

Abbeyfield Society (The) Kenton House

Inspection report

70 Draycott Avenue
Kenton
Harrow
Middlesex
HA3 0BU

Tel: 02089076711
Website: www.abbeyfield.com

Date of inspection visit:
05 December 2017

Date of publication:
10 January 2018

Ratings

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

Summary of findings

Overall summary

The inspection of Kenton House took place on the 5 December 2017. It was unannounced.

At the last inspection of the service on the 4 and 6 January 2017 we rated the service as 'Requires Improvement'. The provider was in breach of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found deficiencies in the training and supervision that staff received, and a person was being deprived of their liberty for the purpose of receiving care without lawful authority. Also systems and processes were not established and operated effectively to assess, monitor and improve the quality and safety of the service.

Following the inspection, we asked the provider to complete an action plan to show what they would do to improve the key questions Effective and Well-led to at least good. The provider sent us an action plan setting out the actions that they would take to meet the regulations. During this inspection we found appropriate systems were in place to ensure that staff received the training and support that they needed to carry out their role and responsibilities. Legal authorisations were in place where people needed to be deprived of their liberty for the purpose of receiving care or treatment, and systems to effectively monitor and improve the service provided to people were in place.

Kenton House is registered to provide accommodation and personal care for eleven people. The home provides care and support for older people some of whom may have dementia. At the time of the inspection there were eleven people using the service.

There was a registered manager in post. The registered manager had managed the service from early 2017. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was aware of their role and responsibilities, and since being in post had worked hard to develop and improve the service. They had promoted a positive culture in the service, which staff understood and supported. People's preferences and choices were supported and they were encouraged to be involved as much as they wanted to be in decisions to do with the running and development of the service.

There were systems in place to keep people safe. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. People had risk assessments in place to enable them to be as independent as possible and minimise the risk of them being harmed.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

Fire safety checks and appropriate service tests had been carried out to make sure that the premises were safe.

Arrangements were in place to make sure people received the service they required from sufficient numbers of suitably trained staff.

People told us that staff were kind to them. We saw staff engaged with people in a friendly and considerate way.

People's care plans included details about their individual needs and preferences. They contained important information about each person's background and interests which helped staff to get to know them. Where people had capacity to do so they had signed their own care plans. Where people lacked the capacity to make a specific decision, legal requirements had been met to ensure any decisions were made in the person's best interests.

Staff had the skills and knowledge to meet people's needs. When required, staff assisted people to receive the advice, treatment and care that they needed from healthcare and social care professionals. Staff had a good understanding of each person's needs and abilities.

Arrangements were in place to manage people's medicines safely. People's dietary needs and preferences were supported.

Staff respected people's privacy and dignity and understood the importance of maintaining and supporting confidentiality. People were provided with the support they needed to maintain links with their family and friends.

People knew how to make a complaint and told us they felt comfortable providing feedback about the service. Where people had made complaints or had raised an issue to do with the service these had been appropriately responded to.

There was a management structure in the service which provided clear lines of responsibility and accountability. Checks were carried out to monitor and improve the quality and safety of the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Systems were in place to protect people from the risk of abuse.

Risks to people were identified and measures were in place to minimise and manage the risks to people's safety.

Recruitment and selection arrangements made sure only suitable staff were employed by the service.

Sufficient numbers of skilled staff provided people with the care and support that they needed.

Medicines were managed and administered appropriately and safely.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received the training and support that they needed to enable them to carry out their responsibilities in meeting people's individual needs.

People were provided with a range of meals and refreshments that met their nutritional needs and dietary preferences.

People's consent was sought in line with legislation and guidance. Where people lacked the capacity to consent to decisions, legal requirements were met.

People were supported by the service to maintain good health.

Is the service caring?

Good ●

The service was caring.

Staff provided people with the care and support they needed in a respectful manner.

Staff understood people's individual needs and respected their

right to privacy.

People's relationships with those important to them were promoted and supported.

People were supported to express their views and to be involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People's individual care needs were understood by staff, who responded appropriately when people's needs changed.

People were consulted about the service. Their feedback was listened to and respected.

People were supported to take part in a range of recreational activities. Steps were being taken to enable people to have more opportunities to access the community.

People knew how to make a complaint and were confident that any concerns would be addressed.

Is the service well-led?

Good ●

The service was well led.

The management of the home was visible and inclusive.

People and staff spoke about the registered manager in a positive way. They recognised the improvements and developments that had been made to the service since the registered manager had been in post.

There were a range of processes in place to monitor and improve the quality of the service.

