Care Quality Commission

Community Integrated Care

Kemp Lodge Care Home

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

Overall summary

This unannounced inspection of Kemp Lodge Care Home took place on 18 November 2014.

Located in a residential area and near to local facilities, Kemp Lodge Care Home is registered to provide general nursing care for up to 38 people. Thirty four people were living at the home at the time of our inspection. It is a purpose built facility with all accommodation located on the ground floor. There are a number of car parking spaces adjacent to the home.

A registered manager was 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 said they felt safe living at the home and were supported in a safe way by staff. Staff understood what abuse was and the action they should take to ensure actual or potential abuse was reported.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. People and their families told us there was sufficient numbers of staff on duty at all times.

Summary of findings

Our review of a selection of care records informed us that a range of risk assessments had been undertaken depending on people's individual needs. Some of the people living at the home used bedrails and a detailed risk assessment had been undertaken for all the people who used this equipment in order to establish if it was safe for them to use.

People told us they received their medication at a time when they needed it. We observed that medication was administered to people in a safe way.

The building was clean, well-lit and clutter free. Measures were in place to monitor the safety of the environment.

Families we spoke with told us the manager and staff communicated well and kept them informed of any changes to their relative's health care needs. People said their individual needs and preferences were respected by staff. They were supported to maintain optimum health and could access a range of external health care professionals when they needed to.

People spoke highly of the meals and the general meal time experience. They told us the food was very good and they got plenty to eat and drink.

People and families described management and staff as caring, considerate and respectful. Staff had a good understanding of people's needs and their preferred routines. We observed positive and warm engagement between people living there and staff throughout the inspection.

Staff told us they were well supported through the induction process, regular supervision and appraisal. They said they were up-to-date with the training they were required by the organisation to undertake for the job.

Although the paperwork showed some inconsistencies, from our conversations with people, families and staff we were assured that the home adhered to the principles of the Mental Capacity Act (2005).

The culture within the service was and open and transparent. Staff, people living there and families said the registered manager was approachable and inclusive. They said they felt listened to and involved in the running of the home.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it. Opportunities were in place to address lessons learnt from the outcome of incidents, complaints and other investigations.

A procedure was established for managing complaints and people living there and their families were aware of what to do should they have a concern or complaint. We found that complaints had been managed in accordance with the complaints procedure.

Audits or checks to monitor the quality of care provided were in place and these were used to identify developments for the service.

Summary of findings

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.

Good

Relevant risk assessments had been undertaken depending on each person's individual needs.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

We observed that medication was administered safely.

Measures were in place to regularly check the safety of the environment.

There were enough staff on duty at all times. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?
The service was effective.

Good

Staff followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they liked the food and got plenty to eat and drink.

People had access to external health care professionals and staff arranged appointments when they needed it.

Staff said they were well supported through induction, supervision, appraisal and on-going training.

Is the service caring?
The service was caring.

Good

People told us they were happy with the care they received. We observed positive engagement between people living at the home and staff. Staff treated people with privacy and dignity. They had a good understanding of people's needs and preferences.

Families told us the manager and staff communicated with them effectively about changes to their relative's needs.

Is the service responsive?
The service was responsive.

Good

People's care plans were regularly reviewed and reflected their current needs. People and families said the care was individualised and care requests were responded to in a timely way.

A process for managing complaints was in place. People and families we spoke with knew how to raise a concern or make a complaint.

Is the service well-led?
The service was well led.

Good

Summary of findings

Staff spoke positively about the open and transparent culture within the home. Staff, people living there and families said they felt listened to, included and involved in the running of the home.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

Processes for routinely monitoring the quality of the service were established at the home.

Kemp Lodge Care Home

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 checked 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 unannounced inspection took place on 18 November 2014. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses care services.

Before our inspection we reviewed the information we held about the home. This included a review of the 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. Prior to the inspection we looked at the notifications the Care Quality Commission had received about the service. We contacted the commissioners of the service to obtain their views and took into account the local authority contract monitoring reports.

During the inspection we spoke with 11 people who lived at the home and eight family members who were visiting at the time of the inspection. We spoke with the registered manager, the administrator, a registered nurse, the chef and six care staff. We sought the views of health care professionals who were visiting the home at the time of our inspection.

We looked at the care records for six people, four staff recruitment files and other records relevant to the quality monitoring of the service. We undertook general observations, looked round the home, including some people's bedrooms, bathrooms, the dining room and lounge areas.

