Kenilworth Manor Limited

# Kenilworth Manor

**Inspection report**

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

We inspected this service on 21 December 2015. The inspection was unannounced.

Kenilworth Manor is registered to provide accommodation with nursing and personal care for up to 34 older people. There were 21 people living in the home at the time of our visit.

There was a registered manager in post. 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. There was a warm, relaxed atmosphere in the home and people were looked after by staff who knew and understood them well. Staff treated people with kindness, showed respect and maintained people's dignity. People were supported to maintain relationships and friendships with those important to them and visitors confirmed they were welcomed into the home.

Care plans were personalised and people and their relatives were happy that the care and support provided

# Summary of findings

met people's individual needs and preferences. Care plans were regularly reviewed and people told us staff were responsive if they requested any changes in how their care was provided. Staff supported people to maintain their health by seeking advice and support from other health professionals.

There were enough staff on duty to meet people's health and social care needs. The registered manager checked staff's suitability to deliver personal care during the recruitment process. Staff were well supported by the registered manager and received training and supervision to enable them to meet people's individual needs effectively.

Staff understood their responsibilities to follow safeguarding procedures and knew what action to take if they believed people were at risk of abuse. Risk assessments were in place to identify risks to people's health and welfare and care plans contained instructions to staff on how to minimise identified risks. People's medicines were managed, stored and administered safely.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where restrictions on people's liberty had been identified, the registered manager had applied to the supervisory body to obtain the authority in accordance with the Act. Staff respected people's ability to make their own decisions and the importance of gaining people's consent to the care provided.

People had their nutritional needs assessed and monitored and were supported to enjoy a range of healthy, nutritious food and drink throughout the day. Mealtimes were seen as an important social event and were relaxed.

There was a range of activities available that kept people busy and helped to maintain and improve their health and mental well-being. People were encouraged and supported to maintain hobbies and interests and participate in activities outside the home.

The provider's quality monitoring system included consulting with people and their relatives to ensure planned improvements were focussed on people's experience. People were confident to raise any concerns with the registered manager and confident that appropriate action would be taken. The registered manager made regular quality checks of people's care and health, medicines management and the environment to ensure people continued to receive safe and consistent care.

# Summary of findings

## 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 safe.

Staff understood the procedures to safeguard people from abuse and were vigilant for signs people were unhappy or concerned. Risk assessments identified and managed risks associated with people's individual care needs. There were enough staff to meet the needs of people and recruitment procedures helped ensure staff were suitable to work at the home. People received their medicines as prescribed.

Good

**Is the service effective?**
The service was effective.

People enjoyed relaxed and social meals and were offered choices about what they wanted to eat. Staff were aware of people's nutritional needs. People were supported to maintain good health and had access to external healthcare support. Staff had the knowledge to meet people's needs effectively.

Good

**Is the service caring?**
The service was caring.

Staff were caring and attentive to people. They offered reassurance when it was needed and did not rush people. People's privacy and dignity was respected and they were supported to maintain as much independence as they wished. People were involved in day to day decisions about their care.

Good

**Is the service responsive?**
The service was responsive.

People were involved in planning how they were cared for and supported. Staff understood people's likes and dislikes and their preferred routines. People were supported to engage in activities and interests that promoted their mental and physical wellbeing. People were confident any complaints would be dealt with promptly.

Good

**Is the service well-led?**
The service was well-led.

People, visitors and staff spoke positively about the warm and supportive atmosphere in the home. Staff understood their roles and were reminded of good practice through staff meetings and 'informal supervisions'. There were some quality monitoring systems to help identify where improvements were needed to maintain standards within the home.

Good

# Kenilworth Manor

**Detailed findings**

## Background to this inspection

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

The inspection took place on 21 December 2015 and was unannounced. The inspection was undertaken by two inspectors 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.