Kenton House

Detailed findings

Background to this inspection

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

This inspection took place on 5 December 2017 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information we held about the service. This information included notifications sent to the Care Quality Commission [CQC] and all other contact that we had with the home since the previous inspection. Prior to the inspection the registered manager had completed a Provider Information Return [PIR]. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was discussed with the registered manager during the inspection.

Prior to the inspection we received feedback about the service from the host local authority. During the inspection we spoke with five people using the service and three people's relatives. We also spoke with the registered manager, an administrator, two senior care workers, one care worker, one domestic member of staff, the activities co-ordinator and a cook. Following the visit we spoke with the regional business manager of the service.

We reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of four people living in the home, three staff records, audits, and policies and procedures that related to the management of the service.

Is the service safe?

Our findings

When we asked people if they felt safe living in Kenton House. People told us "Safe enough, it's ok," "Yes there is nothing to make me feel unsafe," and "Yes. It's a small home, the staff are very protective, and I don't feel in any danger. I feel relaxed." People's relatives informed us that they thought people were safe. A person's relative told us "I do feel [person] is safe."

We asked people what they would do if they were worried about the care that they received. They told us, "The senior carer on duty would be my first port of call, then the manager. I do go to the manager for a chat now and again," "[I would] speak [with] the manager" and "I would see who's in charge and speak to her." In response to the same question people's relatives commented, "I would speak to the manager but nothing is too much for them. I'm here four times a week and I'm not worried at all" and "Report it to [registered manager]."

Staff told us that they had received training in safeguarding adults from abuse. This was confirmed by training records. Staff were able to clearly describe the action they would take to protect people if they suspected they had been harmed or were at risk of abuse. Staff knew that they needed to report any concerns to the registered manager and/or appropriate external agencies. The contact details of the host local authority safeguarding team were accessible to people as they were displayed in the home.

People's ability to manage their finances was assessed. Some people managed their own monies; others had relatives or other representatives supporting them with their finances. The service managed some cash for most people. We checked people's monies and receipts of expenditure and found no issues of concern. Up to date records of people's cash income and expenditure were in place. Systems were in place to ensure regular checks of people's finances were carried out by senior staff and the provider's financial team. People did not have up to date inventories that listed their purchases and showed that they had received them. The registered manager told us that these would be put in place.

Risks to people's safety were assessed on admission to the home. Where risks had been identified actions were in place to manage and minimise them. For example people's risks of falls had been assessed and guidance was in place for staff to follow to help to prevent people falling. Records showed that appropriate action had been taken to review and implement the support that a person needed following a fall, and to prevent similar incidents occurring. Action that had been taken by the service included providing the person with a sensor floor mat that alerted staff when the person got out of bed. The registered manager told us that he had the role of falls champion lead. He informed us that he had provided staff with learning about the prevention of falls and of the importance of reporting them to him and those involved in people's care. Staff we spoke with understood people's risks.

Arrangements were in place to ensure appropriate recruitment practices were followed so only suitable staff were employed to work with people.

Incidents and accidents were responded to appropriately. Staff knew that they needed to report them to the

registered manager. The registered manager told us that there was always learning from incidents, which included taking steps to minimise the risk of future similar occurrences.

There were various health and safety checks carried out to make sure the premises and systems within the home were maintained and serviced as required to meet health and safety legislation and to make sure people were protected. The service had an emergency plan, and each person had a Personal Emergency Evacuation Plan [PEEP]. Arrangements were in place to ensure fire safety checks and fire drills were regularly carried out.

People and relatives mostly told us that they felt that there were enough staff. One person's relative told us that they thought that there were times when there weren't enough. During the inspection we noted that there were enough staff on duty to provide people with the care and support they needed. Staff did not rush people and supported them in a friendly manner. They had time to engage with people talking and assisting them with their day to day needs and activities.

Medicines were managed appropriately and stored securely. People received the support they required to take their medicines safely. Medicine administration records were accurately completed. The competency of staff to manage and administer medicines was assessed. Records showed that doctors regularly reviewed people's medicines' needs. People told us that they received the medicines that they were prescribed. A person using the service told us "They bring me the meds and make sure I take them."

The home was clean and warm. The service employed a domestic member of staff, whom people using the service spoke highly of. She spoke about her role and was knowledgeable about her responsibilities in ensuring that Kenton House was clean at all times. However, we noted some equipment located in a bathroom was dusty. This matter was quickly addressed during the inspection. Hand washing guidance was displayed. Soap, hand cleansing gel and paper towels were available. To minimise the risk of cross infection disposable protective gloves and aprons were worn by staff when they carried out some tasks including whilst they assisted people with personal care.

