Kemps Place Limited

Kemps Place

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 26 September 2017 and was unannounced. This was the first inspection of the service following a change of status of the registered provider from a partnership to a limited company.

Kemps Place is a care home supporting younger people with their mental health. The service can accommodate a maximum of 31 people. At the time of our inspection, there were 26 people receiving support in their own, self-contained flats. There were also shared facilities for people to use if they wished, including a lounge, conservatory area and a kitchen to cater for shared events.

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

People were supported in a safe way. Staff had guidance about minimising risks for individuals but recognised sometimes risk taking was appropriate as part of people's recovery. People told us that they felt safe with staff and had no concerns about the way they were treated. There were enough staff to support people and they understood the importance of reporting any concerns or suspicions that people were at risk of harm or abuse. Recruitment processes were properly applied and contributed to protecting people from the employment of staff who were not suitable to work in care.

People's medicines were managed in a safe way and they had opportunities to manage some aspects of their medicines when it was agreed as safe for them to do so. Checks on the management of medicines helped to identify where improvements were needed so that the management team could follow them up promptly. If people requested medicine prescribed for occasional use, for example to help with anxiety, staff explored with them the reasons. They checked how people were feeling and whether they could use any alternative strategies for coping which would avoid unnecessary use of medicines.

People received support from staff who were trained and competent to meet their needs. This included training in the Mental Capacity Act 2005 so that staff were aware of their obligations to seek consent from people to deliver care. Staff involved people in making decisions about their care and how they wanted to be supported as well as in developing their care plans and goals. When people's needs changed, staff supported and involved them in updating their care plans to reflect their current needs. They also ensured that they supported people to seek professional advice about all aspects of their health and wellbeing.

Staff understood people's needs and preferences, including how people spent their time and what they liked to do. They had developed caring and respectful relationships with people and took people's beliefs, privacy, dignity and independence into account in the way they offered support. People spoke highly of the staff team and the way that staff supported them.

People and staff expressed their confidence in the leadership and management of the service. People were confident that the management team listened to their views, including concerns and complaints, and took them into account in the way the service was delivered. They had informal and formal opportunities to express their views, through residents' meetings, one to one meetings with staff or the registered manager, reviews and quality assurance surveys. Where quality assurance processes highlighted areas for improvement, the management team ensured they took action. This contributed to driving improvements and ensuring people received good quality care.

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.

People were protected from the risk of harm or abuse as far as practicable and staff understood the importance of reporting any concerns.

Staff understood risks to people's safety and had guidance to follow about managing and minimising them, whilst understanding that risk taking was part of people's recovery.

There were enough staff to meet people's needs and recruitment processes were robust, contributing to protecting people from the employment of unsuitable staff.

Staff supported people to manage their medicines safely.

Is the service effective?

Good

The service was effective.

Staff were skilled, supported and trained to meet people's needs.

Staff understood the importance of seeking people's consent and agreement to their care and plans for their recovery.

People received support, if they needed it, to eat and drink healthily and to access support and advice from professionals about other aspects of their wellbeing.

Is the service caring?

Good

The service was caring.

People had developed positive relationships with the staff team and valued the caring attitude staff showed towards them.

People were involved in making decisions and choices about their care and in planning how their needs would be met.

Staff understood the importance of promoting people's privacy, dignity and independence and how they could do this in a

sensitive way.

Is the service responsive?

Good

The service was responsive.

People were supported in a way that took into account their individual needs, preferences and beliefs, as well as their hobbies and interests.

People were confident that staff and the management team listened to their concerns and complaints and acted upon them.

Is the service well-led?

Good

The service was well-led.

Systems for monitoring the quality and safety of the service were effective in identifying where improvements could be made and the management team took action to respond to findings.

People using and working in the service were confident they could express their views and suggestions and that the management team would listen.

Kemps Place

Detailed findings

Background to this inspection

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

The inspection took place on 26 September 2017 and was unannounced. It was completed by one inspector and a specialist advisor for services supporting people with their mental health.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. They returned this promptly when they needed to and we reviewed its content. We also reviewed all the information we held about the service. This included the history of the management of the home and information about events that the provider must tell us about.

During our inspection visit, we spoke with five people using the service, the registered manager and three members of the care team. We gathered views from a visiting health professional. We reviewed records associated with the care of five people using the service and their medicines records. We checked recruitment records for three staff, quality assurance records and a sample of checks on the safety and operation of the service. This enabled us to check how the provider monitored the service and acted on any improvements they could make to the quality and safety of support people received.

