

Leonard Cheshire Disability

# Kenmore - Care Home with Nursing Physical Disabilities

## 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection of Kenmore took place on 19 and 22 September 2018. We previously inspected the service in January 2018, at that time we found the registered provider was not meeting the regulations relating to consent, safe care and treatment, staffing, fit and proper persons employed and good governance. We rated them as inadequate and placed the home in special measures. The purpose of this inspection was to see if significant improvements had been made and to review the quality of the service currently being provided for people.

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. Kenmore is registered to provide nursing and residential care for up to 26 people. At the time of the inspection 16 people were living at the home.

At the time of the inspection the home did not have a registered manager in place. The registered manager had left the organisation in March 2018, an acting manager had been in post since then. A new manager had been recruited, they had commenced employment on 17 September 2018, they had not yet commenced their application to register with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. Risk assessments were in place and people received appropriate care and support where a risk was identified. Many of the previous concerns regarding medicines had been addressed although further work was required to ensure records provided sufficient detail.

Previous concerns regarding the risk of Legionella had been addressed. Equipment was serviced and maintained. Work was still to be done to meet the recommendations of a recent fire risk assessment.

Improvements had been made to staff recruitment. Staff efficiency had been improved by the introduction of walkie talkies.

New staff received an induction when they commenced employment. Most staff were up to date with their training requirements. Although some topics were listed as being 'one off', this meant staff did not receive refresher training in that subject. Staff were now being supported through regular supervision.

People spoke positively about the meals at Kenmore. Staff supported people to eat and drink, patiently and with discretion. We identified one person who had recently lost weight, however, their records had not been updated to reflect this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, records did not always evidence the requirements of the Mental Capacity Act 2005 had been consistently met. We have made a recommendation about meeting the requirements of Mental Capacity Act.

People and relatives told us staff were caring and kind. Staff treated people with kindness, respect and compassion. People told us staff respected their choices and staff encouraged people to retain their independence and life skills.

Staff and a number of volunteers supported people to engage in a range of activities both in the home and in the community.

Peoples care records had been updated and reviewed to ensure they were person centred and reflective of their care and support needs. Although no one at the home was receiving palliative care, the home was due to re-commence its work towards achieving accreditation for end of life care

Many of the issues raised at our previous inspection about a lack of effective governance had been addressed. The acting manager had ensured the registered providers programme of audits was implemented. These helped track the progress of the service in addressing the failing identified at our previous inspection. The acting manager had ensured regular meetings were held with staff, residents and relatives, improving communication between people, relatives, staff and management. Feedback about the acting managers conduct and approach was consistently positive.

The service is no longer in Special Measures. This is the first time the service has been rated Requires Improvement.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Records relating to people's medicines were not always sufficiently detailed.

Not all the recommendations of the fire risk assessment had been completed.

Peoples care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

Recruitment was safe.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

The requirements of the Mental Capacity Act 2005 had not been met.

Staff had received supervision. The majority of staff were up to date with their training.

People and relatives told us the food was nice.

### Is the service caring?

**Good** ●

The service was caring.

People told us the staff were kind.

Staff treated people with dignity and respect.

People were encouraged to maintain their independence.

### Is the service responsive?

**Good** ●

The service was responsive.

A range of activities and outings were available for people to participate in.

Peoples care records were person centred and reflective of their current support needs.

No complaints had been made against the service since the last inspection.

**Is the service well-led?**

The service was not always well led.

There was no registered manager in post.

Feedback about the acting manager was very positive.

Systems and processes were now in place to monitor and assess the quality of the service people received.

**Requires Improvement** 

# Kenmore - Care Home with Nursing Physical Disabilities

## **Detailed findings**

### Background to this inspection

This inspection commenced on 19 September 2018 and was unannounced, the inspection team consisted of two adult social care inspectors. One of the inspectors also visited the home again on 20 September 2018. This visit was announced and was to ensure the acting manager and the manager would be available to meet with us.