We reviewed the information the provider had shared with us in the provider information return (PIR). The PIR 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.We reviewed the information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with eight people who lived at the home, four relatives and two volunteers. We spoke with the registered manager, a nurse, four care staff and two non-care staff. We observed care and support being delivered in communal areas and we observed how people were supported at lunch time.

We reviewed three people's care plans and daily records to see how their care and treatment was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Good

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe at the home. One person we asked said, "I feel safe here. I have the call bell and the windows can lock." Another said, "I feel safe here, there is always a call bell to call carers. If I need someone, I only need to press it." Other comments included: "I feel absolutely safe. I felt safe as soon as I first walked through the door" and, "If I didn't feel safe, I would talk to the nurses or the manager."

People told us that one of the reasons they felt safe in the home was because staff were available when they needed them. One person told us, "I feel safe because there is always someone around." Another said, "I feel safe because when I press my buzzer they do not take long to come." Care staff told us there were enough staff on duty to care for people according to their needs. During our visit we saw there was a staff presence in communal areas and staff responded readily to requests for assistance. Staff had time to spend with people and care delivered did not appear rushed.

Staff had a good understanding of their responsibilities in relation to safeguarding people in order to protect them from the risk of abuse. They told us they would be aware of any changes in people's behaviour that might indicate they were unhappy or concerned. One member of staff told us, "Residents might go quiet or subdued, there would be a change in their behaviour, and maybe they would not eat." Another said, "Their characters may change or they may go withdrawn or quiet or could go the other way." Staff told us they would report any concerns to the most senior person on duty at the time to make sure people were safe. One said, "We need to inform the sister on duty or the manager about changing behaviour." Staff also said they would report any unexplained bruising or marks on people. When asked what they would do if they saw another member of staff acting inappropriately towards a person, staff responded, "Ask them to stop and leave the room, report it to the manager and make the resident safe." The registered manager understood their responsibilities under safeguarding procedures, but had not had to report any safeguarding concerns in the previous twelve months.

The provider's recruitment process ensured risks to people's safety were minimised. Records showed the registered manager checked staff's suitability before they started working at the home. The manager obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Staff we spoke with confirmed that all the checks were in place before they were able to start work. The registered manager told us, "I would never employ anybody without it all in place."

The provider's policy for managing risks included an assessment of each person's care needs to identify any risks in relation to their health, physical and emotional wellbeing. Where risks were identified, people's care plans described how staff should minimise those risks. For example, where there were risks to people's mobility the care plans described the equipment needed and the actions staff should take to support people safely.

Staff we spoke with knew the risks associated with people's care and had a good knowledge of how to manage them. For example, staff knew how to monitor people's skin to prevent it becoming sore and the action to take if they were concerned about anything. One member of care staff told us, "I make sure those in bed have a drink and are turned position and keep checking them." When we asked another staff member what they would do if they saw a person's skin was red they responded, "I would notify the nurse, document it and see if we had any cream for the sacrum (lower back) and see if we can tilt them from side to side to alleviate the pressure."

One staff member explained how the risk of falls was minimised. They told us, "We try and escort people if they are unsteady on their feet. [Person] will get into the lift, but we will go with her and supervise her. If residents are in wheelchairs we strap them in. They have always got their bells with them and we try and keep everywhere tidy so there are no trips."

The provider's policy for managing risk included maintenance and service contracts for gas safety, electrical appliance safety and checks on fire safety equipment. There were systems in place to ensure people were kept safe in the event of an emergency. There was guidance for staff on what action to take and each person had a personal emergency evacuation plan should the home need to be evacuated. The home was staffed 24 hours a day and staff knew what actions to take in emergency situations.

Good

# Is the service safe?

People's medicines were managed safely and only administered by qualified nurses. Medicines were kept securely in a locked room or locked cabinet where only nurses could access them. Each person had a medicine administration record (MAR) which stated the dosage of medicine, the frequency and time of day the medicines should be given. MAR charts had been signed to confirm medicines had been given as prescribed or a reason documented to explain why it had not been given. Staff made sure medicines were given in accordance with prescribing instructions. For example, one medicine record we looked at showed the medicine needed to be given first thing before food. Records showed the medicine had been administered at 7.00am to ensure it was administered before the person had breakfast. When people wished to self-administer their own medicines independently, they were supported to do this and the risks of them doing so were assessed.

