involve people in a review of activities provision.

People, relatives and staff told us the registered manager spent most of the time in her office. Not all people and relatives thought the home was well-managed.

An action plan submitted after the last inspection had not been implemented. Audit systems and oversight by the registered provider and registered manager had failed to resolve and prevent new and continuous breaches of regulation.

People and staff raised concerns about a lack of communication and involvement in decision-making at the home.

We found breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the 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?

Inadequate ●

The service was not safe.

We identified concerns with medicines management and recording.

Risks to people were not always reassessed regularly. Records could not evidence whether lessons had been learned from medicines errors.

People said low staffing levels impacted upon them. Recruitment records could not evidence the correct checks had been made and assurances sought.

Is the service effective?

Requires Improvement ●

The service was not always effective.

As at the last inspection, records could not evidence the service's compliance with the Mental Capacity Act 2005.

Records could not evidence staff had received training required to support people safely. Staff access to supervision had not improved.

Feedback about food at the home was mixed. People had been asked for meal ideas and other suggestions and records showed these had been acted upon.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People and relatives said staff did not always respect people's privacy and dignity, or promote their independence. Interactions we saw were positive.

Records showed people and their relatives were involved in care planning.

The service promoted people's equality and diversity needs but did not always document action taken well.

Is the service responsive?

The service was not always responsive.

The quality of care plans varied. This was an issue at the last inspection.

Not all complaints made had been logged and investigated. Complaints outcomes were not always documented.

Feedback about activities provision at the home was mixed. We recommended the service review activities provision to better meet people's needs.

Requires Improvement 

Is the service well-led?

The service was not well-led.

There had been a failure to make improvements after the last inspection. New and continuous breaches of regulation were identified at this inspection.

Quality assurance processes were not effective or acted upon to ensure the safety and quality of the service.

People, relatives and staff told us the registered manager was not visible at the service. People and staff raised concerns about communication at the home.

Inadequate 

Kenmore - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

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

This inspection took place on 3, 4 and 5 January 2018. The first day of inspection was unannounced. The inspection team consisted of one adult social care inspector, one specialist advisor and one 'expert by experience' on the first day of inspection. On the second day the team comprised of one adult social care inspector and one adult social care inspection manager and on the third day there was one adult social care inspector. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

To prepare for the inspection we reviewed the information we held about the service and requested feedback from other stakeholders. These included Healthwatch Kirklees, the local authority safeguarding team, the local authority infection prevention and control team, and the Clinical Commissioning Group. After the inspection we received feedback from five healthcare professionals who visited the home to support people there.

During this inspection we spoke with seven people who lived at the home and four of their relatives, to obtain their views of the support provided. We spoke with 10 members of staff which included five members of care staff, the registered manager, the deputy manager, the activities coordinator, the volunteer coordinator and the kitchen supervisor.

We spent time observing care in the communal lounge and dining room and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us.

We reviewed a range of records which included six people's care files. We also inspected three staff members' recruitment and supervision documents, staff training records, four people's medicines administration records, accident and incident records, and various policies and procedures related to the running of the service.

Is the service safe?

Our findings

People told us they felt safe most of the time at Kenmore. Comments included, "Yes I'm happy here and I feel safe", "Yes I feel safe most of the time", "I feel safe when I'm being hoisted", and, "I feel safe with regular staff that know me. Some agency staff are OK but I prefer to know them." Relatives said they felt their family member who used the service was safe at Kenmore. One relative said, "On the whole I feel [my relative] is safe here, although in the past [they have] had falls", and a second relative commented, "I think [my relative] is safe here."

Care staff we spoke with could describe the ways in which people they supported might be vulnerable to abuse and told us they would report any concerns appropriately. Records showed concerns had been reported to the local authority safeguarding team and to the Care Quality Commission (CQC) as is required. This meant people were safeguarded from abuse.

At the last inspection in October 2016 we identified a breach of Regulation 12 relating to safe care and treatment as medicines were not always managed safely. This was because the temperature of medicines storage rooms and fridges was not always checked regularly, care plans for medicines prescribed 'when required' were not in place, and records to evidence medicines errors had been investigated could not be located. 'When required' medicines are prescribed to be taken as and when the person feels they need them, and often include painkillers and laxatives.

At this inspection we saw care plans were in place for some people's 'when required' medicines, but not all. Care plans for 'when required' medicines provide information as to when, why, and how often a person can safely take a medicine. They are particularly important when people have problems communicating their needs. For example, one person who could not communicate verbally had been prescribed Diazepam and a laxative 'when required' at the end of November 2017 and had no care plans for them in place at the time of this inspection.

We reviewed medicines administration records (MARs) for four people. MARs for oral medicines evidenced people received their medicines as prescribed. We noted MARs for people's topical creams were not signed regularly by staff or in some cases were missing. For example, one person was prescribed Dermol as a soap substitute, as well as twice a day or more often if required. Their MAR for December 2017 showed it had been applied 21 times which suggested they had not been supported to wash on 10 days that month.

People we spoke with told us staff applied their creams when they needed them. We found part-used creams in people's rooms that had been dispensed recently, suggesting they were used regularly. One care worker told us they applied people's creams and signed MARs afterwards, but not all care staff did this. We concluded this was an issue with medicines recording rather than administration. After the inspection the registered manager confirmed a new topical MAR had been introduced which would be audited weekly.

We identified concerns around the storage of drinks thickeners and dietary supplements. It was evident a system of stock checking and rotation was not in place as 10 packs of supplements had passed their expiry

date. We found stock dispensed in December 2017 was at the front of the shelf, and that dispensed in June 2017 was at the back. We also found six tubs of drinks thickener with the prescription labels torn off, suggesting they had been prescribed for a person who no longer needed them, but had not been returned to pharmacy. This meant people were at risk of receiving out of date medicines or medicines not prescribed for them. The registered manager told us they would perform a stock check and ensure supplements and thickeners were stored properly in future.

