



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### Kenyon Lodge

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

*Lead Inspector*  
Elizabeth Holt

*Unannounced Inspection*  
25th and 26th February 2009      09:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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# SERVICE INFORMATION

<b>Name of service</b>	Kenyon Lodge
<b>Address</b>	99 Manchester Road West Little Hulton Manchester M38 9DX
<b>Telephone number</b>	0161 790 4448
<b>Fax number</b>	
<b>Email address</b>	sandram@abbeyhealthcare.org.uk
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Trees Park (Kenyon) Ltd
<b>Name of registered manager (if applicable)</b>	Ms Carol Lambert
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	60
<b>Category(ies) of registration, with number of places</b>	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**      16th May 2008

## 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 Commission for Social care Inspection in relation to this home prior to the site visit.

Prior to the inspection the manager filled in an Annual Quality Assurance Assessment (AQAA). The AQAA is a self-assessment and a dataset that is filled in once a year. This form gave the manager the chance to tell us what they feel they do well, what they needed to do better and what had changed since the last key inspection. The AQAA also provides the CSCI with statistical information about the individual service and trends and patterns in social care. The AQAA was well completed and the manager was able to tell us what plans they had to develop the service.

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

The visits were unannounced and took place over the course of 10.5 hours on Wednesday 25<sup>th</sup> and Thursday 26<sup>th</sup> February 2009. The visits included an assessment by the pharmacist inspector to review the systems and practices in place for medication. During the course of the visit all of 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.

Allegations are currently being investigated under Salford Council's safeguarding procedures. The outcome of this investigation was not known at the time of this inspection.

## **What the service does well:**

The internal and external 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. This meant people knew their needs could be met before they moved to Kenyon Lodge. One person wrote in the survey, "After several visits to this home at different times and talking to different staff each time it was clear to me that this was a good home."

Systems were in place to support people living at the home or relatives to raise any concerns and eight out of nine 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. One person said, "The staff are very understanding and helpful and have a smile and a word for everyone."

A choice of food is available at each meal and people spoken to were satisfied with the choice of food.

Staff spoken to knew the needs of the people living at the home well. People spoken to and survey responses were happy with the care their relative received. One person wrote, "Knowing that Mum is in a happy and safe home makes me feel a lot better. I know that she is warm, well fed and has plenty of company, the staff always have time to talk to the residents. A lovely atmosphere here."

The way in which staff are recruited at Kenyon Lodge was found to be satisfactory during this visit.

Health and safety checks were being regularly maintained to protect the safety and welfare of the people living at Kenyon lodge.

## **What has improved since the last inspection?**

There was evidence of some improvements in the review and the development of the sample of care plans looked at.

The company had employed the services of a training manager who plans regular training within the home. Since the last inspection more staff have undertaken training in the safeguarding of vulnerable adults and when questioned staff knew the procedure to follow in the event of an allegation of abuse.

The activities organiser has provided a more varied programme of activities since the last inspection.

People commented in the surveys and when they were spoken to that they were generally happy with the activities provided

## **What they could do better:**

Although there was evidence of some improvements in the outcomes for people living at Kenyon Lodge, further improvements were needed to the care plans. There are still some shortfalls in the recording of the information and in medication recording and practices. These shortfalls have the potential to lead to people's needs not being met in full. It was not always possible to audit trail the information provided to clearly see the current needs of the person. Risk assessments were not always detailed sufficiently to make sure people with a high degree of risk were properly monitored. This may lead to a risk to their health and safety. Care was not always carried out as recorded in the care plans.

Some shortfalls in medicine procedures were identified during this visit. Medication must be given as prescribed. Records about medication handling must be accurate and show that the people living at the home are given their medicines properly and all medicines are accounted for. These need improving to make sure people receive medicines appropriately as prescribed.

The systems the manager had in place to monitor the care plans /care practices and to audit the records and medication practices requires developing to make sure that shortfalls are identified. A plan needs to be put in place to identify who will address the shortfalls and how they will be addressed.

Training needs for staff were identified in the following areas; the management of seizures and in risk assessments. Records and discussions with staff showed they had received training in fire safety, moving and handling and infection control but specific training is needed to make sure staff have the skills and knowledge to deliver appropriate care to people living at the home.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

# **DETAILS OF INSPECTOR FINDINGS**

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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.**

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

3, 6

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service.