Guidance for the administration of 'as required' medicines was available. This guidance provided information as to when it was appropriate to administer an 'as required' medicine and ensured that people received those medicines in a consistent manner. Some people had health needs which required varying doses of medicines related to specific test results. Staff ensured they checked records so the correct doses were given.

Completed MARs were checked for any gaps or errors and a medicines management quality audit was carried out monthly. These procedures made sure people were given their medicines safely and as prescribed.

Good

# Is the service effective?

## Our findings

People told us they thought staff understood their roles and knew what they were doing. One person told us, "I feel they know what they are doing when they look after me." Another person told us, "They always seem to do everything alright, it's second nature to them really."

When they commenced work at the home, new staff completed an induction programme. This included an 'orientation tool' which covered the provider's policies and procedures so they understood what was expected of them. The induction also included essential training and a period of working alongside more experienced care staff so they could get to know people's needs and preferences. Staff told us their induction to the home gave them the understanding and confidence to meet people's needs effectively. One staff member told us, "I thought the induction was very good really. I worked with a mentor and they were very helpful. I shadowed for about a couple of weeks and then I was part of the shift." Another said, "We got the books to look through on policies and procedures and we had training like manual handling, food hygiene and infection control."

The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment**.** All new staff and those staff who did not have a recognised qualification in health and social care, were working towards obtaining the Care Certificate.

Staff received essential training updates and these included infection control, moving people safely and health and safety. However, when we checked the training records, we found that some training had not been updated in accordance with the provider's training policy. Staff had not received training to provide them with further knowledge about managing and supporting the specific needs of people who lived in the home. For example, diabetes, dementia or catheter care. Whilst staff told us they would like training in these areas, they felt it did not have a negative impact on their work or performance. They told us they could provide effective care because they discussed people's needs with the nursing staff who provided them with advice. During our visit we did not identify any concerns around poor practice by staff. Staff anticipated and understood people's needs and had a good understanding of their role in managing health conditions. For example, staff understood how to support people with a catheter and knew about diabetes care and what signs to be aware of if people were unwell. However, further training in these areas supports staff in understanding people's clinical needs to ensure they consistently follow best practice.

Nursing staff received training to ensure their clinical skills were maintained and they followed best practice. Records showed that recent training undertaken included preventing skin breakdown, giving medicines through a syringe driver, percutaneous endoscopic gastrostomy (PEG), (PEG feeding is used where people receive nutrition through a tube into their stomach because they cannot maintain adequate nutrition through oral intake) and medicines. The registered manager told us one area of training that remained outstanding was male catheterisation. They told us they had external support from district nurses to manage any issues until nursing staff had been assessed as competent in this area.

There was an ongoing programme of formal and informal supervision with staff. Staff told us that formal supervisions provided them with an opportunity to discuss their development or training needs. One staff member told us, "We talk about if we require any further training, any problems at work or if they have any issues with me." Informal supervision meetings were used to provide guidance if there were any concerns around poor practice within the home. For example, staff had received informal supervision following concerns that personal protective equipment was not always being used correctly. One staff member explained, "They tell you if you are not doing something right. There was one day I forgot to put an apron on and they told me about it." Other informal supervisions informed staff of changes in people's support needs. For example, staff were informed how they were to support one person whose mobility had reduced and of a new care plan implemented for someone who had been identified as being of increased risk of developing sore areas on their skin. This ensured staff continued to meet people's needs effectively.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

The registered manager understood their responsibilities under the Act. They told us everybody living in the home had the capacity to make simple decisions about their daily lives such as what they would like to eat or drink. However, some people lacked capacity to make certain complex decisions, such as, how they managed their finances. These people all had somebody who could support them to make these decisions in their best interest, for example a relative. One relative told us, "[Person] could not make any decisions that required a depth of understanding and I was always involved in every decision." Another relative told us, "[Person] does not have capacity so we have been involved in her care plan." Care records showed people signed to confirm their consent to receiving care and treatment in the home. Where they did not have capacity, they had been signed on their behalf by those closest to them.