At this inspection we found an effective system was in place for the ordering and return of people's medicines. Medicines were stored securely in cabinets in people's rooms and in a central storage room. We observed a medicines round and identified no concerns. Records showed the temperature of people's rooms and of the medicines storage room were checked, however, there were some gaps. The registered manager told us this was when agency nurses had been used; she told us reminders were given to agency nurses at handover, but recording was not always completed.

The registered manager explained the home was preparing to transfer to an electronic system of medicines management and recording. She hoped this would improve adherence to MARs and make auditing more straightforward. We will check at the next inspection.

Concerns with medicines raised at the last inspection persisted. This was a continuous breach of Regulation 12 (1) and (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we identified people's risk assessments were not always updated regularly. At this inspection we found people's care files contained various risk assessments for aspects of their care and treatment, for example, risk of pressure ulcers, choking, falls and nutritional risk. Most risk assessments had been reviewed on a monthly basis, but some were not. For example, one person's skin integrity risk assessment had not been reviewed since July 2017; at that time the person was rated as at high risk. A second person had bed rails fitted to their bed but had no risk assessment to ensure they were used safely; the same person's skin integrity risk assessment had not been updated since October 2017. This meant risks to people were still not always assessed regularly.

During the inspection we observed one person was placed at risk of choking when they received unsafe support to eat. The person's care plan stated they must be supported to eat from a teaspoon. On the third day of this inspection we saw a staff member supporting the person to eat from a dessert spoon and they were coughing, so we intervened. The care worker supporting the person was from an agency and had never supported the person previously or read their care plans. They were working with a regular member of staff who recognised the error immediately and fetched a teaspoon. At all other times we observed the person was supported safely. The registered manager told us agency staff were not usually tasked with supporting people at high risk of choking at mealtimes, and were always paired with more experienced staff. After the inspection she confirmed agency staff would not support people at high risk of choking to eat until their competence had been assessed.

We saw the quality of people's moving and handling care plans was variable. Some people's care plans contained excellent person-centred detail, with photographs of their hoisting slings and information about which loops to attach to the hoist. However, two people's mobility care plans did not contain this level of detail as one said the person was nursed in bed and the second said the person could walk, whereas both were hoisted. This meant people were at risk of being supported incorrectly.

We identified continued concerns around the assessment of risk at Kenmore. This was a breach of Regulation 12 (1) and (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

Records showed risks posed by the building, its utilities and facilities had been managed, with the exception of one aspect. We saw checks had been completed on moving and handling equipment and fire safety equipment, as well as the electrical and gas systems. Risk assessments for fire safety and asbestos had generated action plans, and we saw actions had been completed. Fire drills had been conducted and care staff could describe the action they would take in the event of a fire. People had personal emergency evacuation plans (PEEPs).

At the last inspection in October 2016 we noted water temperatures were not always checked consistently; checking water temperatures is required to help manage the risk of Legionella. At this inspection we found regular temperature testing had been completed, however, records showed results did not always meet guidelines from the Health and Safety Executive. This was because water produced by one of the home's boilers was not hot enough. The registered manager told us the registered provider was aware of the issue, and was making plans to replace the boiler.

Records could not always evidence how the registered manager and registered provider had learned lessons when mistakes had been made. For example, records showed numerous medicines errors had been made by nurses at the home in 2017. Each error had been entered onto a medicines error form and two nurses had been disciplined for repeatedly making errors. However, there was no analysis of the types of errors made or evidence of action taken to prevent future medicines errors, other than the disciplining of individual nurses. When we spoke with the registered manager she could describe additional actions taken to reduce medicines errors, it just was not recorded. The registered manager told us she would ensure records of actions taken were made in future.

Records could not evidence action was taken to improve safety and quality at Kenmore when incidents occurred. This was a breach of Regulation 17 (1) and (2) (a) (b) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in October 2016 we raised concerns about staffing levels and identified a breach of Regulation 9 relating to person-centred care, as a relative had complained to us that staff did not support their family to use the toilet in order to help prevent them being incontinent.

At this inspection people told us there were not enough care staff at Kenmore and that staffing levels impacted upon them. Comments included, "There are not enough staff resources and it's often left for agency staff to plug the gaps", "Not enough staff at night – only three people on. If you ring the bell it often takes a while for them to come. If you need the bathroom it's difficult as it takes two people", "Not enough staff during the day. If I need the toilet I have to wait for staff to put me on, then I have to wait to find available staff to get me off. This often leaves me waiting up to 15 minutes to get off the toilet", and, "It takes a while for them to do things, particularly if you need two staff. This takes ages."

Relatives also raised concerns about staffing levels. One relative said, "Staffing is and has been for years a problem. Staffing issues are the excuse for all the problems and they try and get a relative to do stuff so they don't have to do it", "I think there's not enough nurses. They've got a lot of clients with complex needs. I think there are enough care staff", and, "They haven't got enough staff of a morning."

Care staff told us there were sufficient staff deployed to meet people's care needs at the current occupancy rate, but they did not have time to get involved with activities or interact socially with people. Feedback included, "At the minute with us having 20 (people), yes (there are enough staff)", "It's (activities) something

we used to have time to do", "We're short-staffed quite often", and, "You're not able to have time to sit down and talk or play games."

