

Trees Park (Kenyon) Limited

Kenyon Lodge

Inspection report

99 Manchester Road West
Little Hulton
Manchester
Greater Manchester
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Kenyon Lodge is a residential care home registered with the Care Quality Commission to provide nursing and personal care for up to 60 people. The service provides support to older adults. The single room accommodation is arranged over two floors and has lift access. At the time of the inspection 36 people were using the service.

People's experience of using this service and what we found

Systems in place helped safeguard people from the risk of abuse. Assessments of risk and safety and supporting measures in place helped minimise risks. Staff managed people's medicines safely. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection. Staffing levels were sufficient to meet people's needs and managers recruited staff safely. Staff followed an induction programme, and training was on-going throughout employment.

Care plans included information about support required in areas such as nutrition, mobility and personal care to help inform care provision. Staff made appropriate referrals to other agencies and professionals when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were well treated, and their equality and diversity respected. People felt staff respected their privacy and dignity and took into account their views when agreeing on the support required. Staff identified people's communication needs and addressed these with appropriate actions.

The provider and manager responded to complaints appropriately and used these to inform improvement to care provision. The provider was open and honest, in dealing with concerns raised. The manager was available for people to contact, and managers undertook regular quality checks, to help ensure continued good standards of care.

The provider and managers followed governance systems which provided oversight and monitoring of the service. These governance systems and processes ensured the service provided to people was safe.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 27 September 2021).

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of the risk of falls. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and well-led sections of this full report.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kenyon Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Kenyon Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Three inspectors and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Kenyon Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kenyon Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, the provider had maintained a permanent manager presence at the home since the previous registered manager left the service shortly before the date of this inspection. At the time of inspection, a new manager had been in post for one week and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 members of staff including housekeeping staff, care staff, activities staff, a nurse, the deputy manager, the manager, and the regional operations director who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with 3 people who used the service and 3 visiting relatives about their experiences of the care provided. We reviewed a range of records including 5 people's care records, risk assessments, medication administration records and associated documents. We looked at 4 staff personnel files including recruitment records. We looked at staff training and supervision records. We reviewed records relating to the management of the service, including audits and a variety of policies and procedures. We also observed care in communal areas and the dining room.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes in place safeguarded people from the risk of abuse and avoidable harm. Staff completed safeguarding training and knew how to recognise and report safeguarding concerns. The manager and senior staff ensured they reported any concerns to the appropriate agencies such as the local authority and Care Quality Commission.
- There was an up to date safeguarding and whistleblowing policy, accessible to staff. The provider and manager took appropriate action to keep people safe and kept a record of any safeguarding incidents.
- People told us they felt safe when receiving a service. One person said, "I feel safe enough and I have no grumbles. The people around me make me feel safe." A second person told us, "Yes I feel safe; you are always being watched from the point of view of personal safety." A relative stated, "I think staff are good at keeping [person] safe."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being had been assessed and guidance was in place for staff to follow in order to support people safely.
- People told us they felt staff knew them well and how to support them when they felt unwell. One person said, "The care is first class; staff have been here for me making sure I'm okay." A second person told us, "All of them [staff] here look after you very well; I have no grumbles about the staff here." A relative commented, "I would say [person] is always looked after well."

Staffing and recruitment

- Staff were recruited safely. Staff records we reviewed contained the appropriate information and documents, including Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- During our inspection we saw many instances where staff demonstrated caring attitude towards people as well as offering practical support. Staff appeared to have a good knowledge and insight into the needs of the people they supported and a friendly rapport with the relatives. A relative told us, "If I had any concerns, I would talk to one of the staff, they are all very nice."
- Staffing levels were determined by the number of people using the service and their needs and were adjusted accordingly.

Using medicines safely

- People received their medicines safely which were stored in a locked trolley within a secure treatment room; this included drink thickeners.

- Staff used an electronic medication system, with records completed accurately when medicines were administered. 'As required' (PRN) medicines plans were in place if people needed medicines to be given in certain circumstances.
- Certain medicines need to be stored at different temperatures in a fridge and we saw regular temperature checks were carried out.
- Some people received their medicines covertly (added to food or drink) and this had been agreed with the person's GP and family to ensure it was in their best interests.
- Controlled drugs were in use and were stored securely and recorded accurately when given.
- Some people required topical creams and these were not always stored safely and were often left accessible in people's bedrooms. This meant there was a risk they could be wrongly ingested by people who didn't know what they were. We provided this feedback to the service, who took immediate action to ensure creams were managed safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions on visiting and the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider completed a range of audits, done by regional and local staff which helped identify any issues, gaps and risks, which they then addressed. The provider reviewed all incidents to identify themes and learning and shared any learning and changes made with all staff.
- Staff knew how to report accidents and incidents. A log of any incidents was in place including the action taken to reduce the potential for a re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed assessments of people's needs before they began to receive care and used these assessments to develop care plans.
- Staff documented people's assessed needs. Records showed the provider and manager monitored care to ensure care provision adhered to current guidance.
- Care plans included relevant health and personal information to help inform care provision. Staff monitored people's health care needs and worked in partnership with other relevant health care professionals, as required.