Staff understood the importance of gaining people's consent before providing care and support and we saw this demonstrated during the day. We saw staff asking if people were ready for their dinner or whether they wanted to join in activities. We were told, "You talk to them and ask permission and get consent for everything you do. If someone says no, explain what you want to do and if necessary try again later." One staff member explained, "There is a resident on my floor, sometimes she has capacity and sometimes she does not. In the morning I always ask her what she would like to do. I ask, do you want a shower or a bed wash. I would never do anything that suits me rather than what suits her." One person confirmed that staff had never done anything against their wishes.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).The manager understood their responsibilities under the legislation. They had identified that some people needed restrictions placed on their care and had submitted the appropriate applications to the authorising authority.

People and visitors were very complimentary about the standard and choice of food in the home. Comments included: "The food is superb; we have choices." "I do enjoy my lunch and I can have a drop of wine." "The food is very good, there are choices and we eat here when we visit." "The food is good I would say exceptional." At lunch time we saw it was a social experience with nicely laid tables and a pleasant atmosphere with people chatting to each other. Food looked well presented, healthy and nutritious. People were offered a wide choice of drinks including sherry, wine, still or sparking water.

Care staff and catering staff knew about people's nutritional needs and preferences. They knew who had risks associated with eating and drinking and how they needed to have their food prepared. This included their food being pureed and drinks thickened to avoid risk of choking. Staff also knew which people required sugar free diets to manage their diabetes. Some people were on special diets fortified with cream and butter to increase their calorie intake to maintain their weight. Other people wanted to lose weight. The chef explained, "Some don't want to put weight on. The residents themselves will tell us like one person told me 'I can't get in my clothes what can you do to help?' We ask them how they want us to manage their diets." They went on to explain how they ensured meals were nutritionally balanced. "We have lots of recipe books which have information on nutritional value. There is always meat or fish and vegetables, potatoes and fresh fruit salad. We like to balance our menus for the whole week." Snacks and drinks were provided through the day. Food and fluid charts were put in place if people were unwell or had lost weight to ensure they ate and drank enough to maintain their health.

People's physical and mental health was monitored and staff took the initiative in identifying when people were unwell or needed medical attention. Care records showed when needed people were referred to appropriate health and social care professionals which included GPs, dentists, opticians, speech and language therapy and dieticians. One relative told us, "They are extremely proactive and positive."

Good

# Is the service caring?

## Our findings

During our visit we found staff were warm, caring and attentive and people's wellbeing was central to the care and support provided. This was confirmed when we spoke with people about their experience of living in the home. One person told us "The staff are very nice, all of them. No complaints at all, they are kind and helpful." Another said, "The carers take good care of me, they have patience" Comments from relatives included: "The difference here is the love that is shown, the detail. There is love and laughter." "They treat them with love, they are so caring."

We asked the registered manager how they assured themselves that people received support and assistance from a caring staff team. They responded, "The carers know the residents and take pride in what they are doing. I think all my team are caring. You have got to show empathy, patience, a sense of humour and be thoughtful and kind. Most of them have got all of that. They all treat everybody individually. You can't class people because everybody is different. I think the biggest part is treating people as individuals." We found that through the way staff engaged with people and in the conversations they had with them, staff clearly appreciated and respected people as individuals.

During our visit we saw staff made time to talk with people whilst going about their day to day work. Staff dealt with people in a kind way and gave people attention when they needed it. For example, we saw one person was anxious because they were waiting for someone to take them out for lunch and they had not turned up. A staff member provided verbal reassurance and displayed an empathy with the person's emotional needs. They explained there was probably a mix up and said, "I can have lunch with you." The person responded, "You are all very patient with me." Another person was supported by a staff member as they moved along a corridor with their walking frame. The person stopped and the member of staff asked, "Are you going to go that way?" The member of staff gave the person the time they needed and stood waiting until they were ready to move on again.