During this inspection we observed call buzzers were answered in a timely way and people did not wait long for care and support when they needed it. We saw care staff were busy and did not have time to interact socially with people. We also had problems locating staff and spent much time walking around searching for them. On the third day of inspection we spend an hour in a lounge area with two people who had been placed in front of the TV; neither person could communicate their wishes or care needs verbally. During the hour we spent in the room no members of care staff came into the room to check on or interact with on either person. After the inspection the registered manager told us the home's staffing levels had been deemed safe and adequate by the head of operations for the registered provider.

One staff member told us night staffing levels of one nurse and two care workers did not increase, even when the home was fully occupied. This meant no more staff would be deployed even if six more people were admitted. The registered manager told us people were assessed for their dependency in order to calculate staffing levels. However, she confirmed night staffing levels did not increase with increased occupancy and stated she had asked the registered provider for more staff at night but the request had not been approved.

The registered manager and various care staff told us the building layout made staff deployment more challenging. The registered manager told us, "It's a nightmare. It's an awful building", and one care worker remarked, "You can spend most of your shift trying to find other staff." This was because the home consisted of a large older building which contained first floor bedrooms, with a more modern annex loop where the majority of people's rooms were located.

The numbers and deployment of staff was not appropriate to safely meet the needs of people who used the service. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the recruitment records of three members of staff employed at the home. All three files contained evidence of checks and references, including with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. We noted the DBS check of one member of staff contained information of concern and one of their references was negative. The interview record for the staff member made no mention of either concern and an additional form completed by the registered manager for staff who may pose a risk stated simply, 'Issues discussed – no risk to service.' How this had been established was not made clear. The registered manager told us they recorded the meeting they had with the staff member to establish they posed no risk, but this information was not provided to us.

One other staff member had a reference from a previous employer who stated they would not re-employ them and this had not been explored at interview. We also noted none of the three staff members had provided a full employment history as is required by the regulations and their gaps in employment had not been explored at interview and recorded.

This meant recruitment records could not evidence fit and proper persons had been employed and was a breach of Regulation 19 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they thought the home was clean. One person said, "Oh yes, it's clean. I think it's clean enough", and a second person said, "Yes I think it's clean. My bedroom is cleaned. Staff help

me to clean it." Relatives told us, "It's OK. Generally they keep it OK. [My relative's] room is clean", "The home is really clean", and, "I've never known this place to smell." A healthcare professional who visited people at the home told us, "It's not the Ritz but it's not dirty or not the bits I go to. It's homely rather than hotel but it doesn't smell." During the inspection we found the home to be clean and odour-free, and domestic staff were observed to be cleaning in people's bedrooms and communal areas.

Is the service effective?

Our findings

None of the people we spoke with raised concerns about the competence of staff employed by Kenmore. One person asked if staff were well trained said, "I'm not really sure. I guess so – I think they're OK", a second person told us, "They seem to have the training. I've nothing to complain about the regular staff – they're OK. Some of the agency staff are OK, some are rubbish", and a third person commented, "Staff seem trained OK. They are not nurtured or brought on and the good ones often leave."

Similar themes came from relatives. One relative said, "On the whole yes (staff are well trained), although I'm not happy with agency staff all the time", a second relative said of the staff employed by Kenmore, "They've got great skills", and a third relative said, "The staff they've got are good staff."

Staff told us they had access to training and could ask for additional training if they needed it. As part of the inspection we sampled staff files to check training certificates and analysed the home's electronic training records. Records showed gaps in the training matrix for various courses, including fire safety training, moving and handling training and safeguarding training. It was the provider's policy to update staff on these three aspects annually. We raised this with the registered manager. She said she was aware staff training on fire safety and moving and handling were overdue, and that this was caused by staff sickness. Training for fire safety and moving and handling had been booked in for completion by the end of January 2018.

The training records system had been changed since the last inspection and we found it difficult to determine which training courses staff had attended and which were due to be updated. The registered manager could not produce statistics for the home which showed clearly what staff training was required and when. For example, one spreadsheet we were supplied with listed 13 staff as requiring a fire safety update; a different part of the same spreadsheet listed 12 other staff whose last fire safety update was over a year previously but none of those staff were listed as requiring fire safety training. We noted 18 staff were overdue for safeguarding training. Ten of these staff had not received safeguarding training for over a year and a half; 14 other staff had no date recorded for their last safeguarding course so we could not tell if they were overdue or had received a safeguarding update at all since their induction.

The registered manager said the staff member who monitored staff training had left the service shortly before this inspection and the role had been delegated to another staff member. This meant it was not clear from training records what courses staff had attended and when; in addition, the registered manager lacked oversight of staff training records.

Records showed new employees received an induction to the home and to the registered provider. No care staff new to health and social care had been employed since the last inspection, so no staff had needed to complete the Care Certificate. The Care Certificate is an introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours that care workers follow in order to provide high quality, compassionate care.

At the last inspection in October 2016 we identified a breach of Regulation 18 relating to staffing as staff at

the home did not have access to regular supervision and appraisal. The registered provider's policy was for staff to receive three supervisions per year and one appraisal.

At this inspection we found staff had recently received an appraisal, but access to supervision was still poor. One member of staff told us, "I've only had one (supervision since October 2016)", and a second member of staff said, "It's just the same." Staff we spoke with told us they did not feel supported by the registered manager.

When we asked the registered manager how many staff had received supervision since the last inspection she could not tell us as there was no matrix to record this information. She told us a matrix had been created to record completed and required supervisions and appraisals going forward and staff training for supervisors had been booked. We will check this at the next inspection.