Good

Is the service safe?

Our findings

People we spoke with told us they felt secure living at the home and were supported in a safe way by the staff. A person said, "They [staff] went through my care plan with me and talked to me about risks and how to avoid falling." Another person told us, "Yes, I feel safe. The nurses are lovely here."

Equally, families who were visiting at the time of our inspection were satisfied that the home provided a safe service for their relatives. A family member told us, "I am in here most days and at weekends. From what I have seen everyone is well looked after." Another family member said, "I know about my dad's risks. I look at his fluid balance chart regularly and it's always spot on. The staff know what to do."

People consistently said there were enough staff on duty to ensure their needs were met in a timely way. One person said, "It's great here. Everything is fine with me. Staff are always around if you need them." Another person said, "I press the buzzer if I need anything. If I have an accident I press it twice and staff come straight away."

Although one family said they "would always welcome more staff", there was an overall satisfaction with the staffing levels. The registered manager outlined the staffing levels for us and staff we spoke with confirmed this staffing level. Staff told us there were sufficient numbers of staff on duty at any one time.

Throughout the inspection we observed staff supporting people in a discreet way that ensured their safety whilst maintaining their dignity. For example, we observed staff regularly checking on people in the lounges and supporting people to move between rooms safely. We could hear that call bells were responded to in a timely way throughout the inspection.

We looked at the personnel files for four recently recruited members of staff. We could see that a rigorous recruitment process was in place and a formal check had been carried out to confirm each member of staff was suitable to work with vulnerable adults. Two references had been obtained for each of the staff. Staff from an agency was occasionally used if the home was short staffed. The registered manager said, "If we use any agency staff they have been checked out and the agency provide us with a personal profile of the staff they send."

With reference to adult safeguarding, a person living at the home said to us, "You hear so many stories about abuse but the staff cope really well and there is never a word out of place." The staff we spoke with could clearly describe how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. An adult safeguarding policy was in place and it was accessible to staff. A member of staff said, "The staff are really good here. They would report anything they saw. I am sure they would." Staff said they were up-to-date with adult safeguarding training. However, we were unable to confirm this as the organisation had recently changed its system for recording training and access to previous staff training records were not available.

People said they received their medication at a time that suited them. A person said, "I get my medication when I should. Another person told us, "I changed my doctor when I came in here but I still get my tablets." Families were also satisfied with the arrangements for medication. A family member said, "My father is on a comprehensive medication regime and he gets it when he should."

We observed a nurse administering the medication in the morning and at lunch time. This was done in a safe way and the medication trolley was locked when left unattended. The nurse stayed with each person to ensure they took their medication. The nurse informed us that nursing staff received annual medication training updates. We talked through the home's medicines policy with one of the nurses and noted the arrangements for managing medicines was carried out in accordance with NICE guidance for managing medicines in care homes. NICE (National Institute for Health and Care Excellence) provides national guidance and advice to improve health and social care.

A form titled 'How I like to take my medication' was located alongside each person's medication administration record. It provided nurses with clear instructions on how best to support each person with their medication. In addition, a plan was in place for medication people took only when they needed it (often referred to as PRN medication). We found that the temperatures for the medication fridges were not consistently monitored and recorded in accordance with the home's policy. We made the registered manager aware of this at the time of the inspection and she immediately started to address the matter.

Good

Is the service safe?

The six care records we looked at showed that a range of risk assessments had been completed depending on people's individual needs. These included a falls risk assessment and a skin integrity assessment, and they were reviewed on a regular basis. We observed that some of the people living at the home had bedrails in place. The manager confirmed these were used to keep people safe by preventing falls from the bed. We could see that detailed bedrail risk assessments were in place. Where it was identified that bedrails could compromise a person's safety then alternative measures were put in place to minimise the risk of injuries through a fall from the bed.

The registered manager showed us the electronic system for reporting incidents. Using a completed example, the registered manager explained that the nurses completed the initial report and the registered manager then had 48 hours to undertake an investigation. A monthly summary of all incidents was generated through this system and it supported the identification of any emerging themes or patterns.

We had a look around the building and observed that it was well-lit, clean and clutter free. Records showed that fire alarms were tested weekly and a Personal Emergency Evacuation Plan (PEEP) had been developed for each person living at the home.

We were provided with paperwork to show that a weekly health and safety audit was undertaken. This took account of emergency lighting, fire systems, water temperatures, infection control and equipment, such as wheelchairs and bedrails. Checks were in place for the kitchen and included food temperature monitoring and kitchen cleaning schedules.