We asked the registered manager to send us a copy of training information for the staff team so we could review that after our inspection visit. He sent us the information promptly.

Good

Is the service safe?

Our findings

People were protected from the risk of harm or abuse, and staff understood their role in contributing to this. People told us that they felt safe in the service. Staff took action to minimise risks to people's safety and welfare in line with their assessments.

Two people told us about one situation that the management team had addressed, to ensure the safety of people living in the home. However, they expressed some anxiety about what they perceived as an ongoing risk. The provider's representative agreed to review this with the registered manager. They told us they would discuss this with people to see whether they needed further reassurance about their safety.

Another person said, "Yes, I feel very safe here. [Registered manager] knows what to do and what to report." A visiting professional told us that they had never had any concerns about the way they had heard staff interacting with people and described staff as professional in their approach.

Staff were confident about reporting any concerns or suspicions about harm or abuse. They knew what to look for that might indicate concerns and that sometimes people could be more vulnerable to exploitation if they were feeling unwell. Training records confirmed that all but the newest staff had completed training in safeguarding awareness within the last year.

Individual risks associated with people's physical or mental wellbeing and their activities, were documented in care plans. There was guidance for staff about managing and minimising these risks. Care plans recognised that sometimes taking risks was a part of people's recovery processes. We noted that minutes of a residents' meeting showed the service had encouraged people with awareness about their own safety. This included discussions and support about maintaining their safety using the internet.

Risks associated with the premises were also assessed to ensure these were managed and minimised. This included guidance about assessing ligature points around the home and within individual flats, which could have presented a risk to people who may attempt to harm themselves.

Staff had guidance about promoting people's safety in the event of an emergency. Equipment was tested regularly to ensure it remained safe and in good working order. This included equipment for detecting, containing and extinguishing fires. Staff had training to respond to an emergency requiring first aid or in a fire. However, we did note that parking arrangements partially restricted a fire exit through double doors. The doors had space to open but people might not be able to leave quickly in an emergency or if they panicked. We discussed this with the registered manager as potentially requiring review with the fire service.

There were enough staff to support people safely. People told us that they felt there were enough staff. One person described an incident when they had used their "panic button" and said, "They [staff] were there really quickly and helped me." During our inspection visit, we saw that staff met people's requests for assistance or information promptly. There were also enough staff to support people with their planned activities for the day.

Although one staff member had reported unwell on the day of our inspection, staff confirmed that they were able to meet people's needs and one staff member could come in earlier to help. They said staff were flexible and there were bank staff so that they did not need to use agency staff who might not know people using the service.

The registered manager and provider applied recruitment processes in a way that contributed to protecting people from the employment of unsuitable staff. They completed the required checks on the suitability of applicants before confirming appointments. This included seeking full employment histories and references from previous employers. There were also enhanced disclosures with the Vetting and Barring Service (DBS). The DBS provides background information about applicants' criminal records. It also confirms whether applicants are prohibited from working in care services.

Staff managed and administered people's medicines safely. They involved people as far as practicable, subject to people's wishes and risks to their wellbeing. For example, one person had their medicines stored in their own flat but staff retained the key. Staff unlocked the person's medicines, making sure they took them safely and as the prescriber intended. This was because they were at risk of harming themselves. Another person told us, "They have offered me to do my meds but I refused."

Staff ensured that they locked people's medicines away when they were not present. They had dated medicines that were not in the monitored dosage system prepared by the pharmacy, when they opened them. There was a reminder displayed for them to check all signatures on the medicines administration records (MAR) to make sure they were complete. These systems contributed to the auditing process to help manage medicines safely and that they remained safe and effective to use.

The registered manager's medicines audits and those of the provider, contributed to identifying concerns for medicines management so that they could be explored. We noted that an audit had identified nine omissions on MAR charts during a two-week period. The management team ensured they investigated to check whether these were omissions from records or whether staff had omitted to administer medicines for any reason. Where appropriate, staff received additional training or assessment to ensure they were competent to follow the expected processes for administering and recording medicines.

There was guidance for staff to follow about medicines prescribed for occasional use (PRN), for example to assist in managing anxiety or pain. We observed that, where one person requested their PRN medicine, a staff member asked them how they were feeling. They also explored whether there were other ways they could support the person and which might avoid their need and wish for the medicine. This was good practice.

Good

Is the service effective?

Our findings

Staff were trained and competent to deliver the support that people required. People expressed their confidence in staff and the support they offered. For example, one person told us, "The staff have been good and helped me." Another person said, "The staff have supported me really well."