Prior to our inspection visit we reviewed the service's inspection history, current registration status and other notifications the registered person is required to tell us about. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We contacted commissioners of the service, safeguarding and Healthwatch to ascertain whether they held any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was used to assist with the planning of our inspection and inform our judgements about the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was used to help inform our inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the lounge and dining room areas observing the care and support people received. We spoke with four people who were living in the home and a visiting relative who was also a registered volunteer with Kenmore. We also spoke with the acting manager, manager, deputy manager and seven other staff which included a nurse, support workers an ancillary worker and two staff whose role was to facilitate the volunteers and activities. We reviewed five staff recruitment files and three people's care plans. We looked also looked at some people's medication administration records and a variety of documents which related to the management and governance of the home. Following the inspection, we spoke with four relatives of people who lived at the home, on the telephone.

# Is the service safe?

## Our findings

Our inspection in December 2017 found the registered provider was not meeting the regulations regarding safe care and treatment, staffing, fit and proper persons employed. The management of some medicines needed to be improved, risk assessments were not always updated and reflective of people's current needs and water temperatures did not meet current guidelines to reduce the risk of Legionella. We also found the recruitment of staff was not robust and the numbers and deployment of staff was not appropriate to meet the needs of the people living at the home. At this inspection we found significant improvement had been made but further work was needed regarding fire safety and medicines records.

People told us they felt safe. One person said, "Yes, definitely." All the relatives we spoke with also told us they felt their family member was safe living at Kenmore. A relative told us, "Yes, absolutely." Staff told us they had received training in protecting vulnerable adults from harm. Staff knew about different types of abuse and the actions they should take in the event they were concerned a person was at risk of harm or abuse.

Peoples care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

Each of the care records we reviewed included a range of risk assessments, including, mobility, falls and skin integrity. Relevant information was recorded in care files where people needed the use of a hoist and where people were identified as being at risk of falls, we saw equipment was provided. For example, low height beds and falls sensors.

Some people were at high risk of developing pressure ulcers. One person's file included details of how they should be positioned and how often. The records completed by staff showed they were helping the person to change their position according to the plan. We spoke with a member of staff, they were clear about potential risk factors and what action they should take if they were concerned a person's skin may break down.

One person could at times, display behaviour which may be challenging to others. Their care file included information on how and why they may display these behaviours and how staff should respond. This information helps to ensure people receive appropriate and consistent care and support.

The homes maintenance staff completed a range of checks to ensure the premises and equipment were safe. These checks included the nurse call system, window restrictors and the fire alarm. Our previous two inspections identified the systems to manage the risk of Legionella were not robust. The acting manager told us, since the last inspection the boiler had been replaced. We found the water temperature records evidenced the temperatures were within the recommended guidelines to reduce the risk of Legionella.

External contractors were also used to service and maintain the premises and equipment. As part of the inspection we looked at the systems the registered provider had in place for fire safety. A fire risk

assessment had been completed in April 2018. This identified a number of issues that needed to be addressed in order to further improve safety. We saw some of these issues had not been addressed within the suggested timescales, specified within the fire risk assessment. Following the inspection, we spoke with a member of the senior management team. They assured us the registered provider had plans in place to ensure the recommendation of the fire risk assessment would be actioned over the coming weeks.

The registered providers training matrix recorded 92% of staff were up to date with their annual fire training. We saw evidence regular fire drills took place, however, there was no system in place which provided an oversight of all staff. This meant the registered provider could not clearly evidence all staff had attended regular drills. The acting manager told us a fire drill, including a simulated evacuation was planned for October 2018. Participating in regular fire drills helps to ensure staff are confident in their role in the event the fire alarm is activated.

Improvements had been made to staffing and staff recruitment processes.

We reviewed five staff recruitment records. This included two staff where we had identified shortfalls in their recruitment at our last inspection and two recently employed staff. We found the issues previously highlighted had been addressed. Each of the other three files evidenced recruitment procedures were safe. We saw evidence of previous employment history, references and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions.

We asked people for feedback about staffing. One person who lived at the home said, "If I need the staff, I press my buzzer and they come to me." Two of the relatives we spoke with said, "Staffing, it is fine most of the time. Sometimes they are short, when everything happens at once, but that is the same everywhere" and "The staff have the walkie talkies, they are really good, they are really helpful for staff communicating with each other. They don't have to spend time trying to find staff when they need another staff to help them."

One of the staff we spoke with said, "When we have five staff on that is great, we have two teams of two and one on breakfast. They try to cover sickness, this has reduced. I think it is because staff are happier. The walkie talkies are a time saver." Another staff member told us they did not always have time to sit with people.

