

South West Care Homes Limited

Kenwyn

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kenwyn is a residential care home providing personal and care and support to 17 people aged 65 and over at the time of the inspection. The service can support up to 25 people.

Kenwyn is an adapted building with bedrooms and communal areas over two floors. There is a passenger lift to access the first floor.

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

People said they felt safe, comfortable and well cared for. Comments included, "The staff are all very nice and kind. They ask all the time if they can do anything for me, which helps me feel safe." And "There are always people around to offer help or to call for assistance, which is much safer than being alone at home." Similarly visitors and relatives were positive overall about the service. One said, "We're amazed how (the Service User's) health and mental strength have improved since they came here, which shows how caring and kind the staff are."

Since the last inspection some improvements were noted, however, were still some aspects of care which required improvement.

People did not always receive their medicines in the way prescribed for them. There were improvements needed to the way medicines were administered and recorded.

On the first day of the inspection, some parts of the home had an unpleasant odour and some areas required a more thorough cleaning. By the second visit, this had improved. The provider said they were short on housekeeping staff, but were in the process of employing more and increasing the housekeeping hours.

Some key training to ensure people and staffs safety had not been completed. This included fire training for staff on night duty. When we fed this back the manager and provider's quality lead person, they organised for night staff to receive fire training that evening before the start of their shift. Not all staff had received training that was appropriate to their role, for example the team leaders had not completed infection control training. The maintenance person had not completed health and safety training or accredited fire safety despite them being responsible for maintaining the fire system and instructing staff in fire drills. We were informed this was being addressed with the introduction of a new member of the quality assurance team who would be overseeing and delivering some of this training.

The mealtime experience for people was poor on the first day of the inspection, but had significantly improved by the next visit. Staffing levels had improved but some staff felt they were still rushed to meet everyone's needs in a timely way.

There had been significant improvements in the way people's care and support was being planned and recorded. Care plans contained more detail and were more personalised. This meant staff could provide a more consistent and person-centred approach. People and their relatives said staff were kind, caring and respected their dignity and privacy.

Improvements had been made to ensure there were meaningful activities and entertainment for people. This was work in progress. The provider had employed a wellbeing coordinator who was due to join the team. Their key responsibility was to coordinate activities and ensure good links with the community.

People were offered a varied diet. Snacks and drinks were made available throughout the day. Almost everyone we spoke with said the food served was of a high quality and there was a good choice. Where people were at risk of poor nutrition or hydration, staff closely monitored this and referred onto their GP as needed.

The provider had introduced a tracker tool which included what people had eaten and drunk each day, and what care and support they had received. This was being closely scrutinised to ensure people's needs were being met. The provider's quality assurance team had daily oversight of this and other key areas.

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.

There were systems in place to protect people from abuse and avoidable harm. There were enough staff to support people safely and the provider had robust recruitment processes to help ensure they were suitable for the role.

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.

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

Rating at last inspection (and update) –

The last rating for this service was Requires Improvement (published 9 MAY 2019)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection not enough improvement had been made and sustained and the provider was still in breach of regulations. We have therefore repeated the breaches of regulation 17 and 18. We have noted actions were being taken to address these areas of breach in regulation but this was still work in progress and had not been sustained to show they were fully embedded.

The service remains rated Requires Improvement. This service has been rated requires improvement for the last three consecutive inspections. We are meeting with the provider on a regular basis to discuss their improvement plans and progress to become compliant.

Why we inspected

We had brought forward this planned comprehensive inspection due to the service being in a whole home

safeguarding process. This means the commissioners and other health and social care professionals had concerns about the quality and safety of care being delivered at Kenwyn. At this inspection improvements had been made in the areas identified in the safeguarding process, for example people's care needs being met safely. However, we found medicine management placed people at potential risk. We have issued a requirement in respect of this.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Kenwyn

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.

Inspection team

The inspection was completed by an inspector, an assistant inspector, a member of the medicines team 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

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

The service had a manager who was in the process of registering with the Care Quality Commission. This means the provider was 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 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.

At the time of the inspection, the service was in whole home safeguarding process. We sought feedback from the local authority quality assurance team, their care management team as well as community nurse team and safeguarding nurse who had all recently visited the service.

We used all of this information to plan our inspection.

During the inspection-

We spoke with seven people living at the service and five visiting relatives or friends. We spoke with 11 staff, including care staff, cook, domestic staff, the provider's quality assurance team members, Nominated Individual and the manager of the service. We also spoke with two visiting healthcare professionals.