Staff support: induction, training, skills and experience

- Staff completed a period induction so they could get to know people before starting to work alone.
- Managers monitored staff training provided and maintained a staff training matrix.
- Care and support was provided by staff who had the skills and training to meet individual needs. Training was aligned with the requirements of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. People said they were happy with the meals provided and the choice and could change their minds regarding meals. One person told us, "I enjoy my breakfast, egg on toast with tomato, I can have one egg or two, the same with toast. At lunch I always have the sweet. Last night for tea I had soup and sandwiches. You have a choice at lunch and for tea they [staff] bring a plate to my room and there is plenty on the plate." Another person said, "We get a choice of meals each day and if you don't like it, you can have another alternative."
- The support people required with their dietary needs was recorded in their care plans. For example, some people had modified textured diets.
- We observed the lunchtime meal. Dining tables had a pictorial menu on them showing the choices for that day, with one option being suitable for vegetarians. There were plenty of staff to ensure a quick service and any person needing assistance was given it promptly. Staff were patient and very supportive of people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. A person told us, "We have a chiroprapist that comes in. I have had new glasses since I have been

here; they test my eyes and then I get new glasses. I go to see the dentist. I have seen a district nurse, they come every ten days to see me."

- Staff were committed to working collaboratively and liaising with other health and social care professionals to achieve better outcomes for people. Staff kept detailed records of the support provided each day.
- People's care plans contained important information relating to any equipment, such as specialist beds or moving and handling equipment. Where people had an identified health and social care professional involved, details were recorded within their care plan.
- People were supported by staff to seek medical attention where needed. Referrals were also made to health and social care professionals when required.

Adapting service, design, decoration to meet people's needs

- The home was appropriately adapted, equipped, and decorated and furnished to a good standard.
- The provider had an ongoing programme of decoration and refurbishment for areas identified as requiring updating.
- People told us the service was a relaxed and comfortable place to live. One person said, "They [provider] have had it recently done [décor]; they always seem to be working here. It's kept clean. They [staff] come into my room every day and clean and tidy it."
- The premises were kept free of obstacles and hazards which enabled people to move safely around the care home. There was clear signage around the building to enable people to navigate around.
- There were outside areas for people to use, and several communal internal rooms which enabled people to socialise and take part in activities.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support was assessed on an on-going basis in line with the MCA.
- People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, DoLS applications had been made to the relevant local authority where it had been identified as necessary. Staff had received training in the MCA.
- People were asked for their consent and staff acted in accordance with their wishes. Staff involved people in decisions and allowed them time to make their wishes known.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people well and supported them based on their needs, preferences, and choices. Staff delivered care and support in a non-discriminatory way and respected the rights of people with a protected characteristic. Protected characteristics are a set of nine characteristics, protected by law to prevent discrimination, for example, discrimination based on age, disability, race, religion or belief and sexuality.
- Staff had received training in equality and diversity and were committed to ensuring people had equal opportunities.
- Staff appeared to have a good knowledge and insight into the needs of the people they supported and a friendly rapport with their relatives. A person said, "I do think staff are caring, they have had new staff in, and they always remember my name." A relative told us, "I think the level of care is excellent."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity, and independence

- Staff promoted people's independence and had completed training in privacy and dignity. Support plans described what people could do for themselves and staff prompted this to ensure independence was maintained. People and their relatives were involved in making decisions about their care and support. One person said, "Yes, I can make everyday choices for myself. It is my own choice when I get up and go to bed. I am mainly in my room, but I can go out if I want to." Another person told us, "I can shave, I wash myself to the waist, feed myself and I try to be independent." A relative told us, "When I am here, they [staff] shut the door and close the curtains."
- Where appropriate staff supported people to access advocacy services. Advocates provide independent support to people who, for whatever reason, may find it difficult to express their views. A relative told us, "Yes, we know about advocacy services, and we are going to see Age UK."
- A family forum had been set up for the families and friends to meet and have discussions and form friendships without management involvement. A person's relative chaired these meetings and provided feedback to help improve the quality of care for people. Management had actioned some of the suggestions already made and were working on others at the time of the inspection. Regular residents and relatives meetings were held.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Improving care quality in response to complaints or concerns