The acting manager told us they used a dependency tool to assess the staffing needs of the home. The occupancy of the home had reduced slightly since the last inspection and they had adjusted staff numbers accordingly. They used a dependency tool to assess staffing hours and they told us they continued to staff the home above the number of recommended hours. They also added, since the previous inspection, staff sickness had reduced, this had then reduced the use of agency staff. The introduction of walkie talkies had improved efficiency, reducing the time staff spent locating each other if they needed assistance or to share information.

During the time we spent at the home, we noted people's needs were met in a timely manner and staff were visible throughout the day.

The home used an electronic medicines management system. Peoples medicines were stored in their own bedrooms with some medicines being stored in fridge in the clinic room. Room and fridge temperatures were monitored and recorded to ensure medicines were stored at safe temperatures.

We observed a medicines administration round. The nurse administered people's medicines safely. The nurse supported people to take their medicines in a kind and caring manner, explaining their actions and



asking people's consent prior to the administration of the medicines. The nurse was knowledgeable about people's preferences and ensured people had swallowed their medicines before leaving them.

Some people were prescribed medicines to be taken, as required, for example, pain relief and laxatives. We heard the nurse ask people if they had pain and if they needed any medicine to help with this. We reviewed the protocol for one person's pain relief and found this provided clear guidance. However, the instructions relating to the management of these medicines was not always clear. For example, one person was prescribed a laxative 'once or twice a week' however, staff were administering this weekly. We reviewed the information for another person who was prescribed a laxative, there was no direction as to when it should be administered. Having a detailed protocol in place helps to ensure these medicines are administered in a safe and consistent manner.

At the last inspection we found thickening agents were not stored safely. At this inspection we found although the stock of thickeners were stored securely, some thickener was stored in a high, unlocked cupboard in the kitchen. Although this enabled staff to access the product, we were concerned this meant the product could also be accessed by someone who did not have authority. We spoke with the acting manager, they assured us this would be reviewed.

We observed the nurse add thickener to one person's medicine. The amount added was not in accordance with the directions of the prescriber. The nurse told us more thickener needed to be added to this medicine to ensure the appropriate consistency of the liquid was achieved. Although we were satisfied, the nurse was acting appropriately, these instructions, and any related discussions with either the prescriber or the pharmacist had not been recorded.

The deputy manager was the medicines lead for the home. They were responsible for all aspects of medicines management, including audits. Where shortfalls had been identified, we saw action had been taken to reduce future risk.

Nursing staff received annual medicines training including an assessment of their competency. There was a system in place to ensure these were updated as required. This ensured people received their medicines from suitably skilled and trained staff.

The home was clean, tidy and odour free. Personal protective equipment, for example gloves and aprons were readily available for staff. The registered providers training matrix recorded 96% of staff employed had completed infection prevention and control training. We saw systems and audits were in place to ensure people were cared for in a hygienic environment.

It was clear from discussions with staff, they were confident any concerns reported to the acting manager or the nurses, would be acted upon. We asked the acting manager, where shortfalls were identified, how learning was shared with staff. They said, "I do this at staff meetings. I am very open with them. I want to keep staff involved with our progress." When we reviewed recent relative and resident meetings we saw there had been open discussion regarding our previous inspection. This demonstrated transparency when shortfalls were identified.

# Is the service effective?

## Our findings

Our inspection in December 2017 found the registered provider was not meeting the regulations regarding consent, staffing and good governance. Care records did not evidence the service's compliance with the Mental Capacity Act 2005 (MCA), staff training was not up to date and staff did not have access to regular supervision. Feedback about meals at the home was mixed. At this inspection although a number of improvements had been made, the home was not yet meeting the requirements of the MCA.

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 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 (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. Seven people at the home had a DoLS in place. Only one person had a condition attached, we saw evidence staff had complied with this.

The acting manager told us some staff had received specific training to enable them to complete capacity assessments and facilitate best interest's decisions. They said the majority of people had capacity to make daily decisions but support may be needed for more complex decision making. The registered providers training matrix recorded, 98% of staff had completed training in 'decision making and capacity'. The matrix did not record how often this training should be refreshed, but we noted of the 55 staff listed, 18 staff had not refreshed their training for over three years.