The registered manager lacked oversight of training at Kenmore. Failure to improve staff access to supervision since the last inspection was a continuous breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in October 2016 we identified a breach of Regulation 17 relating to good governance, as the home's records could not evidence the registered provider was compliant with the Mental Capacity Act 2005 (MCA). At this inspection we found some progress had been made but concerns remained.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards or 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.

As at the last inspection, we observed most people were supported in ways which were least restrictive, but records did not evidence the process for establishing people lacked capacity had been completed before decisions were made for them. For example, one person's care file contained summary information which referred to aspects of care the person could not consent to, but there was no capacity assessment or record of best interest decisions made for them. A second person's care file contained contradictory information; on one consent form it stated, '[Name] has no capacity, consent discussed with [a relative]', whilst another form listed a range of care interventions the person could consent to. Apart from a capacity assessment and best interest decision for the person's medicines, there was no other record of how the person's capacity had been assessed or how decisions had been made for them on their behalf.

The registered provider had not ensured improvements were made such that records evidenced full compliance with the MCA. This was a continuous breach of Regulation 17 (1) and (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted two aspects of one person's liberty had been restricted by the service. According to the person's care file they had capacity to make their own decisions, and had previously agreed to one of these restrictions. However, monthly reviews recorded the person had consistently fed back they were unhappy

with the arrangement but it had not been revisited. The second restriction involved the removal of a piece of equipment; we saw there was no information in the person's file as to who made the decision to remove the equipment, why, or how the person had been involved in the decision. One review of the person's mobility care plan stated, '[Name] has lost capacity to [use a specific piece of equipment] but is coming to terms with [the alternative].' How this loss of capacity had been established was not recorded.

Records showed another person's lap belt and wheelchair brakes had been altered so they could not take them off, as this was something they had been doing. Their care records contained no mental capacity assessment or best interest decision regarding the changes to the person's equipment and there was no evidence the person had been involved in decision-making.

Decisions had been made to restrict people's liberty in their best interests without fully establishing their mental capacity or involving them. This was a breach of Regulation 11 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Feedback from people about food at the home was mixed. Comments included, "The food is a bit boring – very plain", "I love the food here, as you can see I eat a lot of it. I really enjoy the food here, it is good", "The food's disgusting. Yesterday I had potato waffles and baked beans. Just a disgrace", and, "I'm having lasagne for lunch and scrambled eggs on toast for tea."

Relatives also commented about the food. One relative said, "The food is excellent – there's always plenty of it. A good variety", and a second relative told us, "The food's alright. The food always looks nice." One relative told us visitors had to pay to eat meals with their family member who used the service and the cost of this had risen without warning in the weeks prior to this inspection by 150%. Signage at the home confirmed this. They told us they could no longer afford to eat with their relative as a result. The registered manager told us she would investigate how this decision had been made and its impact on people and their relatives.

We spoke with the catering supervisor who demonstrated a good knowledge of people's dietary needs. Information from speech and language therapy was kept in the kitchen to ensure people with specific requirements received foods modified to make them safer to swallow. We saw checks on food and kitchen equipment temperatures were made, and the home had achieved five stars out of a possible five after a local authority food hygiene inspection in October 2017. The catering supervisor also provided examples of responding to people's feedback, by producing picture menus to help people select their meals and placing supplies of condiments in the rooms of people who chose to eat there. Records showed people had been asked to suggest changes to the menus.

We observed two meals during the inspection and one of our inspection team ate a meal with people in the dining room. We saw people received support when they needed it and most appeared to enjoy the food provided. We did raise concerns when we saw a person who needed a pureed diet was supported to eat mashed potatoes, scrambled eggs and gravy for lunch, and seemed reluctant to eat it. When offered modified chocolate cake the person was seen to eat much more enthusiastically. The registered manager told us the gravy had been added to modify the texture of the meal to make it safer, but agreed it did not sound like an appetising combination. She told us she would discuss options for people on pureed diets with the catering supervisor and cook.

The registered manager told us information about people's needs was passed to staff at the home during handover meetings at the start of shifts. We noted a board in the main office was used to communicate specific tasks and to allocate staff to particular parts of the home each shift. Care staff told us they received

information from handover, and read people's care plans when they needed guidance around meeting their needs. A summary of each person's needs was available for new and agency in the dining room, however as discussed earlier in this report, we saw agency staff did not always read it.

Partway through the inspection we noted an instruction was added to the communication board regarding the time a person could safely spend in a chair in order to protect their skin integrity. Two care staff told us they had been unaware of this advice until it was added to the board the week of the inspection. The registered manager told us the advice had come from a specialist nurse in November 2017; we noted it was included in the person's wound care plan for a pressure ulcer they had, but not their skin integrity care plan. Records showed all other wound care advice was being followed and the wound was healing. This meant the person was at risk of receiving unsafe care because their needs were not communicated in a timely way to staff; it also showed communication between the staff team could be improved.

Records evidenced a range of healthcare professionals, including GPs, dieticians, speech and language therapists, physiotherapists and tissue viability nurses, were involved in people's care and support. We saw people also accessed dentists and opticians, and the home had organised a multidisciplinary meeting to discuss a person's complex needs. One person said, "They call the doctor if I'm not well. I go and see the dentist locally and the optician comes here to visit and checks our eyes."

Healthcare professionals we spoke with told us staff at the home contacted them when they needed advice. One healthcare professional told us, "I think communication between myself and the registered nurses is certainly good", then added with reference to the deputy manager, "[They're] really good and really on the ball at seeking advice and support." A second healthcare professional commented, "I usually find that the advice has been followed or attempted and if not there is usually a good reason for it", they added, "I haven't had any concerns and am generally very happy with what I have seen of the care at Kenmore."