People were supported to maintain their independence as far as possible and staff offered people support in a way that promoted independence. When assisting people to move from the lounge to the dining room, staff offered people their arm for support. One member of staff explained, "I make sure I provide them with support and encourage them to be independent. You need to talk to them and encourage them and make them feel secure and safe." We spoke with two people about how their independence was encouraged. One person said, "I wash myself. If I want a bath or shower I could have one." Another said, "The carers are the best you can have; they encourage me to be independent." One relative told us how people were encouraged to go out with friends and said, "They try to keep each resident independently living within the home."

People responded positively when we asked if staff provided care and support that ensured their privacy and dignity was maintained. One person responded, "The staff look after me okay. They are friendly, kind and treat me with respect." Another person told us, "Sometimes there is a man on (male care worker) and you can choose not to have him do your shower." We saw that staff had a clear understanding of privacy and dignity. Staff were careful to knock on bedroom doors before entering and close doors behind them while they delivered personal care. Staff called people by their preferred names. We were told, "You knock on doors so you get invited in. You treat them as you would want to be treated yourself. Address them as they want to be addressed. You can't assume people want to be addressed by their first name." One relative had sent the home a written compliment saying, "[Person] was treated with dignity and respect by all the nursing, kitchen and reception staff alike."

During the day we saw that staff offered people choices and encouraged them to make decisions for themselves. Staff asked people their opinion on everyday decisions such as what they wanted to do, what they wanted to eat and where they wanted to be. One person told us they had breakfast in their room because it was their choice. Another said, "I chose to stay in bed today, the carers respect my wishes."

The registered manager told us it was important to understand that even though people were living in a home, their relatives still wanted to play a caring role in their family member's life. One person told us, "Friends and family can visit at any time, there are no restrictions." A relative said, "They show care and consideration to the relatives too. You feel staff care about everybody. Visitors feel important and very welcomed."

Good

# Is the service caring?

We spoke with a relative whose family member had passed away. They told us they had received comfort from the care and attention from the manager and staff as their family member reached the end of their life. They explained, "[Person] always wanted to die in their own bed peacefully. [Person] had a very good life, but they had a very good death too."

Good

# Is the service responsive?

## Our findings

People were involved in deciding how their care was provided and received care that met their needs and individual wishes and preferences. People and relatives told us staff were responsive when there was a change in their care and support needs. One person told us, "If you want something altered they would do it, I am not saying they could do it, but they would do their best to help." Another told us, "Yes they do carry out requests. Everything I need has been done. I can always ask for help. Before I came they asked me what I wanted."

Before people moved into the home, an assessment of their needs was carried out to make sure the service could provide the care and support they needed. People confirmed they were cared for and supported in the way they had discussed when planning care. Care plans we looked at included information about how people would like their care provided so staff could be assured they were providing person-centred care. For example, one person was very particular about how their care was delivered in the morning. Care staff we spoke with had a good understanding of this person's habits and routines and the person confirmed staff provided their care in a way they preferred.

People had their care reviewed regularly which included any changes that related to their health, support and risk assessments. Staff were regularly updated about changes in people's needs at handover and through supervisions. Where people were unwell or had a short term need, a care plan was put in place so staff knew what care and support the person required to maintain their well-being. One staff member told us, "Every morning we have handover. They tell us and it's all written down and we can pass it on to our colleagues. They also do a short term care plan with changes on them. They always do the short term care plans." Staff told us the handover meetings enabled them to be responsive to day to day changes in people's needs. One staff member explained, "People's needs change day to day. [Person] for instance is fine every morning and will shower independently. This morning I was told at handover she was not well. I knocked on her door and asked her how she was. She said, 'Not too good'. I asked if she wanted help with her shower so I helped wash her hair and have a shower."