It was clear, from speaking with staff and observing staff's practice, people were supported in ways which were the least restrictive. Since our last inspection, work had taken place to ensure decision specific capacity assessments were in place and best interests decision making was evidenced. However, this was not yet sufficiently robust to ensure the full requirements of the MCA were being consistently met.

The care file for one person included capacity assessments and evidence of best interest decision making for many aspects of their care. But this process had not been completed regarding staff managing and administering their medicines. We brought this to the attention of the acting manager at the end of the first day of the inspection, we saw evidence the acting manager had taken steps to address this shortfall by the second day of our inspection.

When we reviewed another care plan we saw evidence a capacity assessment had been completed regarding their living at Kenmore, but we could not see evidence of best interest's decision making. There was no evidence their capacity had been assessed in any other aspect of their care, for example medicines

management.

We recommend the service consider current guidance in regard to ensuring the requirements of the MCA are fully met.

We saw evidence new staff received an induction. One of the staff we spoke with told us, "New staff shadow for two weeks, they then work with a team leader until they are confident. We would never throw them in at the deep end." No care staff new to the care profession had been employed since the previous 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.

Most staff had completed training in a range of topics, relevant to their role. Following the inspection, we reviewed the registered providers training matrix, this recorded the training each staff member had completed. We saw that some topics, such as, infection prevention and control, food safety and person centred working, were listed as being 'one off' and did not require periodic refresher training. For example, of the 55 staff listed, 12 staff had not refreshed their infection prevention and control knowledge for over three years. Ensuring staff receive regular updates ensures staffs skills and knowledge are up to date with current requirements and legislation. Training was completed through a mix of face to face and E-learning.

The acting manager told us, over a twelve-month period each staff member should receive three supervisions and an appraisal. They also said, since the previous inspection, all staff had received supervision. This was confirmed when we spoke with staff and reviewed the registered provider supervision matrix. Two of the staff we spoke with said, "Oh yes, we get regular supervision." And "We get supervision every three months, it has got better with [name of acting manager], more supportive and relevant." Another staff member who was responsible for completing other staffs' supervision told us, "I get them [supervision] and I do some. I have had training [on how to complete supervision]."

People spoke positively about the meals at Kenmore. One person said, "Its brilliant." Two of the relatives we spoke with said, "The food is lovely, everyone puts on weight, it's so nice" and "I visit at dinner time, the food is very good, I eat there on a Sunday."

When we arrived at the home on the first day of the inspection, breakfast was still being served to people. Some people were eating in the dining room while others ate breakfast in their own bedrooms. We saw one person come to the dining room, a full English breakfast was on the menu that day, we heard a member of the catering staff ask them what they would like for their breakfast, they told them each food item included in the breakfast, enabling the person to choose the exact breakfast they wanted to eat.

At lunchtime the dining tables were nicely set with crockery, cutlery and menus. Staff offered people choices of meals and drinks. People received support to eat and drink from staff, as needed in a patient and discreet manner. We saw positive interaction between one staff member and a particular person, however, the person had limited vision, when the member of staff walked away, they did not tell the person and the person continued the conversation with them.

It was clear from speaking with the staff, there were systems in place to monitor peoples weight and staff were aware of other health care professionals people could be referred to if they were concerned about weight loss. In one person's care plan we saw they had been weighed at regular intervals and a nutritional risk assessment was in place. However, they had lost 5kg over a six-month period and their nutritional risk assessment had not been updated to reflect this. We also noted their care plan made no reference to their

recent weight loss. . Following the inspection, we brought this to the attention of the manager. They assured us they would review the persons needs to ensure appropriate action had been taken and their records were accurate.

Some people who lived at Kenmore required their food and fluids to be of a specific consistency. This information was clearly displayed in the kitchen to ensure catering staff were aware of people's individual needs. We also cross referenced information in the kitchen with a care plan we had reviewed and found the information tallied.

At lunchtime we checked a person who was prescribed a particular food consistency had received a meal which was appropriate to their needs. Staff told us communication within the staff team was good. The acting manager told us the nursing staff handed over all relevant information at each shift changeover, time was factored into the nurses shift to accommodate this. One of the staff told us information was shared in the daily handover, communication books and internal emails. Another member of staff said, "We have staff handovers every shift. They are always detailed about every service user."

Peoples care records evidenced they received regular support from a range of health care professionals. This included GP's, district nurses, community mental health teams and specialist therapists. One of the relatives we spoke with told us, "They [staff] tell me if they have any worries about [name of person]. They have told me this morning they have phoned the doctor about [name of person]."

