

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Kenyon Lodge

**99 Manchester Road West
Little Hulton
Manchester
M38 9DX**

Lead Inspector
Elizabeth Holt

Key Unannounced Inspection
18th August 2009 10:00

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care homes for older people can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop.

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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SERVICE INFORMATION

Name of service	Kenyon Lodge
Address	99 Manchester Road West Little Hulton Manchester M38 9DX
Telephone number	0161 790 4448
Fax number	
Email address	sandram@abbeyhealthcare.org.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	Trees Park (Kenyon) Ltd
Name of registered manager (if applicable)	Position vacant
Type of registration	Care Home
No. of places registered (if applicable)	60
Category(ies) of registration, with number of places	Old age, not falling within any other category (58), Physical disability (2)

SERVICE INFORMATION

Conditions of registration:

1. The home accommodates a maximum of 60 service users requiring either nursing care or personal care only.
2. Two named service users who are out of category by reason of age may be accommodated. Should either of these service users no longer require their places at the home, or reach the relevant age, the category will revert to old age (OP).

Date of last inspection 25th February 2009

Brief Description of the Service:

Kenyon Lodge is a registered care home providing nursing care and personal care and accommodation for up to 60 older people. Care is provided to 30 residents assessed as needing personal care only and 30 people who require nursing care. All personal care beds are located on the first floor. The home is set in its own grounds with a designated parking area and a large secure garden area to the rear with patio area. The home is situated on a main route in Little Hulton enabling easy access to Manchester, Salford and Bolton.

The current scale of charges at the home is £355.52 -£525.00 per week. Costs in addition to the fee are hairdressing £3.50-£16.00, Chiropodist £10.00 per visit, newspapers-varied and toiletries which are charged on an individual needs basis.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is 1 star. This means the people who use this service experience adequate quality outcomes.

This visit was undertaken as part of a key inspection, which includes an analysis of any information received by the Care Quality Commission in relation to this home prior to the site visit.

Prior to the last inspection the manager filled in an Annual Quality Assurance Assessment (AQAA) in December 2008. The AQAA is a self-assessment and a dataset that is filled in once a year. As this was the second key inspection within a twelve month period a completed AQAA was not requested as part of this inspection. This form gives the manager the chance to tell us what they feel they do well, what they need to do better and what had changed since the last key inspection. The AQAA also provides the CQC with statistical information about the individual service and trends and patterns in social care.

Service user and staff surveys were provided for distribution before the inspection and six were returned from service users and none from the staff team. Comments from these surveys have been included in this report where possible.

The visit was unannounced and took place over the course of 10.5 hours on Tuesday 18th August 2009. The visit included an assessment by the pharmacist inspector to review the systems and practices in place for medication. During the course of the visit the key standards were assessed and information was taken from various sources. This included observing the staff, time was spent sitting and chatting with people who use the service, their relatives, the manager and members of the staff team. Records were looked at in relation to the running of the home and health and safety and a partial tour of the premises was made.

As part of this inspection an expert by experience assisted the inspector for part of the visit. The phrase expert by experience is used to describe people whose knowledge about social care services comes directly from using social care services. This person talked to a number of residents about their quality of life at Kenyon Lodge. He completed a report after the inspection and some of his comments are included in this report.

At the time of writing this report there are still some concerns/allegations being investigated under Salford Council's adult safeguarding procedures which have not been fully concluded.

At the time of this inspection the new manager had been in post for three weeks only. There had been interim management arrangements by the

companies training organiser since the former manager left the service in April 2009.

What the service does well:

The internal appearance of the home provides a clean and comfortable home for people to live in. Some of the people said they liked their bedrooms and the home was kept clean.

People were given information about the home before they moved in and had an assessment of their needs.

Systems were in place to support people living at the home or relatives to raise any concerns and four out of six people who returned surveys were aware of how to make a complaint.

The home continues to have an open visiting policy and people spoken to say they were made to feel welcome when they visited and they were positive about the staff generally. One person said, "The staff are smashing they help me in any way they can." The visiting arrangements do encourage regular contact with families and friends.

Staff spoken to knew the needs of the people living at the home well.

People spoken to and survey responses were generally happy with the care their relative received. Residents who needed support during mealtimes were supported in a dignified way.

What has improved since the last inspection?