Not everyone living at the service were able to give us their views of life as they saw it at Kenwyn. We used the Short Observational Framework for Inspection (SOFI) on two days. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visits the service.

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 Requires Improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- There had been updated training for staff who gave medicines and checks had been completed to make sure that they could give medicines safely. However, there were only three members of staff trained to give medicines and this meant that there were no trained night staff who could give medicines. Evening doses were administered by trained staff at the end of the evening shift, and we were told that a trained member of staff was on call to come in if a dose of any 'when required' medicines would be needed overnight. The manager explained that further staff were due to be trained to give medicines as soon as possible.
- There were problems with five people's medicines administration records where doses of one or more medicine had been missed and not given when due, or it was not clear from the records whether it had been given correctly. This meant it was not possible to be assured that medicines were always given to people in the way prescribed for them.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On the third day of the inspection the manager explained they had put further measures in place to reduce the risk of gaps in recording with more spot checks. One staff member was having further training and their competencies re-checked.
- We saw that medicines were administered in a caring way using a safe method. People were asked if they needed any medicines prescribed 'when required' for example pain killers.
- People could look after their own medicines after it had been checked to make sure this was safe for them. This helped to promote their independence.
- There were suitable arrangements for ordering, storage and disposal of medicines, including those needing extra security. Temperatures were monitored to make sure medicines would be safe and effective.
- Regular medicines audits were completed, and we saw that some issues were identified, and actions put in place. The issues we found with individual medicines records had not been identified as these charts had not yet been audited or checked.

Systems and processes to safeguard people from the risk of abuse

- 14 staff had not completed safeguarding training, however when we spoke to staff they were able to tell us signs of abuse and how they would report it. The quality assurance lead explained their matrix only showed compliance and completion once a certificate had been received and stored within the staff member's file.

They said most staff had some basic training in safeguarding as part of their induction and more was planned.

- At the time of the inspection, the service was in whole home safeguarding due to a lack of confidence in their ability to deliver care and support safely. The provider had recognised they needed to make some key improvements to ensure people's safety and this was work in progress. They were working in conjunction with the safeguarding team and the local authority quality assurance team.

Assessing risk, safety monitoring and management

- Since the last inspection and in light of concerns raised by health and social care professionals which had led to a whole home safeguarding process, the provider had instigated clear safety monitoring processes. This included a 'daily tracker' which was produced from electronic records made by care staff in relation to the care and delivery to each person. The tracker showed at a glance what each person had recorded as their daily food and fluid intake and what care tasks had been completed. For example, a strip wash, or a shower or a bath. These trackers were viewed daily by the manager, quality assurance team members and the provider.
- There was clear evidence that this level of detail in monitoring was having a positive impact for people. For example, we could see for one person where their fluid intake had declined, the service had referred them to their GP. This resulted in them having a swallowing assessment and the care plan was changed to reflect the risk of them choking.
- The quality lead had completed work on people's risk assessments and had ensured these were tied into their care plan. National tools were being used to assess risk including risk of falls, pressure damage and choking.
- The fire risk assessment, which had been reviewed in June 2019, stated staff knew their role in the event of a fire through 'regular, adequate training'. Records showed five staff had not completed any form of fire training, including staff who worked at night. We fed this back to the quality lead and the manager. By the end of the first day, the night staff were booked in for fire training that evening with further fire training to be organised. A recent fire service inspection judged they were broadly compliant. This may have been before some staff had left or joined the service.

Staffing and recruitment

- Some staff said they believed there was a need for a higher staff ratio as they had to help prepare teas and do laundry in addition to caring. When we fed this back, the provider explained, the cook's hours had been extended to enable them to prepare the evening meal. Care staff now only had to serve meals to people not prepare them. They said most of the laundry was done by night staff and did not impact on the day staff time very much. They were also recruiting an activities and wellbeing staff member to work each day to help staff provide engaging and meaningful activities.
- Staffing levels had increased since the last inspection. On each morning shift there were four care staff, one team leader and an apprentice. In the afternoon, this remained the same, minus the apprentice hours. At night there were two waking night staff. In addition there was a full time cook, one or two housekeeping staff, a maintenance person and during the week the manager. The provider was also recruiting for a deputy manager position.
- People living at the service felt their needs were being met in a timely way although a few did mention the staff turnover being high. A relative said "There has been a lot of staff leaving in the last 6 to 12 months and lots of temporary staff which means they don't get to know the residents as well as they might."
- Recruitment was robust and ensured staff were only employed once all checks had been completed to ensure they were suitable to work with people who may be vulnerable.