People told us there was a range of social activities available that kept them busy and helped to maintain and improve their health and mental well being. The activities programme was based on what people wanted to do and enjoyed. One staff member explained, "Usually the lady who does activities asks them. We ask them what kind of activities they want and then we organise them. One time a resident asked if we could make Christmas cards. They spoke to the person that provides activities and this was done and they were happy." The activities programme showed that regular activities included exercise classes, a watercolour club, a gardening club and cookery and baking classes. People were also encouraged to provide their own activities and entertainment. For example, one person had invited other people to join them for a drink in the lounge so they could share a piece of music they particularly enjoyed.

People spoke positively about the enthusiasm of the activities co-coordinator in trying to encourage people to join in the activities. One relative told us, "[Activities co-ordinator] is an excellent activities person. There are creative activities, and whatever people's ability is, they are encouraged to join in. It is a very inclusive home." The activities co-ordinator described how they tried to offer activities that everyone could engage in and explained, "I try to cover all the senses. We have people who can't see, so we do smelling things." During our visit we saw some people engaged in a game of Scrabble. Visitors to the home clearly enjoyed the opportunity to join in and support the activity. In the afternoon a person visited the home with a selection of dolls in national costume. Many people chose to participate in this activity which promoted lots of discussion.

Some people preferred to spend time alone in their own rooms, watching television or listening to the radio. Staff respected people's choices, but kept them informed about opportunities to engage in activities and crafts. Other people preferred to spend time with staff individually and we saw staff took time to engage and talk with them.

People were encouraged to follow their interests and hobbies outside the home. One person attended the university of the third age once a month. Another person was supported to attend classical music concerts. One person explained, "If there is something you want to do and it is possible to do, they will do it. The men wanted to go to

Good

# Is the service responsive?

the pub and they did that. They try and enable it to happen." Some people were supported to go shopping in the local town and, where possible, were able to do so independently.

Some activities and events were arranged to raise money for local and national charities which gave people a sense of purpose as well as providing entertainment. Recent charitable events had included a 'Mad Hatters' tea party, a dog show and a coffee morning. The home had established links with a local church and people's pastoral and spiritual wellbeing was met through regular church services in the home.

People knew they could make a complaint if they needed to and were confident it would be resolved effectively. People told us they did not have any complaints about the service, but they would speak to the registered manager who they were confident would deal with their concerns.

One person told us, "If I thought they were not meeting my needs, I would tell them." Another said, "I have no problem in raising concerns, but I have none." A relative told us that if they had any minor issues, "They were always dealt with immediately." They went on to say, "I have never had to make a complaint in the sense that something wasn't being done that should have been." Staff told us they would support people to raise any concerns with a typical response being, "I would tell them to see [registered manager] or ask her to come up and have a word with whoever was making the complaint. I do feel confident she would deal with it."

The provider's complaints policy and procedure was explained in a poster in the hallway for anyone to read. The provider had received two complaints over the previous 12 months. Records showed these had been responded to and action taken to ensure the issues did not occur again.

Good

# Is the service well-led?

## Our findings

People, staff and visitors all spoke about the warm and welcoming atmosphere within the home. Kenilworth Manor was seen as a home where people were enabled to carry on living their lives, pursuing their interests and maintaining their relationships. Staff worked in partnership to deliver respectful and compassionate care that met people's individual needs. One person told us, "There is no 'that is not my job'. If you need help they would all try and accommodate it. There is teamwork here, they are like a family." A relative confirmed, "It is like an extended family." A member of staff explained, "It is the whole team work, everybody is interested in what we do. We just help each other." When we asked the registered manager what they thought the strengths of the home were, they responded, "A well established team, and it is homely."

The registered manager had been in post since September 2015, but had worked at the home since 2004, latterly as the care services manager. At the time of our visit there was no deputy manager in post. We were told that a senior nurse had been appointed and was due to start in January 2016. We were told they would provide 'clinical oversight' in the home and support the registered manager by taking responsibility for key areas such as continence management, infection control and tissue viability.