People are given information about the home and have their needs assessed before moving into Kenyon Lodge.

### **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 manager stated this was now available in large print as needed.

People were given information about the service to help them to make a decision to move into Kenyon Lodge where possible. Eight of the nine people who returned surveys said they had received enough information about the home before they moved in to help them in their decision making. One person commented that, "We visited the home, had a tour chatted with the manager

and the staff." Another person wrote in the survey, "After several visits to this home at different times and talking to different staff each time it was clear to me that this was a good home."

The AQAA stated that Kenyon Lodge offers a friendly homely service and they actively encourage families and prospective people where possible to visit the home when making the choice of care home to suit their needs.

The pre admission assessments were looked at for three people who had recently moved into Kenyon Lodge. The assessment of needs contained detailed information about the prospective person's health and personal care needs. For one person the manager had carried out the assessment the day before and the person was sent from hospital before the manager had returned to the care home with the paperwork. The senior care worker said the manager had telephoned with the information about the person and during the visit the social services care plan was brought in. The manager advised this was not usually the case however the staff had used what information they were able to gather to start the care plan and identify how to support this person appropriately.

Included in the files of the people looked at were copies of the care assessments from the purchasing local authority.

The home did 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.**

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

7, 8, 9 and 10

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service.

Some improvements are needed to monitor care planning and medication practices to ensure people's health and personal care needs are met in full.

### **EVIDENCE:**

At the time of this visit to the home the manager stated she had reviewed all the care plans since the last inspection and provided some in house training to the senior staff. A number of care plans were looked at which generally showed the care needed for the staff to support the progress and condition of the people living at the home, although some shortfalls were noted particularly on the first floor. From talking to the staff, the manager and observing how the staff were working with the individual people, the support the staff were providing was not always fully recorded in the individual care plans. One example included a person where the daily statement showed the person's feet should be raised to reduce the swelling; this had not yet been included as part of this person's care plan. A visit to this person showed they were sitting in a chair without their feet elevated on an appropriate stool. Another care plan did

not show a clear care plan for how a person's care should be managed following their return from hospital after a fall. There was no specific care plan in relation to the management of a person following a plaster cast being in place. It is recommended that the care plans show more fully how the staff actually supports people to meet their personal, health and care needs.

In the AQAA the manager stated that, "Kenyon Lodge ensures that an in depth care plan is formulated which begins with a pre admission assessment to determine the needs of the service user. Advice and continuing support is sought from other healthcare professionals as and when required to maintain optimum health."

In the files reviewed there were recordings of professional visits to show the up to date health care information of the individual person. The care files noted visits from General Practitioners and recorded the outcomes of these visits. For another person the care plan showed a referral was needed in relation to a sore heel and this referral had been carried out and the District Nurse had visited.

Examples of risk assessments looked at included mobility, moving and handling, prevention of pressure sores and nutrition. Some risk assessments were not always worded appropriately for example, for one person the risk assessment stated they were not to be left on their own in their room at any time. We discussed with the manager and the senior care worker whether this was realistic. By the second visit this assessment had been updated and was more appropriate. The manager had reviewed the risk following a fall for one person and noted that the chair they were using from home was a possible factor in the risks to this person. Discussions had been held with the family and a new chair was in the process of being obtained. It is recommended that any changes in the risks identified and the support needed be clearly recorded in the risk assessments. Some of the shortfalls seen highlighted a need for staff to have training in the writing of risk assessments.

Since the last inspection there were examples seen of where care plans had been updated to show the changing healthcare needs of people living at the home. On the ground floor where the people were in receipt of nursing care we asked about the people who were currently being nursed in bed due to their poor healthcare. The nurse in charge was clear and informative in the information she gave and knew the needs of the people well. For a person with complex needs the care plan showed evidence of referral to the Speech and Language therapist for professional guidance, risk assessments were in place for the use of bed rails, falls, moving and handling and nutrition. The turn chart to show the two hourly turns whilst being nursed in bed were clearly recorded. Another person who was supported to sit in their armchair for short periods of time in line with recommendations from the Tissue Viability nurse had the recommended time scales recorded in their care plan.

From the sample looked at there was evidence that the person themselves or their representative had been involved in the care planning process and the information had been shared with them. Each care plan was monitored and reviewed on a monthly basis.