There was some evidence of some improvements in the review and development of the care plans and risk assessments since the last inspection. This could be developed further by introducing more person centred care planning.

Since the last inspection some of the beds have been replaced with more appropriate beds and this has been ongoing.

Further training has been carried out since the last inspection and the manager has introduced a more thorough induction programme. More staff have started NVQ training in care.

Improvements have been made to the system in place for staff supervisions and appraisals since the last inspection and the monitoring of staff and care delivery. Staff spoken to felt communication had also improved generally in relation to the sharing of information.

Discussion with some of the staff and visitors and residents who expressed a view showed that morale amongst the staff had improved recently.

Improvements had been made to the organisation of the staff files since the last inspection and further work was being done to address any shortfalls in information provided.

What they could do better:

Records about all aspects of medication must be clear and contain enough information to enable staff to administer medicines safely and show medication can be accounted for.

Medication must be given as prescribed at all times. It is especially important to make sure that systems for ordering do not let medicines 'run out'.

A recommendation was made for a format to be developed for daily checks for each bed rail to be made rather than the currently weekly checks in place to make sure the risks to individuals are minimised.

A review of the activities provided should be made to make sure there are sufficient activities to meet the expectations of the people living at the home. The manager stated he had plans to start a resident's group so they could express their views about how they would like their home to move forward.

The meals provided for vegetarians must be reviewed to make sure nutritionally balanced meals are provided to meet people's dietary needs. The manager should consider reviewing the menus in light of the comments during this visit to make sure a choice of food and variety of foods are provided including fresh fruit.

The manager should consider discreet marking of clothing to maintain the dignity for people living at the home.

A recommendation was made for out of use equipment to be removed from people's bedrooms to create a more homely environment.

The refurbishment programme of furniture should continue to improve the environment for people living there.

A recommendation was made that the lift at the main entrance was to be repaired to improve movement for people at the home and their visitors.

A requirement was made in relation to a full audit of the recruitment procedures.

A recommendation was made for the number of audit checks to be increased particularly in relation to medication and health and safety issues so that the risks to people living at the home were reduced.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line – 0870 240 7535.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

1,3 and 6

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are given information and have their needs assessed before moving into the home, so they know their needs can be met.

EVIDENCE:

A Statement of Purpose and a Service User Guide was available in the reception area and a copy of the Service User's Guide was available in each person's bedroom which gave people information about the service provided. The new manager stated this would be updated now he was new in post. Six people who returned surveys said they had received enough information about the home before they moved in to help them in their decision making.

Pre admission assessments were looked at for three people who had been admitted to Kenyon Lodge. The information held by the home included the assessment information provided by the Local Authority. Other information was noted following a visit by the home manager before they were offered a place at the home. The staff had used the information to start the care plan and identify how to support these people appropriately. For two people currently accommodated at Kenyon Lodge, a review of the assessment information highlighted some concerns in relation to how appropriate Kenyon Lodge was to meet their needs. These issues have been dealt with in a separate letter to the care provider.
Kenyon Lodge does not provide intermediate care.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9 and 10

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's health and personal care needs were met with respect for their privacy and dignity. Some improvements were needed in the procedures for dealing with medication to fully protect people living at the home.

EVIDENCE:

Three people's care plans were looked at during this visit. Recommendations were made at the last inspection for care plans to reflect in more detail how the staff supports people to meet their needs and maintain their health and well being and for risk assessments to be more clearly recorded. There was evidence during this inspection to show that some improvements had been made in the detail provided in the risk assessments and care plans. A training session had been held on care planning and documentation and two staff members stated they had found this useful to assist them to write the care plans. A discussion with the manager highlighted that he did plan to create

care plans that are more person centred and individualised so they more fully reflect the individual needs of the person and the way they would prefer to be supported. The care plans generally gave staff instructions on how to meet each person's needs however there was room to include more individual likes for the way they chose to be supported. One person stated he preferred to be assisted in the shower by a male staff member and liked a daily shower, his care plan did not fully reflect this and he stated he quite often was supported by a female member of staff.

Care plans included records of visits from other professionals and showed the outcomes of these visits on the form. The action plan returned to us following the last inspection stated that, "Service users are referred to other health professionals such as dietician and tissue viability nurse as required. The osteoporosis services are going to offer training and support in risk assessments and fall prevention." For one person advice and ongoing support was recorded from the District Nurse and instructions for the staff on how they were to monitor this person's needs were being met was included in the care plan. Another care plan showed improvements in the evaluations and the reviews which were carried out monthly or before if needed. Following two falls the care plan and risk assessment in relation to falls had been updated and re written, this included watching for signs of any pain.