The registered manager recognised a slippage in formal supervision to discuss staff performance and development needs. They had a checklist highlighting when these were overdue and had plans to catch up with them. However, staff told us that they felt well supported. For example, one staff member told us, "I am supported on a professional basis and also on a personal basis if required ... I have access training that's been of interest as well as the mandatory training with time and support from the team and the owners." A visiting professional also described staff as professional and competent. They expressed their view that staff interacted with people appropriately and that there was a "team approach" to supporting people well.

New staff completed an induction period before they worked independently in the service. This included shadowing of experienced staff and completion of the Care Certificate. The Care Certificate is a set of standards that care workers are expected to complete competently to ensure they can provide good quality care. Records for new staff showed their progress through training. For other staff we could see that they had completed it.

The training programme confirmed that staff received regular updates to basic training such as in moving and handling, first aid, and health and safety. Staff confirmed that they had access to additional training so that they could obtain qualifications in care if they wished to do so.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff sought people's consent and agreement to deliver the support they required. The registered manager and staff confirmed to us that people using the service had the capacity to make decisions about their care. They recognised that this might fluctuate dependent upon people's health and psychological wellbeing. They knew that this might mean people needed additional time and support to make appropriate decisions.

Training records confirmed that staff received training in the MCA. This contributed to their awareness of their obligations should there be a reason to review whether someone was able to make an informed decision. The registered manager described how staff offered advice to a person about managing a health condition. They recognised that sometimes the person would make unwise choices. However, they understood that the person had capacity to make the decision so they needed to respect what the person said. Staff reviewed people's capacity to make decisions about their care, recording the processes within people's care plans. No one using the service was subject to a DoLS process to restrict his or her freedom, and staff considered this within the care planning process.

People were supported to eat and drink enough and to maintain a balanced diet, subject to their wishes. Staff supported people to plan their menus and shop accordingly if they needed assistance. They enabled people to cook meals in their own flats. One person told us how they enjoyed cooking and did most of it for their neighbour who was a friend. There was a central kitchen to use where people decided to share meals together or where there was an activity, such as baking. One staff member said that, when they were on duty on a Sunday, they usually cooked a roast dinner with people. A person using the service told us that they planned to join the staff member in the kitchen the next time this happened.

Staff supported people to gain advice about their health, including their physical and mental wellbeing. During our inspection visit, one person confirmed with staff, the timing of a doctor's appointment. We noted that staff also supported people with hospital appointments if they needed it. They respected people's wishes to seek that advice in private.

The provider's audit from October 2016 showed that a person was not always following their medically recommended plan and that staff should document clearly the advice they gave. We noted that this had happened. The person confirmed to us that staff supported them to discuss their diet and try to make healthier choices to help manage their diabetes.

A health professional visited a small number of other people during our inspection visit, to support them with their health and a specific treatment. The health professional explained that they felt staff supported people in a holistic manner, taking into account people's physical needs as well as their mental health. They were confident that staff acted upon and followed up any advice that they gave about people's wellbeing.

Good

Is the service caring?

Our findings

People received a caring service. They were supported by staff who had developed good relationships with them and understood their individual preferences and goals.

People spoke positively about their experiences and the attitudes of staff. For example, one person said, "I am leaving my flat here and moving on soon. The staff have been good … and they care about helping people." Other people confirmed that they felt staff were kind and considerate. One person said, "The staff are so supportive here and have helped me so much with everything."

People had an allocated keyworker who helped them to coordinate their care. They were able to tell us who their keyworkers were and how these keyworkers supported them, offering "one to one" time and support. They said that keyworkers helped them to plan their care and care records confirmed people's involvement and agreement.

Everyone was complimentary, not only about their allocated keyworkers but about the staff team as a whole. For example, one person said, "We have a say in our keyworkers and who they are, so we 'click' with them. They change sometimes but it has always been fine and I can talk to all of them."

There were meetings for people to attend to express their views about the service. Minutes of these were available for people to refer to, and we saw the last one took place in May 2017. One person commented to us that they would like to see these happen more often, rather than once every three months or so. They said they would welcome increased opportunities through the meetings to talk about how their home was running. Others were satisfied with the arrangements and the opportunities they had to discuss the service.

People had access to a notebook in the shared lounge area, to record their views and things they would like to discuss at future meetings. A staff member explained how people used it. They told us that people could ask staff to read out their comments if they did not want to do so themselves or would not be at the meeting. They could also make comments anonymously if they wanted to.