People living in the home, responses in the surveys and relatives spoken to during the visits were pleased with the way their care needs were met. One person wrote in the survey that, "The two new nurses are very professional and look after Mum very well." Another relative said, "They've been fabulous. Mum had a fall a few weeks ago; it was possibly due to her condition. They called the GP and notified me following Mum's fall. The manager always has time for me and communicates well. She is always about and I see her on the floor a lot looking at what is going on. Mum has a call bell and can ask for help. I am overall very happy with Mum's care."

In response to one of the questions in the survey, "Do you receive the care and support you need?" Six people said "always", two "sometimes" and one person replied "usually". Six people stated they always received the medical support they needed, two said usually and one person said they had only seen the Doctor twice.

Staff spoken to knew the needs of the people living at the home well. They said they received information during the handovers which updated them on the condition of the people at the home.

The last inspection highlighted there was no evidence to show that regular mouth care was being carried out. During these visits people were seen to get regular oral hygiene and staff spoken to say they supported people who could not do this for themselves in appropriate ways.

As part of this inspection the pharmacist inspector looked at how safely medicines were handled. Records about medicines were looked at together with some medication held for residents to make sure their health was not at risk.

On the day of the first visit the staff on the first floor was still giving out the morning medication at 11.00am. On the ground floor the medication had been given out in a timely manner. The senior care worker stated that it had been a busy morning particularly because one of the staff members had gone off sick at short notice and the care worker helping them was on this floor for the first time and needed some guidance. The senior care worker stated she would not start the next medicine round until about 2pm. The carer stated she had given out the tablets before breakfast to people that needed them. People are potentially at risk of not receiving medication with food and as directed if these are not given at the appropriate time and the staff need to be mindful of this.

Medicines were stored in a locked room and the medicines currently in use were appropriately stored in locked cabinets. Medicines received into the home were signed in. Unwanted medicines, which were awaiting collection for disposal were not all recorded or double signed. There were a number of medicines being ordered unnecessarily which was leading to a lot of waste.

We saw there were systems in place for keeping a track of medicines and although all these records of audits could not be seen, a sample looked at showed stock counts were carried out and an audit of exactly how much medicine had been given to a person at the home.

Care staff spoken to could describe the courses on medication they had attended and on the nursing floor these were only given by registered nurses.

A sample of medication administration records (MARS) were looked at and the following was found. We saw that some medicines did not have clear directions for the staff to follow when giving out medicines, for example for two people there was no written instruction for the staff to administer the medication via the PEG site. For another person the information on the PEG regime was confusing, the original states 75ml to flush before and after meds, the care plan review of 16/04/08 states 20ml between medicines and the review of the 03/09/08 has no mention of medication at all. For another person the MAR chart stated twice a day as required but there was no further guidance to support the staff to give this medication appropriately. If the staff do not know exactly how to give people their medicines properly their health could be placed at risk.

Although the manager was carrying out regular checks on the medicines these checks were not showing some of the shortfalls found during this visit. A recommendation was made for the number of checks to be increased so that the risks to people living at the home were reduced.

For one person the care plan stated they regularly refused medications and stated that on 24<sup>th</sup> and 25<sup>th</sup> February 2009 not all tablets were taken. A review of the MAR chart for those dates did not show any tablets as refused. There were no specific care plans in place for this person in relation to the management of their Parkinson's Disease, pain or as required medicines.

People living at the home looked appropriately dressed and they were supported to have their hair done. People's fingernails were seen to be clean and at a comfortable length and a staff member was seen manicuring a person's nails during this visit. Staff were seen to be kind and responsive to the needs of the people living at the home and they were respectful to the people living there in the way they spoke to them.



## **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.**

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

12, 13, 14 and 15

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service.

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

### **EVIDENCE:**

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. A number of relatives/friends were seen visiting people at the home during the site visits and whilst three visitors spoken to were very positive about the care their relative received, one person expressed some concerns about their relative. The information was shared with the manager who did go and talk to them to discuss these concerns.

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.