Record keeping for body maps and bruising had improved. Each care plan looked at had an updated body map to record any changes in a person's skin condition. Risk assessments looked at included mobility, falls, moving and handling, prevention of pressure sores and nutrition. A look at some of the bed rails in place showed that some of the fittings had become loose. A recommendation was made for a format to be developed for daily checks of the each bed rail rather than the currently weekly checks in place to make sure the risks to individuals were minimised. Since the last inspection there were some improvements in the staff recording of the risks identified for each person.

A look at some of the weight charts showed that staff had highlighted people had lost some weight. We discussed with the manager his management of monitoring people's weight. On a case by case basis the manager could show that individuals had been referred to the dietician as necessary. Staff spoken to were aware of people who needed dietary supplements and a list in the kitchenette showed people who needed full fat milk and cream adding to porridge, for example. Six people were seen to be on food monitoring charts. On the day of this visit these had not been filled in, a review of previous days did show recordings of food eaten. A recommendation was made for a note to be made of any alternatives offered if a person has "refused lunch" rather than to record nothing.

On the ground floor where the people were in receipt of nursing care, the nurse in charge was clearly aware of the needs of these people. Two people who were currently being nursed in bed due to their poor healthcare looked

comfortable. The turn charts for these two people were recorded to show changes in their positioning on a regular basis. One person spoken to said, "The staff are great, one of the girls comes in and sings to me."

From the sample of care plans looked at there was some evidence to show that the person themselves or their representative had been involved in the care planning process and the information had been shared with them.

Staff we spoke to during the visit clearly knew the care that each person needed. We saw staff treating people living at the home in a respectful way and heard staff talking with people in a pleasant manner. The staff commented that they felt communication had improved in the home recently and they received updates about the condition of people on a daily basis during the shift handovers. People we spoke to were positive about the staff generally and made the following comments; "They are wonderful here", "The staff are smashing they help me in any way they can." One of the people living at Kenyon Lodge said, "I am very happy at the home" and their relative added and said "Mother's condition had improved quite a lot since she came to the home".

People were sent surveys asking about their views of the home before this visit. In response to one of the questions, "Do you receive the care and support you need?" Three people stated "always" and three "usually". One relative added, "Kenyon Lodge staff seem to genuinely care for residents and take an interest in their individual interests and needs." In response to the question, "Does the home make sure you get the medical care you need?" All six responses were always or usually. One person added, "I wish the staff would tell me when my mother saw the Doctor."

People living at the home looked appropriately dressed and during the visit the hairdresser was present. One person said, "Today is my favourite day because I feel so good when my hair is right." People spoken to were generally happy with the way their hygiene needs were attended to. One person was seen to be wearing ankle socks and another person wore no tights or pop socks. The manager was heard discussing the need to ensure the socks were not too tight for one person who said, "My daughter says I should wear these." This person stated this was their preference. A recommendation was made to make sure the care plans include the person's individual preferences. The men were seen to be shaven and one person said, "The staff help me every morning to look this good." Responses from conversations with people who were visiting the home and from staff members were positive and they felt the home was improving.

The manager did state that he will review the current system for care plans and thought he would introduce a more person centred system in the next 6-9 months.

During the inspection the specialist pharmacist inspector looked at how well medicines were handled to make sure that residents were being given their medicines properly. This was because at the previous inspections we found that medicines had not been handled safely.

We also checked to see if the requirements made at the previous inspections regarding medicines had been met. Medication records belonging to six residents were looked at together with their medicines.

We found that most records about receipt of medicines and their administration were clear and could show that most medicines could be accounted for.

However we also found there were some areas where record keeping about medicines was very poor.

Records about medicines which were no longer needed were not up to date and did not list all medicines which needed to be disposed of. If records about disposal of medicines are not accurate it makes it difficult to track medicines. Some records did not record the exact quantity of medicine that was received into the home, again making it difficult to track medication and show that it had been given properly. If medicines can not be tracked they may be mishandled placing residents' health at risk from harm.