There were records of daily temperature checks of the fridges, freezer and of hot foods and an appropriate kitchen cleaning and checking schedule was carried out. Following a check carried out by the Food Standards Agency [FSA] on the 1 August 2017 the service had received a food and hygiene rating of very good.

Is the service effective?

Our findings

People told us they were happy living in the home. They told us that their preferences were respected and they felt staff knew them well. People's relatives also spoke in a positive way about the staff and of the care they provided to people.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. A person can only be deprived of their liberty to receive care and treatment when this was in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our inspection on the 4 and 6 January 2017 we found the provider did not ensure that they had lawful authority to deprive a person of their liberty for the purpose of receiving care and treatment. This meant the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan setting out the actions they would take to meet the regulation. During this inspection we found that the provider had followed their plan and legal requirements had been met. Appropriate action had been taken to address our concerns. We found that legal authorisations of DoLS had been obtained for people who needed them so they were protected from harm and safe.

People's care plans showed that people's ability to make day to day decisions had been assessed and reviewed. Care workers told us they always sought people's consent before supporting them with their care. They knew that when people lacked the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We asked people if staff asked them for their permission before they helped them with anything. People told us "Yes, they usually do" and "Yes always." Records showed that during a meeting between family, staff and healthcare professionals a decision about a person's dietary needs had been made in their best interests.

At our inspection on the 4 and 6 January 2017 we found the provider did not ensure that all staff employed by the service received appropriate induction, training and supervision as is necessary to enable them to carry out the duties they were employed to perform. This meant that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider sent us an action plan setting out how they would meet this regulation. During the inspection we found that the provider had followed their plan and legal requirements had been met.

Newly employed staff received an induction during the first weeks of their employment. A care worker spoke positively about their induction and told us that it had been useful in helping them to understand the organisation and their role and responsibilities. The registered manager told us that one care worker was in the process of completing the Care Certificate induction. The Care Certificate induction sets out the standards of care, learning outcomes and competencies that care staff are expected to have.

Staff confirmed they received the support that they needed through regular one to one supervision meetings and appraisals with the registered manager. They told us and records showed that these meetings gave staff the opportunity to discuss any concerns or issues they had, identify any specific training they needed and to gain feedback about their performance.

People and relatives told us that they thought that staff were skilled to carry out their role and responsibilities. They told us, "Skilled? Definitely 100% they know exactly how to handle [person]," "Yes, they receive good training and put it to good effect" and "Some are very skilled and some less skilled."

Individual staff training records showed staff completed the provider's required training in topics such as moving and handling, fire safety, safeguarding adults, Mental Capacity Act 2005, infection control and dementia awareness. The registered manager told us that staff were provided with training that related to people's specific needs and informed us that staff had completed a distance learning course about Parkinson's Disease and Strokes. A programme was in place to ensure that 'refresher' training in a range of areas was completed by staff on a regular basis. Staff also completed qualifications in health and social care which showed the provider supported staff's professional development. Staff were positive about the training they received and told us that they completed training that was relevant to their roles and responsibilities.

People's care records showed that people's needs had been assessed before they were admitted to the home and their care plans developed from this assessment. One person had recently been admitted to the service. Although we found from talking with staff that they knew this person well and records showed that a detailed assessment of the person's needs had been carried out, a care plan had not yet been developed. A senior care worker informed us that this was in the process of being completed. The registered manager told us that he would ensure that the person's care plan was written. Following the inspection he confirmed this task had been completed.

Care workers told us about the importance of speaking with people, their relatives and friends as well as other staff to get to know each person well and so fully understand their needs. We saw staff engaged with people in a manner that indicated they knew them well and understood their needs.

People's care records included information about people's preferences, health, personal care and other needs. They included information about the support people needed with their care needs. For example guidance about the support that a person needed with bathing included information about their medical condition and lack of confidence, and about the action staff took to keep them safe, which included ensuring the bath water was a safe temperature. People's care plans were reviewed regularly and any changes documented. The registered manager told us that there were plans to develop and improve the care plan format.

People told us that their health needs were met by the service. Records showed that people had access to a range of healthcare professionals including; doctors and opticians to make sure they received effective healthcare and treatment. A person told us that they saw a doctor when they felt unwell. Another person told us, "Three weeks ago I felt a bit queasy at night. Staff called 111 and spent time talking to a person, I had

a food bug." People's relatives told us that staff always contacted a doctor when people were not well.