Two other healthcare professionals said there could be problems when advice they provided was more complex. One healthcare professional told us, "I think sometimes the communication doesn't filter through (to care staff)", and a second said, "The paperwork isn't brilliant. It took about six months to get the paperwork correct." A third healthcare professional told us they noted some daily records were not completed fully and had provided advice to staff about it; they told us this advice had been followed. None of the healthcare professionals we spoke with raised concerns about people at Kenmore at the time of this inspection.

Two relatives told us communication with them by staff at the home about their family member's health was generally good, although both gave example of times their relative's health had either changed or they had attended a healthcare appointment and they had not been informed. This showed the communication of and adherence to advice from healthcare professionals, and communication with people's relatives, could be improved.

Kenmore had been adapted to better meet the needs of people using the service. We saw people's rooms had ceiling tracking for hoists, bathrooms had been modified and people used specialised mobility equipment. One person had a padded sleep system to help promote their safety whilst in bed, and others used air mattresses to reduce their skin integrity risk.

The registered manager explained how national guidance and best practice was used at the home. We saw the registered provider's policies and risk assessments made reference to guidelines provided by the Health and Safety Executive and National Institute of Health and Clinical Excellence. Records showed advice had been sought from healthcare professionals specialising in specific health conditions in order to inform

people's care and treatment.

Is the service caring?

Our findings

We received mixed comments about staff from the people we spoke with at Kenmore. One person said, "The regular staff are usually alright, some of them aren't. I'm not really keen on agency staff. They're not always as good", a second person told us, "Staff are brilliant. I'm very happy with staff. They are friendly and caring – it's a great atmosphere here. I'm certainly very happy here", and a third person said, "Some staff are good, some staff have been here too long and need to move on. Agency staff are a necessary evil."

Feedback from relatives was also mixed. One relative said, "They're definitely kind and caring", a second told us, "The older end (older care workers) care. A lot of the young ones just want to go home", and a third relative commented, "They're very kind and very caring", then added, "They go above and beyond to make sure [my relative's] happy." One relative gave an example of a thoughtful care worker who had taken a tablet device to a healthcare appointment with a person so they could read them interesting magazine articles while they were waiting.

During the inspection most staff interactions with people we observed were positive and supportive. We saw care staff spoke to people at eye level by squatting down and heard some laughter and banter exchanged. One person told us staff were helping them to commemorate the death of close relative; we saw staff had placed a photo of the relative in a frame for the person to have in their bedroom. The person told us how pleased they were about this.

We saw a member of agency staff administering medicines. They were not familiar with people using the service and were observed to stand behind a person and ask a care worker, "Who is this one?" This was not a respectful way to establish a person's identity. We informed the registered manager who said she would speak to the agency worker and the agency that had provided them.

People told us care staff did not always respect their privacy and dignity. Comments included, "Some do treat you with dignity, some are not bothered about the privacy. Some knock on your door when they want to come in, some staff don't", "Yes I think they do (respect my privacy and dignity). Yes, some people (staff) knock on your door, others don't", and, "Yes (staff respect my privacy and dignity). I'm very happy with staff. They're really brilliant."

During the inspection we observed staff knocking before entering people's rooms. Most people's bedroom doors were open during the day when they were not receiving personal care. People's care files included their preference for this and people we spoke with whose doors were open said it was at their request.

We observed people looked clean and tidy and were dressed appropriately for the time of year. Several people wore make-up, and on the first day of inspection were having their hair done by the hairdresser in an adapted salon at the home. One relative told us, "I come in an [my relative's] hair is French plaited and in ponytails. [My relative] loves it – loves [their] hair doing." A second relative commented, "Sometimes they don't even comb [my relative's] hair", and added that older care workers helped their relative to apply make-up and do their hair nicely but, "Not all of them, two or three (care workers) don't bother." We saw in

the person's care plan they liked to wear make-up and needed assistance to apply it.

Care staff could describe people well as individuals, including their likes, dislikes and preferences. One person said, "Regular staff know you really well – what you like and what you don't like." We saw people's personal histories were described in detail in their care plans; this included where they were from, their important family members, their interests and any jobs they had done previously.

The registered manager told us none of the people using the service at the time of this inspection had an advocate as they all had family or friends who advocated for them. The registered manager was able to provide information about local advocacy services and give appropriate examples of when referrals had been made in the past. This meant people had access to independent support with decision-making, if they needed it.

Some people told us they were not sure if they had been consulted about their care plans, whereas others said they had. One person said, "Yes, I talk to my keyworker about that (care plans)", and a second person told us, "I think so. People (staff) do ask me if things are alright. Yeah, we do chat about that." Comments from relatives included, "I'm at every meeting and speak to [my relative's] social worker", "We've had several meetings about [my relative's care]. It's an open conversation", and, "I've seen [my relative's] care plan and we meet once a year. If something comes up we talk about it. I always feel involved." People's care plans indicated when they had been present at discussions and some people had signed parts of their care files. This meant people and their relatives were involved in planning and reviewing their care.

Feedback from people about whether care staff helped to promote their independence was mixed. Comments included, "I sort of guess they encourage you to do things for yourself. Can't give an example", "I like baking and I can make a cup of tea myself. I'm good at it. They (staff) show me how to do things", and, "I'm not able to be independent. I'm stuck in this place – in this room." Another person described how changes to the support they received had reduced their independence.

Care staff gave examples of how they encouraged people to retain their independence and we saw this information was included in people's care plans. During the inspection we observed people using the communal kitchen area to make drinks, and one person assisted staff at mealtimes by setting and clearing tables. This meant some people were supported with their independence, whereas other felt they were not.