Sometimes staff signed for more medicines than had actually been given and other times for less or for none at all. All records about medicines must be clear and accurate so they can show that residents are being given their medicines properly and all medication can be accounted for.

The records about creams overall were very poor, there was no information recorded to tell care staff where to apply creams or how often. If there is a lack of information it is not possible to show that creams have been applied as directed. When creams are applied it is vital that the person who applied the cream signs the medication records. We also found that there was not enough information recorded about how to give 'as required medication' to enable staff to give medicines to people safely and consistently.

Creams and ointments were stored in residents' rooms and no checks had been made to make sure it that was safe to do so. It is important that these checks are made to ensure that residents' health is not put at risk. All types of prescribed medicines must be locked away safely so that they are not at risk of mishandling.

In general we found that most residents were given their medicines as prescribed. However we found that some residents could not have their medication as prescribed because it had 'run out'. The staff that were in charge of medicines were aware that medicines ran out and had been working hard to

try to prevent this happening again in the future. However it is unacceptable for residents not to be able to have the correct levels of pain relief due to poor ordering systems or poor communication with their doctors. It is vital that effective measures are put in place to ensure that all residents have a supply of all their medication available for administration. We also found that sometimes staff who administered medicines failed to follow the prescribers' directions fully which resulted in medication not being given exactly as prescribed. All medicines must be given as prescribed to protect residents' health and well being.

Some residents with swallowing difficulties were prescribed a special powder to thicken their drinks, and other fluids, in order to prevent them from choking. There was no record made that, residents, who were prescribed this powder, were having their drinks thickened on either the residential or nursing units. Neither of these units could provide evidence that residents' health and well being was not placed at risk from harm. We also saw that one resident had been unable to have their fluids thickened for 3 days because their powder had run out. This potentially placed this resident at significant risk from harm.

The manager had only been in post three weeks and had not set up a system to check, audit, how medicines were handled. He assured us that robust and effective checks would be put in place very soon to make sure that all staff handled medicine safely and that the staff were assessed as competent to do so.

Although it was seen that residents mainly received their medicines as prescribed it was of concern that the two requirements made at the previous inspection remained unmet and potentially some residents' health was at risk from serious harm.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14 and 15

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Social, cultural and recreational activities generally meet the expectations of people living at the home.

EVIDENCE:

A sample of care plans looked at showed some detail about people's social history. For some, family members had filled in information about their relatives past employment, family and social background while for other people there was little or no information. Staff spoken to knew the people well and one staff member stated, "I enjoy finding out about what they were like years ago, it helps me to know them better."

Relatives and friends are able to visit the home at any time during the day and a policy was available regarding open visiting. For night-time visiting relatives are requested to inform the home for security reasons. Visitors to the home

confirmed this was the case. One person wrote in the survey that, "The staff are always welcoming and accommodating. I feel I can visit any time." Some choices and wishes for people were taken into account. During this visit people were seen to doze off to sleep on and off throughout the day in the lounge and appeared to lack some stimulation. One person in the survey wrote, "I am not sure if it is coincidence but every time I visit there is nothing going on for my relative." Some staff were seen sitting and chatting for short periods of time however there seemed to be little or nothing else to do for the rest of the time.

The expert by experience stated his discussions with people confirmed there had been no outings from the home for the residents although one of the staff said that there was a mini bus available and that soon it was hoped outings could be arranged.

For people who were highly dependent and spent the day in bed in their room, the staff were seen to go in and chat in-between offering drinks and position changes.

An activities organiser is employed at the home and the programme of activities is shown on a display board and through a monthly newsletter. The notice board showed a number of events that took place weekly such as Bingo, Quizzes, Arts and crafts and an entertainer came in from time to time. On the day of this visit the activities organiser was away from the home. People commented in the surveys and when they were spoken to that they were generally happy with the activities provided. In response to the question, "Does the home arrange activities that you can take part in if you want?" Two people said "always", two said, "Usually" and two people said, "Sometimes". One person added to what the home could do better, "It may well be that when I visit my mother, there is no activities going on. They are all in the lounge area with just the television on."

From a sample of care plans looked at the spiritual needs of people were recorded so they can be given the opportunity and support to continue to follow their faith if they choose to. One person told the Expert by Experience that they enjoyed receiving Communion about once a month.