People commented in the surveys and when they were spoken to that they were generally happy with the activities provided. Two people said there were "always" activities that you can take part in, four said, "Usually" and 3 people said, "sometimes". Improvements have been made to address the spiritual needs of people living at the home. 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. During the visit six people in the downstairs lounge were having a monthly communion service together. People who could express a view said they thoroughly enjoyed this. In the AQAA the manager stated that, "We now have regular services within the home and communion takes place weekly. We are in the planning process working towards a committee of service users and family members in order to have regular meetings so that people feel involved with the home. Our activities organiser has been working with the memory team and Salford museum with memory boxes whereby service users can reminisce about the past and have the use of dressing up boxes.

As raised at the last inspection the care plans included some social history and the individual likes and dislikes of the people living at the home but did not include a record of any activities they had joined. A recommendation was made to introduce an effective system to record any activities the people living at the home have been involved in. This has not yet been addressed.

Meals are served at certain times in the communal dining rooms. On the day of the visit the lunch was roast pork, vegetables and mashed potatoes with gravy, followed by rice pudding. Some people chose to eat in the privacy of their bedroom but where possible people were encouraged to join others in the dining rooms. The food looked generally wholesome and appealing. Some people said the food was good and there was enough to eat.

Staff were seen to be supportive in a discreet way to people who needed assistance during the meal and attempts were made to make this a pleasant sociable occasion. A recommendation was made to serve the cups of tea with saucers and to provide salt and pepper or sauces as requested. One person said, "Oh I don't like to ask for the extras because the staff are busy and it looks like I am being picky, but it would make a difference."

Eight responses to the surveys showed that eight people always or usually liked the meals at the home. One person in the survey wrote that they never liked the meals at the home and "Sometimes cold tea, sometimes little food, toasts too hard and I need fish and chips." This person had stated they were clearly aware of how to make a complaint if they chose to.

Visitors said they were made welcome. One person wrote in the survey, "The staff are very understanding and helpful and have a smile and a word for

everyone.” Another person’s daughter wrote, “Can I just say how helpful and friendly all the staff are that take care of my mother. This obviously eases my mind knowing she is in capable hands and she is content and happy”. Staff were seen sitting and talking to people living at the home and some clearly had a good rapport with them. Another person wrote in the survey that, “Knowing that Mum is in a happy and safe home makes me feel a lot better. I know that she is warm, well fed and has plenty of company, the staff always have time to talk to the residents. A lovely atmosphere here.”

# 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.

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

16 and 18

Quality in this outcome area is good. This judgement has been made using available 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. Responses in the service users surveys showed that eight out of the nine people who replied knew how to make a complaint about the service and felt the manager or senior staff were approachable and they knew to contact them. All people spoken to during the visits over the two days said they had no hesitation in bringing any concerns or worries to the manager.

A record of complaints received by the home has been kept. The record showed these had been investigated and appropriately responded to.

From a review of some of the training records some of the staff have received training in Safeguarding Adult procedures and when questioned staff 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 dates for abuse awareness training were being put forward to those staff that had not yet received this training. In the AQAA the manager stated, "Safeguarding issues are taken very seriously and the appropriate steps taken to ensure the safety

and well being of the service users. To ensure as many staff as possible attend the safeguarding training planned in order for staff to understand POVA and feel confident to address any concerns which may be detrimental to the well being of service users.”

Since the last key inspection the manager has made appropriate referrals to Salford Council’s Safeguarding team in relation to concerns and allegations made. A meeting was held in January 2009 with the registered manager and regional manger to highlight issues raised in relation to shortfalls in record keeping following the strategy meetings held. Some of these investigations have not yet been concluded.

An anonymous complaint made in January 2009 in relation to poor care practices was investigated by the provider and not found to be upheld. Following a strategy meeting a recommendation was made that staff would benefit from extra safeguarding training in relation to reporting incidents and recording bruises/body mapping and following correct procedures in the event of an allegation of abuse. The manager stated that she had internal training sessions planned and a training session from the safeguarding adults team booked in.

## **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.**

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

19 and 26

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service.

People living at Kenyon Lodge live in a clean, comfortable and homely environment.

### **EVIDENCE:**

The home was clean, tidy and odour free on both of these visits. There was a cleaning programme in place. A partial tour of the premises took place which showed the bedrooms, bathrooms and communal areas to be pleasantly decorated.

People's bedrooms were individualised and there were photographs and personal effects in their rooms. One person said, "My bedroom is cosy and a pleasant place for me to spend time". In the AQAA the manager stated, "by working with the NHS to improve infection control all bedrooms and work areas had been fitted with new hand washing equipment." Procedures are in place

for infection control practices and staff spoken to were aware of the importance of good hand washing.