People had 'Hospital passports' that included a range of information about each person's needs, to help hospital staff provide them with the care they needed and wanted when they were admitted to hospital.

People's nutritional needs and preferences were recorded in their care plan and monitored by the service. A person's relative told us that the specific dietary needs of a person were accommodated. People told us that they had a choice of meals. They commented, "The food is on the good side, with a good choice" and "There is always a choice."

A person using the service wrote the daily menu on a display board each morning. People had the opportunity to discuss the meals that they wanted to have on the menu, and their preferences were accommodated. A person told us that had provided feedback about the menu which had been listened to. People told us they were mostly satisfied with the meals that they received. Comments from people included "The food is fine" and "Sometimes the food is good and sometimes it's below par." During the inspection people were asked what they wanted to eat and drink and their preferences were provided. Drinks were offered frequently throughout the day. Staff knew about people's dietary needs. A care worker told us about a person who had recently lost weight and was currently receiving some high calorie nutrition.

The premises were suitable for people's needs. A passenger lift supported people who had mobility needs to access their bedrooms on the top floor. The décor was attractive and furnishings comfortable. People moved freely within the home, and used personal mobility aids including walking frames when needed. They told us that they were very happy with their bedrooms, which included ensuite bathroom facilities. Communal toilets and bathrooms were also available in the building. The garden was in good order and accessible to people.

Records showed that a range of maintenance issues had been addressed. However, there were faulty light bulbs in the dining room that needed replacing. An area of the ceiling needed repainting following a recent leak, and a dripping tap in an upstairs bathroom needed repair. One person using the service told us that they felt there was a need for a maintenance person to be employed as some maintenance issues had taken some time to be addressed. The registered manager told us that they were in the process of trying to recruit a maintenance person, and would ensure that the lighting and other deficiencies would be addressed promptly.

The registered manager told us about the steps he was taking to make information more accessible to people who had difficulty in reading or had sensory needs. He showed us pictures that were to be included in a planned picture menu. The service user guide was up to date and included pictures of the staff and other images to assist people in understanding the information that described the services that Kenton House provided.

Is the service caring?

Our findings

People told us that staff were kind to them and provided them with the care and support that they needed. They confirmed that their dignity was respected by staff. In response to our question whether staff always treated them with respect, they commented, "Yes always," "Yes 90% of the time but there are exceptions" and "Yes especially [name of member of staff]." A person's relative told us "The way they [staff] talk to [person] and smile at [person] they are very considerate and friendly."

The registered manager informed us that dignity and respect were discussed during staff meetings, and that he monitored how people were treated by staff. Throughout the day we observed many examples of friendly, good natured interaction between staff and people using the service. We saw and heard staff frequently ask people how they were feeling, and they always spoke with people in a calm and respectful manner. People showed signs of well-being. They smiled, laughed and engaged with staff in a relaxed manner. The registered manager told us and records showed that staff had signed a certified dignity champion commitment to show their agreement to promote and support people's dignity.

People's care plans showed people's preferences, were known to staff and supported. People's care plan documentation included some information about each person's background and preferences. This enabled staff to meet people's care and support needs in the way that people wanted and in a consistent manner.

We asked people whether they felt able to tell staff what assistance they wanted from them. People told us, "Yes, they do" and "Sometimes they ask me what I like." Staff told us that they involved and supported people as far as possible in making decisions about their personal care, treatment and support. One person spoke of the choices that they made and of how they were encouraged and supported by staff to be involved in all decisions about their care. People told us they could choose how to spend their day. When people chose to spend time in their bedrooms rather than in the lounge, their decisions were respected.

We noted that most people got up early [from 6am] and were assisted with their personal care by the night staff. One person told us that night staff knocked on their door at about six and they got up soon after that. They told us that getting up early was their preference and that they went to bed when they liked. The care plans we looked at indicated that people liked to get up early and we noted that a person's preference to get up a bit later than most people was supported. We discussed with the registered manager the time of people got up and whether they were asked on a daily basis whether they wanted to get up early. The registered manager assured us that night staff had been directed to ask people each morning if they wanted to get up early and that people's decisions were always respected. Following the inspection the registered manager provided us with night staff guidance that had been reviewed by him and amended to show this. The registered manager also told us that each person's care plan had been reviewed to ensure that people were asked on a daily basis when they wanted to get up. He told us that he always ensured that there were always sufficient staff on duty including himself to accommodate people's preferences with regard to getting up.