The expert by experience made some observations whilst he had a meal with three of the residents. He noted that the dinner was bacon ribs, mash, cabbage and carrots, as with ribs you can only really enjoy them by using your fingers but there were no adequate napkins to dry your hands. The napkins were just thin paper; he suggested that cloth napkins should be available because he and other people found this difficult.

The expert by experience said that all the residents he spoke to were quite satisfied with the conditions of the home and there were some comments about the food provided. One person said "The meat always was in large

portions and it was difficult to digest she also said that she was never given fresh fruit." Another resident said, "I like the home generally but the meals are dull and repetitive, for example the sweet after dinner was regularly arctic roll or rice pudding and that an alternative meal was rarely offered." On the day of this visit the sweet was rice pudding. The manager should consider reviewing the menus in light of the comments made to make sure a choice and variety of foods are provided.

Residents who needed support during mealtimes were supported in a dignified way. He went on to say that, "My observations confirmed that there was a good rapport between staff and residents and all the staff I met were very cheerful and all said that they enjoyed their job. They showed very caring responses to the residents at all times put particularly at the lunchtime. The meal was well presented and served, the portions were generous too."

One concern seen in relation to the food was the meal provided for a vegetarian lunch. The meal provided was vegetables only followed by rice pudding. The concern that this is not a sufficiently adequate nutritionally based meal for an older person was raised with the manager at the time of the inspection who said he would look into this.

One relative wrote in the survey that they felt the home could provide "Better quality food and more choice" whilst another person wrote, "There are good meals and activities, the staff are excellent, very friendly and always find time to speak to you."

Recommendations made at the last inspection had been addressed, each person had a social profile for their preferred activities and tea was served on saucers.

A concern raised during this visit involved the labelling of people's clothes. A number of clothes were seen which were heavily marked in a laundry marker pen. One person told the Expert by Experience that her daughter now did all her washing and labelling because of the clothes the staff had made "unsightly" by heavy marking. Another relative told us, "I was a bit disappointed to have to wash my mother's clothes because it is extra work to do, however rather than leave it to the home's laundry system I feel mother would have appropriately laundered clothes." The manager should consider discreet marking to maintain the dignity for people living at the home.

A discussion with the manager showed he was hopeful to introduce more activities, trips out and social events to meet the needs of the people living at the home more fully. He had plans to start a resident's group so they could express their views about how they would like their home to move forward.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People at Kenyon Lodge can be confident their concerns and complaints will be taken seriously and staff were competent to deal with any allegations of abuse.

EVIDENCE:

The complaints procedure was available on display and information on how to make a complaint was included in the Service User Guide to the home. The manager had stated he planned to update the Statement of Purpose and Service user guide to make sure prospective people had up to date information about the home. Responses in the service user surveys showed that four out of the six people who replied knew how to make a complaint about the service and felt there was someone they could speak to informally if they were not happy. All people spoken to during the visit said they had no hesitation in bringing any concerns or worries to the manager and they felt confident any issues would be addressed. One of the relatives said, "Although there are some new staff faces, I can never complain about how I am received and how my relative is cared for."

A record of complaints received by the home has been kept. The record showed the last complaint was in relation to missing clothing; this had been looked into and responded to.

Since the last inspection the training manager had reviewed the training needs of the staff and the training matrix showed that most of the staff have received training in Safeguarding Adult procedures. When questioned staff were aware of the course of action to take in the event of an allegation of abuse and had read the home's policy and the local procedure. Some further abuse awareness training had been carried out in August 09 for those staff that had not yet received this training. The manager and staff showed an understanding of the types of abuse and an understanding of how to safeguard people from abuse. The home does have a whistle blowing policy for staff to use if they are aware of any abusive situations relating to people living, working or visiting the care home.

Since the last key inspection referrals have been made to Salford Council's Safeguarding team in relation to concerns and allegations which are still being investigated under the local authority safeguarding procedures. Concerns raised in some of these referrals were addressed by the home in order to protect people at the home. Examples have included some poor care practices where staff have received further training to address these concerns particularly in relation to moving and handling and record keeping.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

19 and 26

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at Kenyon Lodge live in a clean and comfortable environment. Some areas however could be made more homely.

EVIDENCE:

A partial tour of the premises took place which showed the bedrooms, bathrooms and communal areas to be pleasantly decorated. A number of peoples bedroom were looked at and these were found to have pictures, photographs and were personalised. The call bells were found to be working in these bedrooms and when pressed the response from the staff to enter the room was done so in a timely manner.