Good

Is the service effective?

Our findings

People told us their health needs were properly assessed and access to medical care was sought by staff when it was needed. A person said to us, "I told staff I needed to see the doctor and I saw the doctor. I don't know about seeing the dentist or optician but if I needed them I would ask the staff." Another person told us about regular specialist medical treatment they needed at the hospital and how the staff at the home had ensured they attended the appointments.

Families who were visiting at the time of our inspection were pleased that their relatives were supported to maintain optimal health care. A family member said, "I'm happy with the medical support here. The staff are very observant and don't hesitate to get the GP." Families told us the staff responded promptly to changes in their relative's health care needs. A family member said, "A couple of times [relative] has fallen but they have called the GP and got him into hospital. They have rung my daughter and we have been to the hospital with him."

We could see from the care records we looked at that local health care professionals, such as the person's GP, district nurse, chiropodist or dietician were regularly involved with people when they needed it.

The people we discussed the food and arrangements for mealtimes with were very positive about the quality of the meals served in the home. A person told us, "I decide what time I get up. I can have my breakfast in here [bedroom] or in the dining room. I can have bacon and egg or porridge. The food is very good." Another person said, "The food is lovely. I can eat in the dining room or here in my room. You can eat where you like. In summer we sometimes eat in the garden."

Equally, families were satisfied with the food. A family member said, "My dad loves his food and its very good here. At the moment he needs his food blending but it is still made fresh." Another family member told us, "The food is jolly good; I eat here sometimes with my husband."

There were two sittings for the lunch time meal. The first sitting was for people who needed full assistance with their meal and the second sitting was for people who were independent or who required minimal support. This was a new arrangement and we could see from the 'Residents and Relatives meeting' in June 2014 that it had been discussed with and supported by people and their families who attended the meeting. We sat in the dining room for both sittings. We observed that some people on the second sitting had difficulty eating their meal due to either poor eyesight or positioning at the table. We discussed this with the registered manager who agreed to look into how the people identified could be better supported at meal times.

The atmosphere during the lunch time meal was relaxed and calm, with staff interacting in a respectful and professional manner. Nobody was rushed with their meal. Staff were constantly smiling and chatting to the people and supporting and/or prompting people to eat or drink. A choice of hot and cold meals was available. We observed a person change their mind from their initial order and they were immediately offered an alternative meal.

We spoke with the chef who explained that a three week rolling menu was in place. The chef kept a list of each person's preferred food types and drinks in the kitchen, including any special diets people were on. The chef said she found out about people's likes and dislikes by talking to people living at the home and/or their families. The chef advised us they had received training in special diets, such as diabetes.

We noted from the care records we looked at that people's weight was monitored on a regular basis to check for any fluctuation.

The system for recording staff training had recently changed so we were unable to gain an overall picture of whether staff training was up-to-date. The staff we spoke with during the inspection confirmed they were up-to-date with the training they were required to complete to carry out their role. They said the organisation encouraged training. A member of staff new to the home told us, "My training during the induction was really good I thought."

Staff told us they received bi-monthly supervision and an annual appraisal. The personnel records we looked at confirmed this. The records also confirmed staff received an in-depth induction when they first started.

We could see from the care records that consent was sought from people or a family member for taking photographs and access to their care documentation. The care records we looked at showed that the person or a family member had signed to indicate they had seen their care plan. There were a small number of shared bedrooms

Good

Is the service effective?

and the registered manager advised us that people and/or a family representative had been involved in decision making about the sharing of a bedroom. Records were in place to support this.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005). This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. We could see from the care records that advance care planning (ACP) was in place for some people. ACP is a structured discussion with people and/or their families and carers about their wishes for the future, particularly in relation to end-of-life treatment and care. These showed that the GP had discussed the plan with families if the person lacked capacity.

Although it was evident that the person's GP, a family member and a nurse from the home were involved in ACP discussions, the paperwork was not consistently completed. It was not clear who was ultimately responsible for completing the paperwork; the GP or staff from the home. Therefore it was not always possible to determine whether staff were following the principles of Mental Capacity Act Code of Practice. For example, due to the incompleteness of paperwork it was not clear if each person's mental capacity had been assessed as part of the ACP process and who had undertaken the assessment. We discussed this with the registered manager who advised us that plans were in place to review and revise the current care record documentation, including the paperwork associated with consent and assessing capacity.