People's care plans did not include details of their diversity needs. However, upon speaking to people and care staff we were provided with examples of how people received the support they needed. For example, a volunteer at the service read religious texts to one person on a regular basis. Other people had commenced relationships since moving to Kenmore, which staff facilitated by respecting their private time. One person had expressed a wish to attend a particular church and staff were in the process of making arrangements at the time of this inspection; church representatives visited the home regularly to conduct a service for people who wished to attend. Another person had expressed a wish not to be involved in any religious celebrations. Staff told us they respected this person's wishes by supporting them to leave the room prior to church services. This meant people's expressed equality and diversity needs were met but records of this could be improved.

Is the service responsive?

Our findings

People told us they had never made a formal complaint in writing about the service, but one person had spoken to staff about a problem and did not feel listened to. Comments included, "I have not complained at all. I would feel confident in complaining if I needed to", "I have never made a formal complaint but I spoke to [the registered manager] on several occasions about [an issue] and nothing has ever been done. I don't see the point in speaking to her if things don't change", "No complaints. I just get along with things and if not happy I speak to staff", and, "Complained on many occasions to both the [the registered manager] and care support manager (deputy manager), both their line managers about numerous things. Nothing much changes; they're all a waste of time."

Relatives we spoke with said they had raised concerns about the service. Two relatives had made formal complaints; both were satisfied with the investigation and outcome. One told us, "I don't feel awkward about complaining – I need to protect [my relative]. No-one (staff) has ever made me feel awkward (about complaining)."

We reviewed the complaints folder as part of this inspection. We saw formal complaints had been acknowledged as per the registered provider's complaints policy, however, records did not contain outcomes to two formal complaints made by relatives. The registered manager told us they were on extended leave at the time these complaints were made so they had been dealt with by another manager for the registered provider. After the inspection the registered manager confirmed both complainants had been provided with an outcome verbally and were satisfied. She told us written records would be made of complaint outcomes going forward.

During this inspection two people and one relative told us they had made verbal complaints to the service about the same issue. We found these had not been logged in the complaints file and spoke with the registered manager. She told us verbal complaints had been made about this specific concern but said that whilst action was taken, the complaints had not been managed in accordance with the complaints policy due to the nature of the concerns raised. The registered manager agreed this was not good practice and resolved to log and investigate all complaints according to the provider's policy in future.

At the last inspection we identified a breach of Regulation 17 relating to good governance, as people's care plans were not always person-centred or updated on a regular basis. We found the same concerns at this inspection. We reviewed the contents of six people's care files and found they each had care plans to cover various aspects of their care and treatment, such as continence, skin integrity, mobility, and eating and drinking. There was information about each person's morning and evening routines, and summary information on all the main aspects of their care aimed at new and agency staff.

We found the quality of people's care plans varied widely. Some care plans were up to date and contained excellent person-centred detail about people's care and support preferences, whereas others consisted of lists of tasks and were over two years old.

We identified inconsistencies in people's care plans. For example, one person had been using a medical device but at the time of this inspection its use had been discontinued for some weeks; some of the person's care plans had been amended and others had not. Two of the same person's care plans had been updated by crossing out information and handwriting new information underneath and the person's skin integrity care plan made no mention of a wound they were currently being treated for. A separate wound care plan was in place, however, and the person was receiving the correct support.

The care plans of one person who experienced behaviours which may challenge others included no information as to how best to support the person when they became verbally or physically challenging. Care staff we spoke with told us they would ensure the person was safe and leave them to calm down when this happened, before returning a short time later to reoffer support. The registered manager said some care staff were better at supporting this person than others; however we noted antecedent behaviour consequence (ABC) charts were not being used at the time of the inspection to try and identify the triggers for the person's behaviours or the techniques that worked better. We observed care staff struggled to support the person at times due to their behaviours.

Other care plans we saw lacked detail or information which would be useful for care staff. For example, some people had specific medical conditions. We saw two people's care files contained information about their condition and how it affected them, whereas two other people who also had significant medical conditions did not have specific care plans for them.

People's care plans contained information about their sight and hearing, and any aids they used, as well as detail about how they chose to communicate. We asked the registered manager how she ensured people received information about their care and treatment in a way they could understand it, in accordance with the Accessible Information Standard. The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they can understand, plus any communication support that they need when receiving healthcare services. The registered manager told us information about the service was available in different formats, if required, and staff could provide support to help maximise people's understanding. We saw some information, for example minutes of residents' meetings, were produced in large print. This meant the service ensured people received the support they needed to understand information relating to their care and treatment.

Most people's care plans were reviewed on a monthly basis but some were not. For example, we saw one person's skin integrity care plan had been reviewed seven times in nine months and a second person's had been reviewed six times in 12 months. At times information had been added to a care plan review but the care plan itself had not been updated; for example, a review of one person's skin integrity care plan in November 2017 noted they had developed a wound, however, their care plan had not been updated. The person's daily notes evidenced the wound was being treated and was improving; however, there was no wound care plan in place to instruct care workers in how to manage the wound.

None of the people we spoke with raised concerns about the care and treatment they were receiving. People told us they were supported to bathe and shower and we saw people received personal care and assistance to eat and drink when they needed it. Relatives told us people's needs were met; one relative said care staff were responsive in terms of their family member's continence and personal care needs. They told us, "[My relative's] personal hygiene is spot on." Another relative said of their family member's care, "They're (care staff) always constantly assessing how they could do things better." This meant people received person-centred care but their care plans did not always reflect this.