Of the six people who returned surveys, all six stated the home was always or usually kept clean. Some of the furniture in people's bedrooms was in need of

replacement and the manager stated there was a programme in place to replace furniture and redecorate the identified bedrooms. Some improvements had been made to make the environment better for people who lived there and this work was ongoing.

Most of the home was generally clean and tidy, although some of the bedrooms were cluttered with out of use equipment stored on the top of their wardrobes. A discussion was held that this should be stored elsewhere as it detracts from the homeliness for people living there. One person said, "Just look at my room it's really quite nice isn't it?"

In one of the bathrooms on the ground floor the light fitting needed a thorough cleaning. There was a large disposal bin which looked unsightly and we discussed the need to create a homely touch within this room. There was no grab rail around the toilet in this room which may put people potentially at risk of falling. Maintenance work was being carried out on the shower in the first floor bathroom and the manager was requested to review the equipment around the home to check it for safety and replace this as necessary. The manager stated that he planned to review the equipment needed in the home and request new equipment from the home owner as needed.

One lift was found to be working effectively and the manager told us that the lift at the main entrance was to be repaired to improve movement for people at the home and their visitors.

The Expert by Experience found the home, "A happy place to all residents I spoke to and it was very clean and airy. There were wide passages to allow easy access for wheelchairs and all rooms I looked at were very bright and cheerful. My overall impression was that it was a comfortable and clean home and was being well managed and the staff could not have been more caring to the residents."

The manager stated the home had just had the drains flushed through to reduce any causes of malodour and during this visit the management of odour was well controlled. One relative said, "Sometimes there is an unpleasant smell but it soon disappears and the home is very clean I would say."

People were encouraged to sit outside in the patio area and during this visit staff were seen outside with some of the residents. The manager was alerted to the need to immediately address the uneven flags to ensure this area is safe for people using this patio on foot or in a wheelchair. (See standard 38). Some staff had recently received training in infection control procedures and practices. Staff spoken to were aware of the importance of the need for these practices.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29 and 30

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staffing arrangements are sufficient to meet the needs of the people living at Kenyon Lodge and improvements are being made to these.

EVIDENCE:

On the day of this visit on the 18th August 2009 there were 26 people accommodated on the first floor in receipt of personal care and 18 people in receipt of nursing care on the ground floor. The unit manager/senior carer on the first floor had returned following a period of absence from the home. She said she, "Feels the staff were coming together as a team and there were a number of improvements recently like in communication, staff training and record keeping." Three staff on the day shift on the first floor were permanent staff who knew the people accommodated well. Two care workers on duty on the first floor out of the five present were new to the service and were following their induction programme. They said they felt supported and were learning a lot during their induction. New starters at the home were now following the Skills for Care induction to provide them with the flexibility to learn new skills and gain qualifications. From discussions with staff members and from observations made during this visit the staff were meeting the needs of the people living at the home. One relative spoken to during the visit said,

"We are quite a big family and all visit at different times. We feel Mum is well cared for here."

The duty rotas were looked at for two weeks in August 2009. These showed a number of shifts were covered by bank staff due to sickness and holidays. One person wrote in the survey, "There should be more staff on duty and they should not keep being changed all the time. Patients are bewildered by not being able to understand them fully." In response to the question, "Are the staff available when you need them?" Four people said, "usually", one "sometimes" and one person "always." A discussion with the manager showed that he planned to recruit some new staff to reduce the need for bank staff and so people got continuity of care from a permanent staff team. Staff were seen supporting people in an appropriate way and said they did have the chance to "sit and chat." In the surveys people felt the staff acted and listened on what they said and all six said the staff were "always" or "usually" available when they needed them. One person added that "more carer's would always be better." Another person added in the survey, "All staff are excellent, very friendly and always around."

Discussion with some of the staff and visitors and residents who expressed a view showed that morale amongst the staff had improved recently. One staff member said, "Things are getting better now, we know where we stand and the new manager is like a breath of fresh air to help us move forward." Staff spoken to said although time was spent mentoring new staff they felt it was "time well spent to help them support the residents in the best way."