People used the meetings to address any agreements about people respecting one another's rights and the kinds of activities or support they would like to see in place. Staff told us that they did sometimes have to guide the meetings so that people felt supported and to avoid discussing personal matters that should be resolved elsewhere.

The registered manager explained that people could be involved in showing others around the home if they were considering moving in. One person told us that they would have liked a bit more information about the service than was in the information they gave. They said they would welcome the opportunity to put something together from their perspective to help new people considering using the service. They agreed with us we could speak to the registered manager about their offer to see if this could happen.

Staff supported people in a way that promoted their privacy and dignity. People told us that staff respected

their privacy and always knocked on their flat doors. People told us that they could invite others into their flats if they wanted them to come in but did not have to. Two people told us how they liked to spend time together in one of their flats because they had become friends.

One person had experience of using other care services. They contrasted them with their experience of living at Kemps Place. They told us, "I was fed up in another care home. I didn't really want to come here, but when staff started to knock on my door and come and have a cup of tea with me, that made me think." They went on to explain how they felt staff respected people's confidentiality. "No one [staff] talks to anyone about individual health issues. They don't discuss people. They keep things private."

Throughout the course of our inspection visit, we saw that staff spoke politely and respectfully to people but there was also a friendly approach. Staff responded cheerfully to people. We observed that a staff member responded very quickly and calmly to support a person who became distressed and agitated. Their description of this for us showed that they understood why it happened and how the person's condition gave rise to their anxiety.

We observed that, at the staff hand over, staff discussed how they could raise self-neglect in relation to personal care. They understood that people might not be aware of the impact this had upon others both within the home and in the community. They recognised the need to be discreet and discussed how they might go about gaining agreement to take action in a sensitive way. This approach contributed showing how staff upheld people's dignity.

Good

Is the service responsive?

Our findings

People received a service that was flexible and responsive to their individual needs and beliefs. Staff understood people's individual preferences and needs and were able to describe how they offered support tailored to meet those needs. The information they gave us was consistent with what we saw in people's care plans and associated records.

One person told us how staff had helped prepare them for a formal meeting to review their care. They knew when this was due to happen and who would be attending. They explained to us that they sometimes got muddled with what they wanted to say when they were in meetings. They said that staff knew what they wanted to achieve and would help them to express themselves at their forthcoming meeting. They told us they thought their keyworker would be helping them to set out their goals in their care plan following the meeting.

Our discussions with people showed that they knew what was in their care plans. The information that staff gave us about the support they offered, was consistent with what people wanted and what their care plans said. People expressed the view that staff supported them to achieve their goals but were not judgemental when things went wrong. For example, one person said, "I have a ligature plan as I have self-harmed but the staff do not judge me, they provide support and even bandage me as needed."

Care plans we reviewed reflected a holistic approach to assessing people's needs and guided staff about the support people needed. People's primary care needs were for support to recover or manage their mental health. However, the planning and assessment process took into account the full range of support people might need. For example, we saw that care plans included information about people's physical and mental wellbeing, emotional needs, social inclusion and support with finances. They took into account how people could retain or recover their independence and preferred arrangements at the end of their lives should the situation arise.

People told us that staff supported them with their hobbies and interests, both inside and out of the home. One person told us, "I really like the crafts and knitting. We go for trips out too." One person told us staff had supported them to find work and go to a gym. They said, "I am much better than I used to be. A lot goes on here. We go shopping, there's a Halloween party."

We saw that there were posters up to inform people about future excursions based on what they had suggested, including a trip to Harry Potter World. The activity list also included bingo, trips to the cinema, bowling and shopping. One member of staff told us how they took some people to car boot sales regularly, if they wanted to go. They also offered one to one support on a Thursday evening for people who were out all day.

We saw that staff supported people to go shopping in small groups during the course of our inspection visit. They had checked with people where they preferred to do their shopping so they could arrange for this to happen. A staff member had also supported a small group of people to have a seaside holiday during the

summer.

We found that staff responded flexibly to people's individual needs and suggestions on a daily basis not just at more formal reviews or discussions. For example, we noted that at hand over, staff shared detailed information about such issues. This included one person's enquiry about where the nearest post office was because they had suggested they would like to walk there. Staff discussed how they could best facilitate this and ensure the person would be able to cope with doing this.

Staff also discussed one person's difficulty obtaining access to banking services. The person had not understood the meaning of some of the questions the bank's staff had asked them. The staff member who had accompanied them was aware of this and that the terminology used by bank staff did not suit the person's understanding. They explained how this affected the person and discussed how they would support the person with a different approach to obtaining their own bank card.