- People received care and support which reflected their needs. Personalised care plans identified the person's likes, dislikes, what was important to them and how staff should best support them. Staff had a good understanding of people's needs.
- Staff respected people's choices and involved people and their relatives in care planning and reviews of care. A person said, "I do make my own choices; I can get up and go to bed when I want." A second person said, "One of the nurses was very attentive when my feet were swelling up, he discussed what they were going to do and checked on me night and day." A relative commented, "We're involved in discussions about care; they [staff] rung up the other week to see if [person] could have a covid booster and they ring us for any little thing."
- Managers maintained an oversight of complaints and ensured any complaints were logged and actions taken.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs and preferences were identified when planning care. Care plans included guidance for staff to help them communicate with people effectively.
- Signage used around the home helped people to identify rooms and orientate around different areas. There were pictorial displays of menus.
- External professional support, such as optical or hearing services were used and referrals were made, as appropriate. Information, such as the complaints procedure was provided in a format which was easy to read and other communications were done in large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported and encouraged people to take part in activities and maintain social relationships to promote their wellbeing.
- People received care which was personalised and met their needs and wishes. A person told us, "We had a film about the Titanic, we make things like paperchains. I go on my iPad. We have singers in, we do crafts, we

play bingo and there have been trips out."

- Activities staff created a 'life story' file for people, identifying their interests and hobbies; this included background of life information such as previous jobs and where people lived, where they went to school or university, marital status, favourite clothing, any favourite songs, music or TV programme, any favourite books, where the person enjoyed visiting, if they had any pets, and religion and culture. Different cultural festivities were recognised and celebrated. A planned activities programme was in place.

End of life care and support

- The provider followed the principles of a nationally recognised end of life care programme which is intended to enable people to have a comfortable, dignified and pain free death.
- People and their relatives confirmed they were involved in end of life care discussions.
- People had supportive care records, which identified if people had a 'do not resuscitate' order in place.
- District nursing teams, doctors and relevant other professionals supported end of life care provision.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had left the service shortly before the date of this inspection. The provider had maintained a permanent manager presence at the home since the previous registered manager left. A new manager had been in post for one week and had submitted an application to register. The new manager was experienced and had the skills and knowledge to perform their role and maintain oversight of the services they managed. The manager was aware of their responsibilities to report significant events to CQC and other agencies. The manager was aware of their obligations under duty of candour.
- The provider promoted openness and honesty and kept in contact with people and their relatives, who told us they were informed if things had gone wrong. Records showed complaints were investigated and apologies given, including confirmation on what action had been taken in response to the concerns raised.
- The nominated individual and manager were proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements; they reflected on past performance issues and used this to improve the services provided. A relative told us, "The atmosphere is so calm and happy now." A person said, "I do really think the home is well managed and I am not wanting for anything." A staff member commented, "Management are approachable and are there for us; concerns are not swept under the carpet."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Staff held a handover meeting in between each shift change and a second daily meeting to discuss each person and any new issues arising in the night or day, which ensured staff followed up on any required actions in timely way.
- The provider's audit systems monitored the quality of service delivery and showed the management team were able to question and act on issues raised. There were systems in place in for monitoring complaints, accidents, incidents and near misses. Staff performance was monitored by and spot-checked by managers. A staff member said, "The deputy manager is wonderful, she treats everyone fairly."
- Peoples relatives told us they had met the new manager. A relative said, "I have just been introduced to him [manager]. When you ring you have choices, and you can talk to staff on different units or the manager." A second relative told us, "I have seen him [manager], and I think I could talk to him, I feel I could discuss problems with him." A person commented, "He [manager] talks to me and he seems approachable."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff worked with people and their relatives to ensure they understood people's support needs. People's equality characteristics had been explored and identified as part of the care planning process.
- The provider had processes in place for receiving feedback and suggestions on how to improve the quality of support.
- There was an up to date equality and diversity policy in place and staff had been trained in equality and diversity and dementia care.
- The manager and staff team worked with people, relatives, and healthcare professionals such as GPs, chiropodists, and opticians to provide the best outcomes for people. Records showed a multidisciplinary approach in meeting people's needs and responding to any changes.
- There was evidence of joined-up work between the provider and other professionals to meet the needs of people using the service.