Some comments were made from relatives and residents in relation to communication problems at times, particularly with staff for whom English is a second language. One person explained to the Expert by Experience that she had told staff about her two cardigans which had "gone missing", she felt quite frustrated as she did not feel the staff understood her concern and she still does not have her cardigans. The manager must make sure the staff have sufficient skills to communicate effectively and meet the diverse needs of all the people living in the home.

The way staff are recruited at Kenyon Lodge was assessed by sampling some staff files and following a discussion with the manager. The manager stated that "recruiting and retaining good staff and to continue with the training programme, was vital to the efficient running of this home." Since the last inspection and following some issues raised following safeguarding investigations by other agencies, the relief manager had started reviewing the staff files by auditing these and making these more organised by using clearer indexing. There was evidence on the files looked at of completed application forms, 2 written references, copies of relevant documents and Criminal Record Bureau Checks (CRB's). A discussion with the manager showed that all current staff files were in the process of being reviewed and updated to include the requirements made in the Care Homes Regulations 2001. The recommendation

made at the last inspection for the files to include a photograph of each staff member was being addressed. The manager did recognise there were areas for improvement particularly in relation to interview notes, identifying gaps in employment history, terms and conditions of employment, medical declarations and reviewing work permits and visas which he was addressing to make recruitment practice safe.

A training matrix was available to show the training provided to staff in the home. At the time of this inspection six staff held a National Vocational Qualification level 3 and seven staff had recently started this. The record showed that six staff held a qualification in NVQ level 2 in care and two staff were working towards NVQ level 2. It is good practice to see that staff are being appropriately trained in the care of older people so they have the knowledge to care appropriately for older people. Records showed that most staff had received training in manual handling, some staff had received fire safety and awareness training and the manager was making arrangements for further staff to have their updates, fourteen staff had infection control training, five staff had received training in care of the dying. Several staff had some dementia care training and nine staff had first aid training recently. The manager was in the process of developing separate training files which included copies of the recent certificates achieved. During this visit staff were seen to transfer people using the hoist in a safe, supportive and appropriate manner.

Following a recommendation made at the last inspection there has been some training on the risk assessment process and the prevention of falls. The manager stated that management of epilepsy training would also be arranged.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 33, 35 and 38

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Improvements continue to have been made in management practices since the last inspection, however some medication practices need to improve further to promote and safeguard in full the health, safety and welfare of the people accommodated.

EVIDENCE:

The manager is new to the home having only been in post for three weeks at the time of this inspection. He is not yet registered with the Commission but plans to submit completed application forms. He has a number of years

experience of managing care homes and through discussions with the inspector he showed considerable insight into the need to improve a number of areas of concern to ensure the quality of life improves for the people living at Kenyon Lodge. A meeting was held in June 2009 with the Responsible Individual and the Regional Manager to highlight issues raised in relation to the importance of the management arrangements for the home which we consider is critical to providing leadership to enable there to be good outcomes for people living at Kenyon Lodge.

The manager had held a staff meeting to introduce himself and show staff the way forward. The new manager was receiving some support from the temporary training manager who had been managing the service over recent months. One staff member stated the temporary manager had "kept the home running effectively and people knew where they stood whilst the appointment of the new manager was happening. I think he is going to be good for this home already in a short time we can see where he is going to make things better."

Discussions with the new manager showed that he was starting to monitor and assess the care procedures and practices at the home. There was some evidence that since the last inspection audits had been carried out in relation to care practices, including the documentation and the action plan received in July 2009 showed there were plans to increase these checks for the medication. Some shortfalls were identified again during this visit particularly in relation to medication however this in part is due to the manager only being in post for three weeks and he needs some time to identify and prioritise the shortfalls and to get to know the needs of the people at the home and the staff in post.

Since the last inspection the management arrangements on the first floor had changed again and the unit manager/ senior carer who formerly had lead responsibility on this unit had returned to work following a period of absence. She stated there are areas she wants to develop in relation to the outcomes for people living at Kenyon Lodge but she currently feels well supported by the new manager and would ask if she felt unsure about anything.

At the last inspection a recommendation was made for the manager to receive more guidance and support to effectively manage the service. There have since been changes in the management arrangements. A discussion with the manager in relation to the shortfalls in the auditing and monitoring of the medication practices showed again that due to the number of issues within the home over the past months particularly in terms of managing the number of safeguarding referrals that more support was needed to fully monitor the needs of the people and support the staff in the home. This had been addressed in part with the appointment of the training manager to support the manager in identifying and carrying out some of the training. The home appears to now need a continuous period of stability in terms of management

arrangements to be able to promote and protect the health, welfare and safety of the people accommodated.