People were supported to maintain the relationships with friends, family, and others important to them.

Relatives confirmed that they were kept well-informed and were made welcome whenever they visited. A person told us, "I've spoken to my [relative] recently." A person's relative told us, "They call me and get [person] to speak to me. [Person] would never remember to do this on [their] own."

People's independence was respected and promoted. People were encouraged to be independent but care staff were ready to assist when necessary. Staff ensured bathroom and people's bedroom doors were closed when assisting them with their care so that their privacy was respected. Staff responded to call bells in a timely manner.

People's care files and other documentation were stored securely. Their personal information along with the staff's personal information, were kept in locked cabinets in offices which could be locked when staff were not present. Staff knew the importance of not speaking about people to anyone other than those involved in their care. People were able to see personal and professional visitors in private either in their own rooms, or in unoccupied communal rooms.

Staff and people using the service told us and records showed that religious festivals, birthdays and other commemorative days were celebrated in the home. Details of people's cultural and spiritual needs were included in people's care plans. One person told us that they visited a place of worship. A person's relative told us that the person's cultural needs were respected by staff.

At the time of this inspection the only male member of staff was the registered manager so people did not have the option of being supported by a male care worker. A person using the service told us "Unfortunately we don't have a male carer." The registered manager told us that they were currently trying to recruit care staff and aimed to employ a male care worker. A person told us that they had requested support with their care needs from female care staff and this had always been accommodated.

Care workers told us about the importance of treating people as individuals fairly and respecting their differences.

Is the service responsive?

Our findings

People told us that they felt that they were listened to and received care that was personalised and met their needs and choices. One person told us "They [staff] know me now and my likes and dislikes."

People's care plans were personalised and were developed with people's involvement from their initial assessment of their needs. When applicable people's family members or other representatives were involved in the development of people's care plans. People and their relatives told us that they were involved in their plan of care. However, one person was not sure and told us "I don't know anything about that."

The care plans covered aspects of the person's daily life, any healthcare needs and the person's expectations. They contained appropriate information to direct the staff on how to care for the person. Care workers spoke about the importance of listening to people using the service and involving people's relatives in gaining information about people's particular needs so that they could provide people with the personalised care that they needed and wanted. People told us about the personal items that they had brought with them when they moved into the home. A person told us that they had brought "my linen and bedding" from their home.

People's care plans had been regularly reviewed and updated to reflect any changes in people's needs, so that care staff always knew how to provide people with the care that they required. 'Handovers' took place during each shift and daily records about people's needs, progress and activities were recorded, to ensure that people's health and well-being were monitored closely and that staff had up-to-date information about each person's current needs.

Staff had been responsive in supporting people to develop and improve their mobility. Staff told us about two people who had not been walking before they were admitted to the home, and with assistance from staff and walking aids were now mobile.

The service employed an activities co-ordinator who supported people to take part in a range of preferred activities. People told us that they enjoyed the activities provided by the service. The activities co-ordinator was enthusiastic and caring. She spoke about her plans to develop more activities and to provide more opportunities for people to take part in outings and day trips. A person told us, "We had day trips in the past and we'd hire a bus and go to Pinner or Golders Green park."

People told us about the activities that they enjoyed. These included, visits from family members, shopping, going for walks, television, music sessions, playing dominoes, exercises, quizzes, and knitting. A person attended a day centre during the inspection. One person spoke about regularly going out to the local shops and of collecting copies of a free newspaper each morning for people to read. Another person told us that they would like to walk within the garden more often.

People told us and records showed that people knew how to make a complaint or report a concern. One

person told us that they would tell a senior care worker and/or the registered manager if they had a complaint about anything. Records showed that complaints had been addressed appropriately by the registered manager. The registered manager told us that the service learnt from concerns and complaints and made improvements to the service when these were needed.

People's care plans included information about their end of life wishes, such as whether they wanted to stay in the home at the end of their life. The registered manager told us that the service would provide the care people wanted at the end of their lives with support and advice from community healthcare and social care professionals. Some staff had completed end of life learning/training. The registered manager told us that there were plans for more staff to complete this.

Records showed where people had decided that they did not want to be resuscitated [DNAR] a doctor had discussed this with them and when applicable their relatives. Appropriate DNAR documentation had been completed. The registered manager told us that he had ensured that all staff were aware when people were not for resuscitation and knew how to locate the relevant records.

Is the service well-led?