Preventing and controlling infection

- Some areas of the home had strong odours of urine, and were not clean or well maintained. For example one person's bedroom had a commode which had been emptied but not cleaned and contained faeces, and carpets were worn and stained.
- By the second day the odour had improved. The provider said they were in the process of employing more domestic staff as currently they only had one.
- Staff told us that urine odour was a problem and the domestic staff found it very difficult to eliminate it due to the difficulty cleaning carpets and the types of chairs in use. We found some furniture was stained and smelt. By the second visit these had been removed and replaced with clean furniture. The provider shared their environmental plans with us. This showed they had identified carpets and furniture to be replaced in a phased programme of refurbishment.

Learning lessons when things go wrong

- There was a system in place for reviewing all accident and incidents. This was done as part of the manager's audit and overseen by the quality assurance team. Since the new manager had taken over, there had been more notifications about accidents and incidents. This demonstrated they took their role seriously and were ensuring key people and organisations were notified about significant incidents.
- Learning from the providers' other care homes was also being shared via management meetings. The provider said their key learning had been to have a much clearer oversight of the daily running of all their services. To this end they had employed more staff to become part of their regional management and quality assurance team.

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 Requires Improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- When we last inspected this key area, we issued a requirement because staff had not had sufficient training to ensure they could do their job effectively and safely.
- At this inspection we saw there had been some improvements to the type, style and amount of training being delivered. However some key training had not taken place which could have placed people at potential risk. For example, not all staff had received fire training including two-night staff. This issue was addressed quickly.
- Team leaders had not completed infection control training. The maintenance person had not completed health and safety training or accredited fire safety where they were responsible for maintaining the fire system and instructing staff in fire drills. This training was being planned.
- The training matrix showed other gaps in training. However some of these gaps were where staff had received the training but were awaiting their certificates. We also heard from staff that they had some training completed in other services they had worked in. The matrix was not therefore useful in determining whether staff had the right training.
- The provider had invested a significant amount of time and money in. They also said a training manager was due to start for the organisation and their first role was to spend time at Kenwyn to support the new manager in making sure the skills of staff were up to date.
- An induction programme had been put in place and a re-induction programme for existing staff commenced in May 2019. This consisted of a 12-week programme of learning and supervision including regular reviews. At the time of the inspection 14 inductions for existing staff had been commenced however none had been completed, reviewed or signed off in line with the induction programme.
- There was no system in place to record and plan staff supervision or appraisal. Staff told us they received supervision and support from their team leaders and the manager, however this was not always documented. We saw some more recent supervision records which demonstrated staff views were being sought and their development and training needs were being discussed and planned for.
- The provider took actions before, during and following the inspection to improve training and ensure key safety areas were being covered. Moving forward, they have employed a training coordinator who will work across the provider's homes to deliver bespoke training. However at the time of the inspection there were still training gaps in core areas to ensure staff could do their job safely and effectively.

This demonstrates a repeated breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated

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

- People were positive about the meals and choices of menu. Comments included, "The food is absolutely lovely." And "They give me all my food and are always offering a drink or a biscuit. There's no danger of starving myself here." One person said they were often served frozen mixed vegetables which they did not like. When we checked the menu and spoke with the cook, fresh vegetables were served every day.
- The menus showed a variety and choice of meals were offered throughout the day. This included snacks such as homemade cakes. There were also wrapped snacks such as biscuits and crisps available in communal areas.
- People's diary and fluid intake was monitored. Where it was noted there was a concern, for example in not drinking enough, people had been referred to their GP.
- On the first inspection day, the mealtime experience was poor for some people. Not everyone was offered to be assisted to sit at the dining tables, no condiments were offered and some of the tables had not been cleared and reset since breakfast. Most people were served their meal at their lounge chair with a tray table. On our last day, the meal time experience had considerably improved. People were supported to sit at the dining table which had been well laid and staff ate with people. The atmosphere was relaxed.