There is a quality monitoring system in place and there was evidence of a service user satisfaction survey, which had not been sent out since March 2008 where an action plan for improvements was developed. The new manager stated that he planned to arrange a resident's meeting in the near future in order to gain their views of how they wanted the home to be managed. The manager stated that he was slowly introducing himself to relatives and meeting with people on an individual basis at the current time.

Equipment in the home was checked and monitored by external agents. Records held showed maintenance contracts were in place. The maintenance man had left the service since the last inspection however a new person was in post to attend to the day to day repairs, general maintenance and health and safety issues. Records of checks of the water temperatures showed these were carried out monthly. Action had been taken to address a shortfall and at the time of this visit a new shower unit was being fitted to address the fluctuating temperature.

Following this inspection a separate letter was sent to the provider to address the uneven flags on the patio area outside the home which are a potential trip hazard (See Standard 19, Environment).

The systems for the safekeeping of people's money were not assessed at this visit as the administrator was absent from the home. Samples of these were assessed at the key inspection in February 2009 and no changes were reported to have been made to the system in place.

Staff were reporting accidents in the appropriate accident logbook that met the requirements of the Data protection Act 1998. In light of a number of safeguarding referrals that included accidents and incidents to people living at the home, a discussion with the manager in relation to the ongoing monitoring of these was held. The manager stated he planned to audit these on a regular basis and to look for ways to prevent a recurrence to protect people from harm.

The Commission are notified under Regulation 37 of the Care Homes Regulations of notifiable incidents/accidents that have taken place in the home.

At the time of this inspection the manager was developing an action plan to highlight his key objectives with timescales.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	2
2	x
3	3
4	x
5	x
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	2
9	2
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	2
13	3
14	2
15	2

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	2
20	x
21	X
22	X
23	X
24	2
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	2
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	2
32	x
33	2
34	x
35	3
36	x
37	x
38	2

Are there any outstanding requirements from the last inspection? Yes

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP9	13(2)	<p>1. All records about medicines must be clear and accurate to make sure that all medicines can be accounted for and show that people are given their medicines as prescribed.</p> <p>2. An adequate supply of all medicines must be maintained to ensure people can be given their medicines as prescribed.</p> <p>(The previous timescale of 01/07/09 had not been met)</p>	18/08/09
2.	OP29	19	A full audit of all staff files must be carried out to ensure these include the requirements made in the Care Homes Regulations 2001 so that people are protected by the home's recruitment policy and practices.	07/10/09
3.	OP38	23(2)(b)	The patio flags must be made even to ensure this area is safe for people using this area on foot or in a wheelchair.	29/08/09

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP1	It is recommended that the Statement of Purpose and Service User Guide is updated to reflect the current changes.
2.	OP7	It is recommended that care plans are more person centred and individualised to reflect the individual needs of people so the staff know how to support people to meet their needs and maintain their health and well being.
3.	OP7	It is recommended that a format is developed for daily checks for each bed rail rather than the currently weekly checks in place to make sure the risks to individuals were minimised.
4.	OP7	It is recommended that a record is made on the food chart of any alternatives offered if a person has "refused lunch" rather than to record nothing.
5.	OP12	It is recommended that the paper napkins used at mealtimes are replaced with cloth napkins to make them more useful.
6.	OP12	The manager should consider discreet marking of clothing to maintain the dignity for people living at the home.
7.	OP12	It is recommended that the manager starts a resident's group so they have an opportunity to express their views about how they would like their home to move forward.
8.	OP15	It is strongly recommended that the meal provided for vegetarians provides an adequately nutritionally balanced meal to make sure their dietary needs are met.
9.	OP15	It is recommended the manager should consider reviewing the menus in light of the comments made during this visit to make sure a choice and variety of foods are provided.
10.	OP24	It is recommended that out of use equipment is removed from people's bedrooms to create a more homely environment.
12.	OP33	A recommendation was made for the number of audit checks to be increased particularly in relation to medication and health and safety issues so that the risks

		to people living at the home were reduced.
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Care Quality Commission

North West Region

Citygate

Gallowgate

Newcastle Upon Tyne

NE1 4PA

National Enquiry Line:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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