Our findings

People spoke of being content living in the home, and told us that they would recommend it. They spoke in a positive manner about the staff. A person told us that they knew who the registered manager was and could speak with them anytime. They told us "He visits me daily to see if I'm ok." Another person told us that they felt the service was well run but commented "I don't particularly know who the manager is." The registered manager told us that they would ensure that they spent more time with people and participate in some activities with them so that they could get to know him better.

People's relatives and a social care professional also provided positive feedback about the service and the way it was run. A person's relative told us that they found the registered manager to be "very caring."

At our inspection on the 4 and 6 January 2017 we found the provider did not ensure that systems and processes were established and operated effectively to assess, monitor and improve the quality of the service. This meant the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan setting out the actions they would take to meet the regulation. During this inspection we found that the provider had followed their plan and legal requirements had been met. Appropriate action had been taken to address our concerns. We found that the service had developed and improved the systems in place to monitor the quality and safety of the service and to make improvements when needed.

Records showed regular checks of a range of areas of the service including medicines, fire safety, health and safety, infection control, environment were being carried out and any action that needed to be taken following these checks was noted and actioned. For example when a person's medication administration records had not been signed by a member of staff, the member of staff competency to administer medicines had been reviewed by the registered manager. The registered manager had organised food safety training for staff and provided a nail brush for catering staff following, an a quarterly audit of the service that they had carried out. We also found that the service had taken appropriate action to address some minor shortfalls found during a recent food safety check from the Food Standards Agency.

The provider held regular manager's meetings where they reviewed areas of each service. Records showed that these included, staff training, staff recruitment, fire safety and maintenance, and where shortfalls had been identified and improvements needed, an action plan to address them had been completed. A business plan for the service had been completed.

The business manager for the service regularly visited Kenton House and had completed comprehensive quality monitoring checks of the service, which included fire safety audits. They completed an action plan and met with the registered manager regularly to check that he had made the improvements needed. The provider's finance officer had recently checked the service's financial systems including people's monies.

The registered manager carried out 'spot checks' at night to check that people were receiving good quality care and to communicate with the night staff about the service and address any issues that they raised.

The registered manager spoke of the importance of promoting a person-centred culture and providing a service that people needed and wanted. Since commencing their role as manager of the service the registered manager had worked hard to make improvements to the service, and to develop it. The registered manager told us about how he supported and encouraged people's involvement in the service.

The service was responsive to people's needs, communicated with people's relatives and representatives, and liaised with community professionals to ensure people received an effective, good quality service. A social care professional whom had recently carried out a check of the service provided positive feedback about Kenton House. The registered manager met regularly with the GP people had registered with, to review and share information about people's needs, and told us that the service had "built a good relationship" with the local GP practice.

All the staff we spoke with told us they enjoyed working in the home, and felt well supported by other staff including the registered manager. Staff spoke very positively about the registered manager, who they told us was very approachable and always listened to them. Comments from staff about the registered manager included, "He is great", "He has put so much into the place, it is really good", "You can tell him anything, he is fair" and "We have lovely manager now." They informed us that they felt that the service provided to people had improved since the registered manager had started running the service. The registered manager spoke about the importance of empowering staff and working with them to help them develop and share their skills.

General team meetings and senior staff meetings were held regularly to pass information on about any service issues within Kenton House that needed to be addressed, or to introduce changes to improve how the service was delivered. Minutes of these meetings showed aspects of people's care and the service were discussed by staff and that staff had the opportunity to share good practice. A care worker told us "We work as a good team and make sure that people are looked after well."

People's engagement in the service was supported. People had the opportunity to attend and participate in regular resident's meetings and complete feedback surveys which showed that they were involved and consulted about the service. Records showed that in response to people's feedback about the meals, the menu had been reviewed to incorporate more of their preferences. A person using the service told us that they felt listened to and included in decisions to do with the running of the service.

People and relatives spoke of a range of ways that they were kept informed about the service. These included, via the notice board, monthly resident's meetings and from staff and management. The registered manager told us that feedback questionnaires had been recently sent to people's relatives and people using the service.

The service promoted engagement with the local community. They had held coffee mornings that people from the local community attended. Staff and a person using the service had also engaged with several local shops which had offered to donate a range of foods and hampers for the home's forthcoming festive party. A person spoke in a positive way about this interaction and informed us that people using the service had been invited to a festive celebration arranged by a local school. The deputy mayor of the host local authority had attended an event held by the home.

Care documentation was up to date. The home had a range of policies and procedures to ensure that staff

were provided with appropriate guidance to meet the needs of people and to support them in responding to a range of issues that may occur such as complaints, safeguarding adults and health and safety matters.