We also saw evidence people were offered access to age and gender appropriate health screening tests. This demonstrated people's access to healthcare was not restricted due to their disability.

Care records contained a hospital passport. This provided relevant information for hospital staff reduce the risk of the person receiving inappropriate and unsafe care if they required hospital treatment.

We saw evidence peoples care and support was delivered in line with current good practice guidelines. This was demonstrated through the involvement of relevant specialist health care professionals, staffs' compliance with the registered provider's training requirements and from reviewing a random sample of the registered provider's policies.

Kenmore is a large converted property. People could access a number of communal areas which included a dining room, lounge and a smoking room. There was also a dedicated activities room which led to an enclosed garden. Communal bathrooms and toilets were situated throughout the home.

## Is the service caring?

### Our findings

At our inspection in December 2017 we received mixed comments about staff from the people we spoke with at Kenmore. People also told us staff did not always respect their dignity or promote their independence. At this inspection we found improvements had been made.

One person we spoke with told us, "The staff are lovely." When we asked another person if they liked the staff, they responded, "Yes". Each of the relatives we spoke with was positive about the attitudes of staff and how they interacted with their relatives. Comments included; "The staff are lovely with them", "The staff are fantastic. There are a lot of dedicated staff there" and "[The home] isn't institutionalised." One relative told us, "Staff go over and above their duty, when [name of person] was ill, the staff sat with [person] at the end of their shift. All the staff are approachable, the nurses are great. [Name of person] has told me, they want to live here."

We found the atmosphere at Kenmore to be warm, welcoming and homely. The culture was person-centred and inclusive, people were clearly relaxed and comfortable in the presence of staff. We observed staff speak with people as they went about their duties, when staff spoke with each other, for example, about their social life, they involved people who lived at the home into the discussion. A member of staff said, "It's all about them, each service user is different. You need to make sure they are at the centre of what you are doing."

One person who lived at the home told us staff respected his choices and preferences. They said, "I prefer to stay in my room. They come and ask if I want to go to bed, if I say no, they tell me they will come back. I go to bed and get up when I want." While we were chatting with them a member of staff knocked on the door and asked if they could enter the room. The person looked genuinely pleased to see them and they exchanged friendly chatter.

On both days of our visit, people looked well cared for, clean and tidy, which is achieved through good standards of care. Each of the staff we spoke with, including the acting manager and nurses, spoke with us with knowledge and understanding of people's individual needs and preferences.

People's care records contained information about their life history. The quality of the content varied dependent upon if the staff had been able to access relevant information. This information is important as it provides insight into people's characters and behaviours, it also enables staff to find out people's interests, promoting meaningful conversations.

The care records we looked at were person centred and reflected the person's diversity and protected characteristics under the Equality Act. For example, care plans contained information on people's religion, gender, communication and important relationships.

Staff treated people with dignity and people's right to privacy was respected.

One person told us, "They always close the door and curtains, although I'm not bothered." A relative said,

"Yes, the staff give them respect and privacy." We asked a member of staff how they ensured people were treated respectfully. They said "We knock on doors [before we enter], close doors and cover people with towels [during personal care]. We show basic respect for someone's dignity, what you would do yourself."

Some people had a notice fixed to their bedroom door which instructed staff and visitors to the home, if they wanted their bedroom door open or closed. We noted staff had followed these instructions. The instruction on one person's door requested 'knock, knock and wait for a reply'.

Some people spent periods of time in their own rooms, we observed people had access to the nurse call system in the event they needed staffs' support. One person told us, "I have a buzzer, they (staff) come if I call them."

We checked a random selection of communal toilets and bathrooms. We found the doors were easily locked. This meant people using these facilities could prevent access by other people. We also noted one toilet had a mirror which had been positioned at a low height, this meant a person sat in a wheelchair was able to see themselves easily prior to leaving the room.

People were encouraged to retain their independence and life skills. Care plans recorded the tasks people could carry out independently. On the first day of the inspection we observed a person getting their own breakfast and making their own drink. One of the staff we spoke with said, "I prompt people to be independent. We have one person, when they wash their own face you can see they feel proud of themselves. We don't want to take away their skills."