The staff we spoke with had limited understanding of the detail of the Mental Capacity Act and told us they had not received training in this area. We discussed this with the registered manager who advised us that training had been organised for all staff early in 2015.

The registered manager confirmed that nobody living at the home was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

Good

Is the service caring?

Our findings

Throughout the inspection we observed staff supporting people in a caring, respectful and dignified way. A member of staff said to us, "We all work together really well. We care for the person; that's why we are here." Another member of staff told us, "I looked after [family member] when they were not well and I look after the people here in the same way." Care was provided based on people's individual needs and this was evident throughout the inspection. During the inspection we observed staff knocking on people's bedroom doors before entering. We also heard staff explaining to people what was happening prior to providing care or support.

The staff we spoke with as part of the inspection demonstrated a good understanding of the health care needs of the people who lived at the home. They told us they encouraged people to make choices, such as choosing what to wear and what to have to eat. Staff encouraged people to be independent where possible. We observed this at lunch time when staff encouraged people to eat their meal independently.

A healthcare professional who was visiting at the time of our inspection was complimentary about the staff and said the staff were good and always helpful.

All the people we spoke with were very positive about the care they received at the home. A person said, "I've been in a few places but this is the best. You get lots of help and the staff are very nice. When I get upset they come and talk to me." Another person told us, "They [staff] are kind to me and respectful. I have never had such good staff looking after me and I've been in a few places."

Equally, family members spoke highly of the care provided by staff. A family member said to us, "The staff are excellent carers. They treat people with dignity and respect. We looked at 14 other homes and this was the best so we were glad dad could come here." Another family member told us, "The staff are all lovely. They are rushing around and on the go a lot but their attitudes are always good."

Most people had their own bedroom but a small number of people shared a bedroom. Measures were in place to ensure the privacy and dignity of people sharing a bedroom with another person.

People told us they could have visitors whenever they wished. A person said, "My niece sees me nearly every day; she can visit any time except late at night." Family members we spoke with supported this. One family member told us, "I can visit any time. They [staff] have never objected whatever time I turn up." Another family member said, "We looked at a few homes before we chose this one. It seemed the best equipped and the brightest. The staff were always smiling. They made mum feel welcome and we can visit anytime."

We heard from people that staff involved them in discussions about their care needs. One person said, "They [staff] went through my care plan with me. We have little meetings and you can say how you feel about things." Families also said they were involved in care planning. A family member said, "We talked about the care plan and it is now in place." Another family member told us, "I know there is a care plan and I can look at it anytime." The care records we looked at confirmed this level of involvement with care planning.

Good

Is the service responsive?

Our findings

Throughout the inspection we observed staff responding to people's requests and needs in a way that was individual to them. People living at the home said they were satisfied the care was provided in a way that they liked. One person said, "It's lovely here. I have no regrets about coming here. The staff talk to me about my needs."

Overall, families were pleased with the individualisation of the care provided. They also expressed that the home responded to individual requests in a timely way. For example, a family member said to us, "They [staff] now give mum a bath as she doesn't like a shower. If you want things sorting out they are very cooperative."

The majority of people were satisfied with the variety of social and recreational activities available. We heard about film shows at the home, a volunteer who visited to play music, chair exercise sessions, bingo and quizzes. People told us they had opportunities to have a trip out in the mini bus. We did hear that the activities were not to everyone's taste so they did not join in. We discussed this with the registered manager who said they would look into it.

The staff we spoke with demonstrated a person-centred attitude in the way they spoke about how they supported people. A member of staff said, "If someone asks us for something we do our very best to get it and meet their needs." Staff told us they reviewed people's care each month by discussing the care plan with the person it was about or their family representative. The care records we looked at confirmed the care plans were reviewed each month.

The level of person-centeredness we observed and heard was not fully reflected in the care records. Information about people's lives, hobbies and interests was recorded for each person but the quality of this was not consistent. The registered manager had recently introduced a 'One page profile' and these were gradually being completed for each person. We looked at a completed profile and noted it captured information about what people admire about the person, what is important to the person and how best to support the person.

The care plans were not as person-centred as they could be. For example, care was recorded on pre-populated templates with some limited scope to include specific information or actions related to the person. We observed that there was a range of these pre-populated care plan templates and, from the care records we looked at all people had this range of care plans in place. This was not in keeping with the spirit of person-centred planning. Staff expressed dissatisfaction with the current care plans and said they did not fully reflect the way in which care was provided. The registered manager was aware the care records, in particular the care plans, needed attention and confirmed this was on the agenda as part of developing the service.