## 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.**

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

27, 28, 29 and 30

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service.

Staffing arrangements are sufficient to meet the needs of the people living at Kenyon Lodge.

### **EVIDENCE:**

On the day of the visit there were thirty people in receipt of nursing care and twenty six people in receipt of personal care only. There were two registered nurses on the morning shift, both of whom were new to the service since the last inspection and four care workers. The nurses spoken to knew the needs of the people living at the home well and could explain the care needs of these people. Four care staff were on duty on the first floor, including a senior care worker. This person had been in post as a senior for six months only and was in charge of this floor currently. For one of the care workers it was her first day on this floor as she was covering for a staff member who had gone off sick. This person felt supported by the other staff but she did not know the individual needs of the people on this floor.

During the visit a visiting relative expressed some concern in relation to the number of staff on duty on the first floor. He went on to say that in light of his mother having fallen recently he felt there should be more staff on duty. The manager spoke to this person's son in relation to his concerns and a review of the duty rotas showed there were regularly four care workers on an 8-8 shift

on the first floor. The duty rotas for two weeks in February 2009 showed that 19 shifts had been covered by bank or agency care workers, which has the potential to lead to a lack of continuity of care. A discussion with the manager showed that she was in the process of recruiting some new starters and due to sickness at short notice the shortfalls had to be filled. The number of staff on duty appeared sufficient to meet the needs of people living in the home. The staff were seen to respond to people who pressed their call bell for attention in a timely way. The previous inspection highlighted that the manager should review the how staff are spending time during their shift and observations made during this visit did not show this as an area for concern. The manager acknowledged that she did have the flexibility to increase the number of care workers if she felt the need was there. Staff were seen supporting people in an appropriate way to have drinks and sitting and chatting with people in the lounge areas and their bedrooms.

The way in which staff are recruited at Kenyon Lodge was assessed by looking at the staff files for four staff who had been recently recruited. Information held on the four staff files looked at included two written references, a completed application form, evidence of interview notes, Criminal Records Bureau checks (CRB's). A recommendation was made to make sure each file had an up to date photograph of the staff member on file.

As raised at the last inspection the information showed that twenty two staff had left the service since the last inspection. Information provided in the AQAA of December 2008 showed that seventeen nursing and care staff had left the service in the last twelve months. This has the potential to lead to a lack of continuity of care for the people living at Kenyon Lodge although the manager stated in the AQAA that the home's plans for improvement included the following; "trying to retain staff and work alongside our training manager to address any shortfalls in training needs."

Pre inspection information supplied by the manager showed that 56% of the care staff had completed NVQ level 2 or above and ten staff had completed the induction training recommended by skills for care. The company had employed the services of a training manager since september 2009 who had carried out some mandatory training since the last inspection. Other training carried out included challenging behaviour training for four staff, food awareness and has plans for further regular training within the home. Two staff members spoken to said they felt they had received a "good induction and that the manager was encouraging and supportive of training". The staff had started the Gold Standards Framework training in order for service users nearing the end of life to have a dignified peaceful and well managed death. In light of a shortfall in a risk assessment, one of the staff members spoken to was not aware of how to support a person in the event of them having a seizure. They said they would call upon the registered nurse and an ambulance but in order to fully meet the needs of the people living at the home the management of seizures/epilepsy should be addressed. The manager agreed

with this feedback and said she would discuss this with the training manager. There was an individual list of training that the staff had attended on each person's file and since the last inspection the manager had developed a training matrix which was available on the computer and showed the mandatory training that had been carried out.

From the surveys returned, eight out of nine people felt the staff acted and listened on what they said and all nine said the staff were "always" or "usually" available when they needed them. One person added that "more carer's would be an ideal thing to have." Another person added in the survey, "All staff are extremely kind, pleasant and professional."

## **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.**

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

31, 33, 35 and 38

Quality in this outcome area is adequate. This judgement has been made using available evidence including a visit to this service.

Improvements continue to have been made in management practices since the last inspection, however some practices did not promote and safeguard in full the health, safety and welfare of the people accommodated.