## Is the service responsive?

### Our findings

Our previous two inspections have found the registered provider was not meeting the regulations regarding good governance as some people's care plans lacked relevant detail and information which would be useful for staff. Feedback about people's access to meaningful activities was mixed and complaints had not been managed in accordance with the registered provider's complaints policy. At this inspection we found a number of improvements had been made.

People were supported to engage in a range of activities and interests. One person told us, "A singer is coming today, I love the karaoke." They had a variety of sporting books on their book shelf and they were playing a sports game on their personal computer. They told us how much they enjoyed playing this. Another person told us how much they were looking forward to a trip to the theatre.

Two of the relatives we spoke with, told us, "Activities, yes there are a lot, they are always taking [person] out on walks, to garden centres and the cinema" and "It's not boring there, they do all sorts. Events, entertainers, DVD night, they go to the cinema and out for meals. They have monthly events, recently we had 'bake off' & Kenmore by the Sea."

Staff told us about the variety of activities available for people, "We have been having a lot of themed days, bake off, Chinese night. We have a Tuesday coffee morning. [Name of manager] encourages us all to get together, we are encouraged to take part in the entertainment. On America day we all sat and ate together." They also said they felt the themed days had made a positive impact on staff's morale. Although one staff member said activities on a weekend were more restricted due to a lack of staff or volunteers available to support.

It was clear from our conversation with the acting manager they were dedicated to making the home a fun place to live. They told us they had introduced a themed activity day each month, including 'Kenmore by the sea', bake off and Yorkshire day. They said, "Everyone was involved, including relatives. People are now suggesting themes."

Many of the activities, events and outings were facilitated by a core group of volunteers. We spoke with the volunteer co-ordinator, they explained how they planned activities around people's preferences, hobbies and interests. They explained activities and outings were planned around the volunteer's availability and how they tried to match the interests and skills of the volunteers with people's interests. This showed they wanted people not only to participate in activities but also to enjoy themselves with volunteers who would engage with them due to a shared interest in the activity.

Each of the care files we reviewed included a monthly summary of the activities people had participated in and if they had enjoyed it or not. We also saw photographs of recent activities and events people had participated in which confirmed what people, relatives and staff had told us.

The acting manager told us following our last inspection a member of staff had been given the task of updating peoples care records. When we spoke with this staff member, they told us they had been given dedicated hours to enable them to review and update peoples care records. They explained how their work had been overseen by the acting manager and a quality manager and how the quality of their work had improved with their feedback.

Each of the care records we reviewed was detailed, person centred and reflective of people support needs with information consistent throughout each record. For example, one care plan noted, 'I like to be warm at night so I have lots of blankets on' and 'I don't like soap on my face, so please don't use it'. A one-page profile at the front of peoples care records provided staff with a brief overview of peoples care and support needs.

Where people had a specific health need we found relevant information was provided for staff. For example, the care plan for a person with a history of seizures detailed the action staff should take in the event of a seizure and provided guidance about when medication should be used to reduce the seizure. This information helped in ensuring people received safe and consistent care.

People and, where appropriate their families, were involved in the care planning process. We saw evidence of a recent care review, which included feedback from the persons family. We also saw the newly formatted care plans included a section for people and their families to record their involvement in the care planning process.

We asked one of the staff if they were able to read peoples care records. They said, "Yes we can read them, they are accessible for us to read." This helped care staff know what was important to the people they cared for and helped them take account of this information when delivering their care.

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 they need when receiving healthcare services. Care plans recorded people's individual communication methods and the acting manager told us information could be provided in alternative formats if required.

None of the relatives we spoke with told us they had any complaints about the service. One relative said, "I have no complaints at all, if I did, I'd go to the manager, I wouldn't have any qualms about going higher up I needed to." The acting manager told us they had not received any complaints since they had taken over the day to day management of the home.

At the time of the inspection, no one living at Kenmore was receiving end of life care. Previously the service had begun the process of working towards the Gold Standards Framework for end of life care, this had been put on hold. The Gold Standard Framework is a training programme designed to improve end of life care provided in care homes and can lead to accreditation. The acting manager told us, "It has been on hold, but there are some study days planned in October. [Name of nurse] is very passionate about this."



## Is the service well-led?

### Our findings

Our previous two inspections have found the registered provider was not meeting the regulations regarding good governance. Feedback about the management of the home was poor and the systems and processes to oversee the quality of the service provided to people was ineffective. At this inspection we found a number of improvements had been made.