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

- Assessments of people's needs were carried out before they came to live at the service. These were then used to help inform the care plan process. There had been no new admissions since the last inspection as the service had agreed to suspend new placements until the manager, staff and quality assurance team for the provider were up to speed with training. This was also part of the agreed whole home safeguarding process. The manager said when they were able to take new people, she would be carefully considering the mix of people already in residence, to assure herself they could meet everyone's needs.
- People or their relatives had been involved in their assessments, care planning and reviews where this was possible.
- Care plans were person centred and included any best practice and information from healthcare professionals.

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

- People's daily records showed their health was being monitored and, if needed, referrals made to a GP and community nurse team.
- Two community nurses who were visiting said there had been some improvements but judged communication could be better. We spoke with the manager and quality assurance lead about setting up a weekly meeting with the community nurse team to aid better communication. People said that routine medical appointments were generally made by staff, and the GP visited regularly. People felt their personal health needs, including dental hygiene and eyesight, were being met. One said "I had an eye infection and they arranged for me to be seen by the GP that day." And another told us "I was taken to see the hygienist in July and they help me brush and clean my dentures daily."
- Staff were aware of people's health conditions and care plans instructed staff what to do to keep people well.

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

- Kenwyn was originally built as a maternity hospital and as such had wide corridors in most areas, suitable for wheelchairs and people with mobility issues.
- Clear signage was in place to help people living with dementia to orientate themselves.
- Some parts of the building were worn, tired and in need of refurbishment. Some of the furniture on the first day of the inspection was stained and worn. This was removed once we gave feedback. There was a plan for refurbishment which should happen in a timely way so all parts of the home are clean, pleasant and homely.

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 service had referred people for an assessment under DoLS as required.
- People were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support.

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

- People said they were treated with kindness with support given when they required it. One person said, "There's a bell by my bed and in other places so I can call someone if ever I need help urgently." One visiting relative said "We're amazed how (the Service User's) health and mental strength have improved since they came here, which shows how caring and kind the staff are."
- The manager explained their ethos was everyone was treated as equal and people's right to have an individual and personalised service was their chief aim. They had recently introduced staff eating their lunch with people to foster a more relaxed and homelier atmosphere.
- Staff understood the principles of treating people as equals and we observed them engaging people in a kind, caring and inclusive way.
- Staff spoke about people in a caring and respectful way, and told us people's individual choices are respected, such as choosing when to go to bed or get up.

Supporting people to express their views and be involved in making decisions about their care

- One person told us "They let me get involved in running the place to a certain extent. I have a few tools and do odd jobs or water the plants because it gives me something to do." Another said staff were attentive but did not always follow up on their suggestions.
- The manager had re-introduced regular meetings for people to have their views heard on areas such as what they wished to see on the menu, the décor and activities they would like to do.

Respecting and promoting people's privacy, dignity and independence

- People confirmed staff treated them with respect and dignity.
- We saw good practice throughout most of the inspection days. For example, staff asking people if they needed support to move, checking they were comfortable. We observed one person whose dignity had not been fully respected. The bathroom door had not been closed when they were using a toilet. This may have been their decision and staff may not have been aware, but we observed one staff member walk past without noticing this.
- People's privacy, dignity and independence were all part of their individual care plan. Staff were directed to be mindful of ensuring people's dignity at all times. The quality assurance manager said they had been doing more observations and providing feedback to staff in order to drive up improvement.

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 Requires Improvement. At this inspection this key question the rating remained the same.

This meant people's needs were not always met.

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

- The service used a computerised care planning system. Each person had a care plan that covered all areas of their care needs. Since the last inspection, the quality assurance manager and manager of the service had worked hard to update and provide more detail to each personal plan. This meant staff had more detail of people's individualised needs and wishes. They said this was still work in progress, but were satisfied plans had enough detail to provide consistent care and support.
- Improvements had continued since the last inspection in respect of having meaningful activities. These included in house games, singalongs, as well as paid entertainers. These were still not fully personalised, but was work in progress.
- Staff told us regular in-house group activities took place for those who wished to join in. However there was limited time to spend with people who were unable or did not want to join in group activities, and people were not able to access the community unless they were able to do so independently.
- The provider Nominated individual explained they had employed a wellbeing coordinator for the service. Their role would be to oversee activities including involving the local community and accessing local facilities. This was a new role and in addition to the current staffing.
- The manager said they had spoken with the local high school and nursery about have students visit and hoped this would be occurring shortly.

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.