The people we spoke with said if they were concerned about anything they would not hesitate to approach the registered manager or staff. We observed that a complaints procedure was in place and families we spoke with were aware of this procedure. They said they could also raise any concerns at the 'Residents and relatives' meetings. A family member said, "If I had a complaint I know what to do and who to see. We always see the staff on the way out so we would talk to one of them."

The registered manager maintained a log of the complaints and we observed that complaints were responded to in accordance with the procedure. The outcome of each complaint was recorded, including any further action taken. Staff told us any learning from complaints or changes as a result of a complaint was shared with them at staff meetings. The registered manager confirmed this but added that feedback from complaints was also shared at staff handovers. The registered manager advised us that the home received very few formal complaints as any concerns were resolved before they became a complaint.

Good

Is the service well-led?

Our findings

The registered manager had been in post at the home since 1 May 2014 and was registered with the Care Quality Commission on 24 September 2014.

The registered manager and staff described how the home had a number of different managers over the previous 18 months. Staff told us that the frequent changes of management had been disheartening for the staff team and had led to a drop in staff morale. They told us they felt more secure now that a registered manager was in position. A member of staff said, "We have meetings every month now and you get listened to and things have changed for the better." Another staff member told us, "We have got a new manager and she really involves us in the way the care is provided. There will be changes but hopefully for the better of the residents." Staff told us the handovers held between changes of shifts and staff meetings provided opportunities to raise issues and share information.

People living at the home were pleased with the current management arrangements of the home. They said the registered manager was approachable and involved them in decisions. A person said. "We get asked to meetings. The new manager is really lovely."

Equally families were positive about the new management arrangements. A family member said, "The new manager is very approachable and interested in making changes to the way the home is run. We go to her meetings and feel involved." Another family member said, "I've met the new manager and she has created a very pleasant atmosphere at the home."

'Residents and relatives meetings' were held every two months. They were chaired by people who lived at the home. We looked at the meeting minutes from 19 June 2014 and it was clear that the views of people and their families were sought regarding developments within the service. For example, they were consulted about changes to the use of communal areas, the redecoration programme, social activities and staff uniforms. We could see that some of the agreed changes had been made since the meeting. A family member told us, "People feel involved in the running of the home and can influence how the home is run." In addition to these meetings, views about the service were also sought through the feedback survey. We looked at the returned survey questionnaires and the feedback was positive.

Staff told us an open and transparent culture was promoted within the home. They said they were aware of the whistle blowing process and would not hesitate to report any concerns or poor practice. They were confident the registered manager would be supportive and protective of them if they raised concerns.

We enquired about the quality assurance system in place to monitor performance and to drive continuous improvement. The registered manager described how the home was subject to a 'service visit' by a senior manager four times a year. We looked at the last 'service visit' from 21 October 2014 and noted it reviewed the actions from the last 'service visit'. We could see that the actions had been completed or were in the processes of being addressed. The visit involved observation of staff interaction with people, review of care records, interviews with people living there and with staff. In addition, it took into account medication audits, environmental checks, incidents and complaints.

The home was part of the CQUIN scheme. This is national scheme which stands for Commissioning for Quality and Innovation. It is designed to focus on quality, innovation and seeks to improve the quality of data. This meant the registered manager collated information each month and forwarded it to a central data base. It also meant the manager was routinely monitoring and reporting on quality and risk issues each month. We could see from the electronic recording system that the areas reported included, the number of DoLS assessments completed, number of safeguarding referrals made, numbers of complaints received and the number of falls.

We asked staff what they thought the service did well and heard there was good team work, high standards of care, plenty of entertainment and that the people living there were happy. We asked what could be improved upon and were informed that communication systems regarding change could be developed so that part-time staff received information about day-to-day changes more effectively.

We asked similar questions of the registered manager who told us the priorities since May 2014 had been staffing issues, including the recruitment of staff. Going forward, the

Good

Is the service well-led?

registered manager was considering the most effective way to include people living at the home and families in the recruitment of new staff. Another priority identified concerned converting the double rooms into single room use. The registered manager recognised that work needed to be prioritised around improving the care records, most notably the care plans and the documentation associated with consent and the Mental Capacity Act (2005). Furthermore, the registered manager advised us that she was looking into developing the palliative care provision within the home.