### **EVIDENCE:**

At the time of this visit the people living at Kenyon Lodge benefited from a committed and experienced manager who is a qualified nurse. She has undertaken a range of training and has now completed the Registered Managers Award. The manager clearly takes her responsibilities seriously and is keen to review and improve the service provided. The comments made in the surveys showed the manager was approachable and felt she listened to

and acted upon comments made. One person's representative wrote in the survey that, "The manager is exceptional in her job and acts on things immediately and expects the other staff to do the same. She will always listen."

Since the last inspection the management arrangements on the first floor had changed and the senior carer who had lead responsibility on this unit had been appointed for approximately six months now, although had been working in the home for six years. She stated there are areas she does not feel competent at but she does always feel well supported by the manager and is not afraid to ask if she felt unsure about anything. The two nurses on duty on the ground floor were new to the home since the last inspection. One of the staff said how she sometimes did not understand the instructions clearly if people spoke quickly to her, however she felt her command of English had improved greatly over recent months. As raised at the last inspection concerns were raised in relation to the ongoing monitoring of the care needs of the people living at Kenyon Lodge. A recommendation was made for the manager to receive more guidance and support to effectively manage the service. A discussion with the manager in relation to the shortfalls in the auditing and monitoring of the medication practices and risk assessments/care plans 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 a training manager to support the manager in identifying and carrying out some of the training.

There appears to be a shortfall in the audits of various aspects of care, such as the care planning, risk assessments, medication procedures. As raised in the health and personal care section that although the manager was carrying out regular checks on the medicines these checks were not showing some of the shortfalls found during this visit. A recommendation was made for the number of checks to be increased so that the risks to people living at the home were reduced.

Due to some of the concerns identified in this report it was difficult to establish that the manager has enough support to be able to carry out her duties fully to monitor the care needs of the people living at Kenyon lodge. It is difficult to establish fully that shortfalls identified are fully addressed and met in an ongoing basis.

There is a quality monitoring system in place and there was evidence of a service user satisfaction survey, which the manager had sent out in March 2008 and had developed an action plan for improvements following this.

The manager had the policies and procedures in place to ensure the financial interests of the people living at the home are safeguarded, a sample of

individual records were looked at during this visit and were satisfactory with evidence of receipts for any monies spent.

The manager has an open style of communication and encouraged families and friends to express any concerns or issues that need addressing. Relatives meetings were arranged to discuss any issues and minutes were available of these.

Maintenance records were in place to check the premises and the equipment in place. Records were looked at for fire safety, nurse call system, portable electrical appliances, hoists and gas safety.

Accidents/incidents were recorded in an appropriate log book. The manager had a system in place for the monitoring of accidents in the home. For one person the manager had noted they had fallen three times over two days and a review of this person showed how their general health had deteriorated. A discussion was held in relation to the falls that had happened recently and whether people were being referred for the appropriate professional advice as needed in relation to falls, for example.

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

# 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	3
2	X
3	3
4	X
5	X
6	N/A

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

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

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

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

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

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

Are there any outstanding requirements from the last inspection? No

**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>	01/07/09

**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.	OP7	It is recommended that care plans reflect more fully how the staff supports people to meet their needs and maintain their health and well being.
2.	OP7	It is recommended that changes in risk assessments and the support needed is clearly reflected in updated thorough risk assessments.
3.	OP8	A recommendation was made that people are referred to appropriate health professionals for advice particularly in

		relation to falls.
4.	OP9	It is recommended that unwanted medicines, which were awaiting collection for disposal were not all recorded or double signed. Appropriate ordering of medicines should be made to make sure medicines are not wasted.
5.	OP12	A record of the people's preferred social activities and those they participated in should be recorded in the care plan to show how people's individual social needs are being met.
6.	OP12	A recommendation was made to serve the cups of tea with saucers and to provide salt and pepper or sauces as requested.
7.	OP29	It is recommended that an up to date photograph of each staff member is available on each person's file.
8.	OP30	It is strongly recommended that staff receive training in risk assessments and the management of epilepsy so they have the necessary skills to fully meet the needs of the people living at Kenyon Lodge.
9.	OP31	A recommendation was made for the manager to receive more guidance and support to effectively manage the service.
10.	OP33	A recommendation was made for the number of audit checks to be increased particularly in relation to care plans and medication so that the risks to people living at the home were reduced.

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