- Care records contained information explaining how people communicated and the support they needed. For example, if they needed support with their hearing aids
- Staff were aware of how people communicated and supported them to access information if required. For example, reading through menus with people who were visually impaired or living with dementia.
- Information could be produced in large print and the use of pictures and photos was work in progress. The Provider Information Return (PIR) stated in the past the service had used audio and braille to assist people and would consult specialist support when needed to ensure people's communication needs were being met.

Improving care quality in response to complaints or concerns

- People were not necessarily aware of the formal complaints process, but said they could make their concerns known. One said, "I have never needed to complain, but if I mention anything is unsafe, they just take care of it, which makes me feel they really care about me and my safety" Another person said, "I know the managers and can talk freely to them about anything that's bothering me."
- Since the last inspection, complaints have been logged and responded to.

End of life care and support

- People and their relatives were supported, if they wished, to make decisions about their preferences for end of life care which were documented in care plans.
- Staff worked alongside health professionals to ensure people were comfortable and had the equipment and support they needed.
- Some staff had received training in end of life, but only a small percentage. The manager said this was something they were planning to address in the next few months.

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 Requires Improvement . At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Since the last inspection, the registered manager had left. A new manager was appointed and had been working in the service for a few months. They had applied to register with the CQC.
- Whilst there had been some good improvements in the way the service was being monitored there were some aspects they had failed to pick up on. This included improvements needed to medicine management; cleanliness and the state of some furnishings and décor. When we fed back these areas for improvement immediate actions were taken to address them.
- At the last inspection we issued a requirement in relation to Good Governance. Although the service had made some good improvements these were not yet fully embedded so we could not judge the service was compliant with regulation 17

This demonstrates a repeated breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection, the registered provider had invested in more resources across all their services to provide a more skilled and robust quality assurance and oversight team. New members of this team were due to start shortly after this inspection was completed.
- In addition to this, new systems had been introduced for better oversight into the day to day running of the service and how individuals needs were being met. This included a daily tracker to review people's basic needs and how and when they were being met.
- Systems were in place for management to use to check a wide range of both care and operational standards. These checks had been regularly completed.
- We met with the provider as part of our ongoing monitoring. At the last meeting prior to this inspection, held on 29 July 2019, the provider explained improvements to their monitoring systems and overall running of the service. This included more hours for the cook, an additional care staff member and closer monitoring of care planning and care delivery. This was all happening at the time of the inspection, with improved outcomes for people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since the last inspection more meetings with people their families and staff had taken place. This indicated the desire to fully consult everyone to achieve good outcomes. Minutes showed people's views were being sought and acted on. For example, changes to menus.
- Staff reported that since the new manager had come on board, they felt things had improved. One said, "I think things are better since [the new manager] came."
- Staff also reported feeling more supported and felt valued by the area quality assurance team and provider.
- The PIR stated "Employee handbooks are given to staff to explain their roles and responsibilities and what is expected of them. Regular supervisions and appraisals are completed. Monthly staff meetings are held to identify any concerns. Managers are encouraged to be role models, working alongside staff so staff feel supported. Staff are encouraged to whistle blow and have confidence that they will be supported through any process."

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

- Since the new manager has been appointed the number of notifications and safeguarding referrals had increased. This was because she fully understood her responsibility to ensure the relevant people were informed where there had been accidents and incidents.
- The service had been working closely with the local authority safeguarding team and quality assurance team, as well as the community nurse team, to review what had gone wrong in the past and learn from this. The provider understood the need to have better oversight of all the services they run. To this end and as described earlier, they have increased their quality monitoring team. This also included oversight of health and safety with an additional member of the oversight team checking on audits and safety aspects around the home.

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

- The new manager was conscious the service needed to have better links and presence in the local community. They had been in contact with local schools to look at intergenerational contacts.
- People were considered as equal and there was an equality and anti discrimination policy.
- More regular meetings had been organised for people their relatives and staff to share their views and be actively involved in the running of the service.

Continuous learning and improving care; Working in partnership with others

- There was a recognition following on from the last inspection, that training and ongoing learning needed a complete overhaul. This was still work in progress. A new training manager was due to start, who would be mentoring the new manager and providing face to face training for staff at Kenwyn.
- The service had showed a commitment to working in partnership through the safeguarding process and in working with the commissioners and quality assurance teams.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not always receive their medicines in the way prescribed for them. There were improvements needed to the way medicines were administered and recorded.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered providers quality monitoring was not always robust and failed to identify improvements were needed in medicine management; cleanliness and the state of some furnishings and décor.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not always suitably trained and competent to ensure people's safety.