Relatives were positive about the acting manager. One relative said, "The previous manager, you never saw them. The new manager has really been visible, talking to everyone" Another relative said, "[Name of acting manager] seems to have turned it around. They are sociable, we have meetings. I don't think staff felt valued, [name of acting manager] includes the staff now. They are all approachable."

Staff were very happy with the approach of the acting manager and the changes they had implemented. One staff member said, "Brilliant. The home is much calmer. The new manager [acting manager] is out [of the office] and getting involved. It is nice coming to work, there is lots going on" Another staff member told us, "[Name of acting manager] is fantastic, they have lifted everyone's spirits, amazing. Their door is open, that helps, we are always able to talk to [name of acting manager]."

The registered provider is required to have a registered manager as a condition of their registration. At the time of the inspection the home did not have a registered manager in place therefore this condition of registration was not being met. The acting manager told us they had been appointed by the registered provider and had commenced working at Kenmore in March 2018. They said the registered provider had been open regarding the challenges the home faced. A new manager had now been appointed and the acting manager was to spend time inducting and supporting them into their role before they were deployed elsewhere within the organisation.

Throughout the inspection process both the acting manager and the new manager were professional, friendly and open in their discussion with us. We asked the acting manager what they felt had been their key achievement in the few months they had been at Kenmore. They said, "The staff team is my achievement. They had no faith in managers, hopefully I have empowered them."

The acting manager had ensured the audits, specified by the registered provider were completed at regular intervals. They showed us the registered providers timetable which specified when specific audits had to be completed and by whom. These audits included, medicines, care files, cleaning, infection control and catering.

There was now a system in place to continually assess and improve the quality of peoples care records. The staff member responsible for updating peoples care records told us they had also been auditing every care record each month. We saw an example of this in one of the care records we reviewed.

The acting manager completed a monthly audit of the service. This included a range of topics for example, safety, service delivery and management systems. Where a shortfall was identified, we saw an entry was

recorded on the following months audit to evidence the action taken. For example, the outstanding actions recommended by the fire risk assessor had been carried forward each month, including an update re progress. This helped to ensure concerns were followed through and not missed or forgotten.

An audit was also completed at regular intervals by a senior manager. Following the inspection, we reviewed their audits dated March, May and July 2018. The audits evidenced the work done by the acting manager alongside the team of staff employed at the home, in improving the quality of service people received and in meeting the services regulatory requirements. For example, the March 2018 audit identified only 65% of staff were complaint with safeguarding training. Their May 2018 audit recorded compliance was 83%. There was also an action plan in place to monitor the homes progress and provide an over-arching view of the findings from various audits and reports.

Regular meetings were held with people who lived at the home and relatives. Relatives told us; "We had a meeting about the last inspection. [Name of senior manager and acting manager] talked to us about the ongoing improvements at the home", "We have had a couple of meetings, one a few weeks after the last inspection. Then I think the manger left, we had another meeting to introduce the new manager, [name of manager] and to explain the changes. I do think it has improved" and "Relatives meetings, they didn't use to have them, they have them now."

A range of staff meetings had also been held at regular intervals. These included, general staff meetings as well as role specific meetings, for example, care staff and heads of department. The subjects discussed varied and minutes included comments and feedback from staff as well as the directions from the acting manager. One of the staff said, "We have had a lot of meetings, they help keep us up to date. We are encouraged to bring things to the manager and they add them to the agenda."

Meetings are an important part of the provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people living at the home.

The home was working in partnership with other agencies. The volunteer co-ordinator told us they had links with local businesses to support with fundraising. They told us the home also had a good relationship with a local university. They said they were scheduled to deliver a talk about the organisation and Kenmore to students the following week.

During this inspection we found a number of significant improvements had been made since our last inspection relating to safe care and treatment, staffing, fit and proper persons employed, staff training and supervision, activities and care records. Although further work is still needed to ensure the requirements of the Mental Capacity Act are fully met and records relating to medicines are robust.

Due to the relatively short time frame since the last inspection, we were unable to evidence the improvements were truly embedded and standards of care delivery were consistently maintained. Future inspection will seek to evidence a sustained and consistent high level of quality has been achieved and that systems of governance remain transparent and robust.