The failure to improve quality and consistency of care plans at Kenmore was a continuous breach of

Regulation 17 (1) and (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Feedback about people's access to meaningful activities was mixed. Comments included, "I like cooking. I go out and pack the bags at Tesco's. I like going shopping and going to the pub for lunch", "I like watching television in my room", "I don't really like going to the activity room, it's not for me", "I don't join in the activities. I think they're boring. I like quiet time away from the noise", and, "I've been asked to take part in activities, leave my room, but I told them I don't want to. I don't want to make paper flowers."

We noted no information was displayed in either the activities room or in other communal areas about planned activities or trips.

The home had an activities coordinator and a volunteer coordinator. The volunteer coordinator told us volunteers helped out with activities, trips and befriending. During the inspection we observed members of the community were also welcomed into the home for an art class, which provided added conversation and stimulation for people who attended.

The care files of people we reviewed evidenced their participation in activities and events at the home. In December 2017 these had included baking, art class, coffee mornings, a reading group, a quiz and a Christmas party. Most relatives told us their family member had access to activities and was provided with stimulation. One relative said, "[My relative] goes to the crafts and does baking. [They] went to church this morning and they do singing", a second relative told us, "[My relative] is always included (in activities). That's what I like about this place", and a third relative said, "I go at various different times and [my relative's] never in the same place. I think they provide a lot of stimulation for [them]."

A common theme in people's feedback was their desire to go on trips out of the home more often. One person said, "I'd like to go out more and do things outside the home", and a second person told us, "I'd like to be going out more and do different things." The activities coordinator explained that volunteers were used to drive the home's minibus and could accommodate excursions from the home for up to six people a week only, due to volunteer availability. Records showed opportunities to access trips were shared equally amongst people who were well enough go. This meant some people had access to activities they enjoyed whereas others felt the activities on offer at Kenmore were not for them.

We recommend the service undertakes a review of activities provision at the home in partnership with people using the service, using best practice for the client group to better meet the needs of all people at the home.

None of the people at Kenmore was receiving end of life care at the time of this inspection. As with people's other care plans, the quality of those covering people's future wishes and end of life care needs varied. We saw one person's care file contained records of their end of life care choices and advanced decisions, whereas others contained limited information which was either generic, clinical in nature or concerned funeral arrangements.

Care staff could describe the importance of end of life care and how it differed from support provided when people were well. One care worker said, "It's about looking at the person holistically. It's about the family too" and a second told us, "We make them as comfortable as possible."

The service had been in the process of working towards the Gold Standards Framework for end of life care, but this had been put on hold due to staffing issues. The Gold Standard Framework is a training programme designed to improve end of life care provided in care homes and can lead to an accreditation. The registered

manager told us people's end of life care plans would be reviewed and she hoped to restart efforts to achieve Gold Standard Framework accreditation in 2018 when staffing levels improved. We will check at the next inspection.

Is the service well-led?

Our findings

The home was last inspected on 12 October 2016 at which time it was rated as Requires Improvement overall. We had identified breaches of Regulation 9 (person-centred care), Regulation 12 (safe care and treatment), Regulation 18 (staffing), and Regulation 17 (good governance). We asked the registered provider to send us an action plan to include when and how improvements would be made.

After the last inspection the registered provider submitted an action plan to the Care Quality Commission (CQC) in relation to the breaches of regulation we had identified. At this inspection we found the registered provider and registered manager had failed to implement the improvement measures fully which meant continuous breaches of regulation and new breaches of regulation were identified. This meant feedback supplied at the last inspection was not used to learn lessons and improve the service.

The registered provider and registered manager had failed to resolve breaches of regulation at the home since the last inspection. We identified new breaches of regulation at this inspection. This was a continuous breach of Regulation 17 (1) and (2) (a) (b) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people, their relatives and staff if they thought Kenmore was well managed; feedback was mixed. One person said, "I don't really know. I guess so. I'm not really sure", and a second person told us, "The manager says the door is always open, but not for wheelchairs. Most people, including staff, don't see any point in going through it. Management are incompetent and a waste of space."

One relative said, "I do think the service is well managed", and said of the registered manager, "She takes action." Comments from other relatives included, "Not really (well managed). I feel things are worse now than years ago. Staffing is a permanent issue – it's a nightmare", "This place isn't run like it's supposed to be run", "You never see [the registered manager] from one month to the next", and, "[The registered manager's] usually in her office. I don't know what she does. We never see her."

Feedback from staff about the registered manager included, "[The registered manager's] always been approachable. The doing bit of it is still a problem", "[The registered manager] doesn't really come out of her office very much", "I find her approachable. A lot of them (other staff) don't", and, "[The registered manager] doesn't communicate with the residents." A healthcare professional we spoke with told us they had discussed people's needs with the registered manager and said, "She responded to feedback."

The poor visibility of the registered manager around the service and questions about her ability to take action when required mirrored feedback we received at the last inspection. At this inspection the registered manager told us she had anticipated this, as she felt her office duties meant she was not able to spend more time with people, their relatives and staff. She told us, "I don't want to be stuck behind a desk", and said she would try to spend more time out of her office and around the home to increase her visibility going forward.

The registered provider had failed to ensure that there were sufficient staff to provide person-centred care

and respond to people's needs in a timely manner. This was reflected in the mixed views received from people about staff.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of services, ensuring they provide good service and meet appropriate quality standards and legal obligations. At the last inspection in October 2016 we identified a breach of Regulation 17 relating to good governance as audit and monitoring systems had failed to address issues we found at inspection. At this inspection we found the same issues. Medicines were audited on a monthly basis in 2017, except for in June and July. We saw one issue, the care workers' failure to consistently record the application of people's topical creams, was highlighted as a concern on every medicines audit in 2017. We identified problems with the recording of people's topical creams at this inspection, thereby evidencing the failure of the service to take appropriate action to resolve the issue.