The registered manager was able to explain how the staff team had considered a person's religious beliefs in the way they offered support. He described how they had worked with the person and others to accommodate their wishes. This was to adjust the timing of oral medicines in response to the person's observance of a fast.

People were confident that the management team, or provider's representative, listened to their complaints and concerns. Two people did raise a concern with us that they did not feel had been fully addressed, and which they agreed we could discuss with the registered manager and owner. The management team identified some common background issues they knew about and were able to explain these to us. They agreed they would explore the issues we raised further with the people concerned.

Another person told us about a concern they had raised about agreed smoking arrangements in the service. They explained that the door people used was under their window and disturbed them after 10pm. They told us the registered manager had reviewed arrangements with people and changed the agreement. They said, "It was all sorted out the next day." They felt that concerns were dealt with at an early stage before they escalated.

We reviewed records showing the complaints received and the action the registered manager took in response. There were no complaints about the quality of the service. Where he had received a complaint from a member of the public, the registered manager could demonstrate how he had involved people using the service in addressing it. This included discussing with people the potential perceptions of the community towards people using the service.

Good

Is the service well-led?

Our findings

Systems for checking quality and safety worked well to ensure standards were maintained or that the service improved if necessary. Processes took into account the views of people using the service and of staff.

The registered manager told us that they found the provider's representative accessible to them. They visited the service regularly to check what was happening, what needed to happen and whether they needed to take action on any issues. We found that the representative was open to discussions with us about following up an issue raised by two people living in the service. They were also able to tell us how they had addressed a recent situation regarding the suitability of the placement for one person. We found that they had a good working knowledge of the service and of the needs of people it supported.

The management team had effective systems in place to monitor the quality of the service. These highlighted whether there were areas for improvement. They included checks on care records, medicines, health and safety, and incidents and accidents. The management team analysed the findings to see whether action was necessary to reduce risk. They took action promptly to review the fire risk assessment for the service, in the light of concerns arising from the fire at Grenfell Tower. This contributed to identifying and managing risk.

The registered manager had developed an "operations folder" to show the rolling programme of audits, when they were supposed to be completed and who was responsible. This enabled him to take action if there were gaps in the audit 'cycle'.

The provider's processes included commissioning an independent agency to complete comprehensive reviews of quality and safety. We could see from the information this contained, that the registered manager took action in response to the findings. For example, he had introduced a regular session for people to spend time with him talking about their views privately if they wished. He had blocked time out to do this with one session having taken place in July. He had arranged another to take place just after our inspection visit. He displayed the arrangements for the forthcoming session on the door of his office so people knew when it was to take place.

This was in addition to the opportunities provided for people through one-to-one sessions with their keyworkers, residents' meetings and an annual questionnaire. One person did suggest to us that they thought residents' meeting could take place more often. The last one with completed minutes for people took place in May 2017. We raised this with the registered manager as something they could consider to see whether others would welcome an increased frequency.

We reviewed the findings of the last questionnaire completed in November 2016. Five people had taken the opportunity to express their views. The results were positive. They included one person saying that, although their mental health condition was unchanged, they felt that the service had equipped them to deal with it in a better way. The process also involved consulting with professionals in contact with the service and offering support and advice to people living there.

The registered manager completed registration with the Care Quality Commission in 2016, but had experience as the registered manager before the provider of the service changed their status. This provided stability and consistency of leadership to the staff team. He had a sound knowledge of the service and the importance of ensuring good quality care for people. He also understood his legal obligations as a registered manager for assessing how the service was running and for complying with relevant regulations. He provided full information for us in the Provider Information Return about the way the service was operating and the improvements he planned to make. We were able to verify the content of this from our inspection findings so we were confident in its accuracy.

People using the service and staff expressed a high degree of confidence in the approach of the registered manager. They felt he was accessible to them and had time to listen to their views. One person told us, "[Manager] is great." They expressed their confidence that the manager was approachable.

During the day of our inspection visit, we saw that the registered manager prioritised requests for assistance and support from people using the service and dealt with these promptly. He managed the competing demands of the inspection process with the day-to-day running of the service in a calm and organised manner. This meant that people and staff did not have to wait to express their views or seek his advice.

Staff told us that the registered manager was open and approachable. They felt that morale was good and staff worked well together as a team. One staff member told us that they felt they were respected in their role. Another staff member said, "I am really happy here and I can approach the staff, management and the owners, they listen." They were confident that the management team would take action if they had concerns about poor practice.