The registered manager worked from early in the morning five days a week so they overlapped with night staff. They also occasionally worked on the rota as one of the nurses and took an active role within the home. They explained, "I like coming in at 7.30am because then you see the night staff as well. I don't tend to work weekends, but if we are short I will pick up a shift. You see what is going on, good practice is maintained and the residents see you." This helped ensure that all staff teams had access to management support.

People and visitors knew the registered manager. One person told us, "[Registered manager] has popped in now and again to see if everything is alright." The registered manager knew the people who lived in the home well and had a good understanding of their needs and choices. Relatives told us communication was good across the home and they felt informed. One relative told us, "If there is any information I need, it would be sought for me."

Another person told us, "[Registered manager] is good; she is very good although she is so busy. If I really want her, I would ask to see her and she would always come. She is good at her job."

The registered manager understood their role and responsibilities. We had only received a small number of statutory notifications. A statutory notification is information about an important event which the provider is required to send us by law. The registered manager confirmed this was because they had not needed to send them because there were few accidents or incidents that happened in the home and there had been no safeguarding concerns.

Staff told us Kenilworth Manor was a good place to work and they felt happy in their roles. One staff member told us, "It's a lovely place to work. I do have days where I might be in a low mood, but it never affects my work." Another said, "It's homely and I feel they are my second family. I enjoy my job, the residents, staff and manager - they are all friendly." The provider had introduced an 'employee of the month' award so staff knew they were appreciated.

Care staff told us the managers were very receptive to their suggestions and concerns and they felt free to raise issues with them. One told us, "I mentioned about a resident who was not able to walk. He needed two carers and not one because he was not stable. My manager agreed and there was two put on after that."

Care staff told us they were given guidance and reminders about best practice at team meetings. The registered manager made sure staff understood how they could improve the quality of the service by sharing the results of their quality checks and observations with them. Staff attended team meetings and 'informal supervisions' where they discussed people's needs, support plans and current issues. Minutes of the most recent meeting showed staff had been reminded about the new Care Certificate and infection control. Staff told us, "We discuss about the residents and make sure all their needs are met. Also the kind of assistance they need."

People and their relatives were invited to complete questionnaires and surveys about the quality of care provided. We looked at a selection of completed questionnaires and found feedback was positive with many comments about the caring attitude of staff and the high

Good

# Is the service well-led?

standard of food. When asked what people valued most about the service, responses included: “The comfort and care.” “The attention I received and the food.” “The availability of staff when needed.”

People and their relatives were also invited to attend regular meetings where they could raise any issues and make suggestions on how the service could be improved. One relative told us, “There are residents and relatives meetings where people are encouraged to give their views.” One person confirmed, “We do have meetings. Anything we need to talk about is resolved there and action is normally taken.” Another person told us, “If concerns are raised at meetings, they are addressed before they become an issue.” We saw that one issue raised related to some staining to the wall in the lounge. This had been dealt with at the time of our visit. Records showed that at the September 2015 meeting, relatives had particularly requested that it was minuted they were happy with the standard of care provided at Kenilworth Manor.

The provider had additional systems in place to monitor the quality of service people received. The provider organisation completed checks and audits on care plans, infection control, medicines and the environment. Where these identified improvements, actions had been taken to ensure the home made the required improvements. Staff kept a log of incidents and accidents, which included a record of the actions taken to reduce the impact and minimise the risks of a reoccurrence. For example, following an incident regarding the management of a wound, the registered manager had introduced a wound audit system.

During our visit some people raised concerns that areas of the home looked ‘tired’ and required updating. The registered manager told us that some improvements had been made and we were able to see rooms that had been updated including the refurbishment of bathrooms to wet rooms. The registered manager told us the programme remained ongoing, but was unable to give us a timetable for the completion of the improvements at the time of our visit.