The registered manager confirmed there was no trend analysis completed on medicines errors to identify common themes. She told us call buzzer times were checked regularly but there was no documented evidence of issues identified or action taken.

According to the registered provider's audit policy, registered managers were expected to audit or have oversight of audits of staff attendance at supervision and appraisal quarterly, plus Mental Capacity Act 2005 (MCA) documentation, recruitment records and people's care records on an annual basis. The registered manager told us she had not audited supervision and appraisal records or MCA documentation. Care plans were audited by the deputy manager; however, we saw this was a check of the content of individual's care files and did not involve sampling and comparison of different people's care files in order to identify themes and trends.

The head of operations for the provider had visited the home on six occasions in 2017. The registered manager told us the head of operations inspected the building, spoke with people, their relatives and staff, and undertook various checks. Records we saw of these visits were handwritten and illegible, so it was not possible for us determine the extent of the registered provider's oversight. None of these audit records contained an action plan; however, the registered manager told us the head of operations would meet with her at each visit and discuss their findings and any actions.

Records showed regular meetings were held for people and their relatives to feed back about the service. Agenda items had included food, activities and any concerns people had. In March 2017 people had asked for changes to the menu and for more condiments; records showed this had been actioned by the catering supervisor. The registered provider sent out an annual survey and we saw the registered manager put out a quality survey for visitors during this inspection.

Residents meeting minutes evidenced problems with communication at the home. During the inspection concerns were raised with us about changes made at the home which had not been discussed with people using the service first.

Minutes from the August 2017 residents' meeting showed changes to their access to an accessible kitchen had been raised as a concern by people. The member of administrative staff chairing the meeting told people they, 'Were not allowed to discuss it'; minutes showed people said, 'They don't know anything that is happening in the service.' People had asked if the head of operations for the provider could attend the next residents' meeting to discuss their concerns; records showed this had not happened. The registered manager told us people could still use the accessible kitchen if they wanted to; however, staff told us people

used kitchen facilities in the dining area instead but this had to be at specific times to avoid clashing with meals.

Staff we spoke with also raised concerns about communication at the home, particularly relating to the outcome of the last inspection in October 2016. Minutes showed the inspection was discussed at a staff meeting in July 2017; they state, 'Staff said they weren't told about the report and what was said by CQC, they just got told off by [the registered manager] for saying things to CQC.' At this inspection one staff member said of the last inspection, "We've never been given any suggestions. We were just told to improve." A second staff member said, "I don't feel as if they (management) communicate with us at all", and, "It's as if we're (staff) doing all the wrong stuff, and they're (management) doing all the right stuff." This showed people and staff were not always kept informed and involved in decision-making around issues which affected them.

The registered manager told us the vision and values of the service were, "Independence and choice. Giving opportunities to be who they (the people) want to be. It's about empowering." She told us she conveyed the vision and values to staff in handover meetings, staff meetings and in staff supervision and appraisals.

We saw the registered provider's vision and values of equal value for all and promoting independence were displayed in the entrance foyer to the home. We asked staff about the vision and values of the service and why they worked at Kenmore. One staff member said, "I love it. I love caring for people", and a second staff member told us, "(To provide) good care and to give people the life they deserve."

Our observations of staff interactions with people showed staff at Kenmore were committed to the registered provider's vision and values. However, as previously discussed in this report, feedback from people and their relatives did not always support this view.

Records evidenced examples whereby the service had worked well in partnership with other organisations, stakeholders and healthcare professionals. This had included arranging a multidisciplinary healthcare meeting to discuss a person's specific needs, and good communication with a local day centre to support a person who attended regularly. The home also had a volunteer coordinator and a group of volunteers who visited the home on a regular basis to support activities and befriend people.

Under the regulations registered providers are required to report specific incidents to the Care Quality Commission. Notifiable incidents include safeguarding concerns, police call-outs and serious injuries. Records we saw showed all such incidents had all been reported appropriately. Registered providers are also required to display the ratings of CQC inspections prominently in their services and on their website, if they have one. We saw the ratings from the last CQC inspection we displayed in the entrance lobby to the home, and the home's ratings were shown on the registered provider's website.

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	Decisions had been made to restrict people's liberty in their best interests without fully establishing their mental capacity or involving them.
Treatment of disease, disorder or injury	Regulation 11 (1) (2) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Not all concerns we raised at the last inspection relating to medicines management had been addressed.
Treatment of disease, disorder or injury	Regulation 12 (1) and (2) (g)
	Not all risks had been assessed and managed appropriately. This was also raised at our last inspection.
	Regulation 12 (1) and (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	Recruitment records could not evidence fit and proper persons had been employed.
Treatment of disease, disorder or injury	Regulation 19 (1) (2) (3)

Regulated activity	Regulation
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Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA RA Regulations 2014 Staffing

Insufficient staff were deployed to meet people's needs.

Regulation 18 (1)

The registered manager lacked oversight of training records. The service had failed to improve staff access to supervision since the last inspection.

Regulation 18 (2) (a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Records could not evidence action was taken to improve safety and quality when incidents occurred.
Treatment of disease, disorder or injury	The registered provider and registered manager had failed to make improvements to resolve breaches of regulation at the home since the last inspection. We identified new breaches of regulation at this inspection.
	Regulation 17 (1) and (2) (a) (b) (f)
	As at the last inspection, records could not evidence full compliance with the Mental Capacity Act 2005.
	The service had failed to improve the quality and consistency of care plans since the last inspection.
	Regulation 17 (1) and (2) (c)

The enforcement action we took:

We served Warning Notices on the registered provider and registered manager. We told them they must become compliant with the regulation by 25 April 2018.