

# Kenward House

## Quality Report

Kenward Road,  
Yalding,  
Maidstone,  
Kent  
ME18 6AH

Tel: 01622 812603

Website: [www.kenwardtrust.org.uk](http://www.kenwardtrust.org.uk)

Date of inspection visit: 16 to 19 November 2015

Date of publication: 22/07/2016

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

## Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- Medication was stored in boxes within the medicine cabinet according to the room number of the person who used the service. This corresponded with medication administration record (MAR) charts.
- All medication stock was checked daily by night duty staff who had all been trained to level two medicines management.
- Risk assessments were carried out on admission and regularly reviewed. The risk assessments we saw were well written and included completed unexpected treatment exit/discharge plans.
- Recovery plans were well written, up to date and inclusive. They included strengths and goals and were regularly reviewed.
- Records showed all staff received line management supervision monthly and an external supervisor came to the service every two weeks to provide group clinical supervision to the counselling staff.
- We saw multiple examples of positive and appropriate attitudes by staff towards the people who used the service during the inspection.
- Staff were very person centred and we saw examples of the staff treating the people who used the service as individuals both in person and within care plans and groups.
- Service user forums were held regularly and minutes were taken. Action plans from each forum were developed detailing actions and when achieved. The minutes were posted to all the people who took part.
- There was a clear and detailed eligibility criteria that was explained fully on application and everyone who used the service completed a pre-admission assessment form. Staff used this information to evaluate risk and need in order to offer a personalised programme if suitable.
- There were robust care pathways in order to move people on from treatment, this included supported living and rental properties owned by Kenward Trust.
- There was a great commitment towards continual improvement and innovation.

# Summary of findings

- The service was very responsive to feedback from people who used the service, staff and external agencies.
- The service had been proactive in capturing and responding to concerns and complaints from people who used the service.
- There was clear learning from incidents with action logs that were produced with timescales and progress reports.
- Health screenings were not done on site, all people who used the service were referred to the local GP within 48 hours of admission. There was no evidence in care plans of GP liaison with staff regarding the health of a person who used the service.
- Everyone who used the service was asked to self-report on admission regarding their blood borne virus status. However, we could find no evidence of blood tests being taken if people were unsure of their status.

However, we also found the following issues that the service provider needs to improve:

# Summary of findings

## Contents

### Summary of this inspection

	Page
Background to Kenward House	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
Information about Kenward House	6
What people who use the service say	6
The five questions we ask about services and what we found	7

---

### Detailed findings from this inspection

Outstanding practice	15
Areas for improvement	15
Action we have told the provider to take	16

---

Kenward House

**Services we looked at**

Substance misuse services

# Summary of this inspection

## Background to Kenward House

Kenward House is owned and operated by the charity Kenward Trust.

Kenward House is located in Yalding, Kent. Kenward House provides residential rehabilitation programmes for men recovering from alcohol and drug dependencies. Kenward House is split between two units, Kenward House and Kenward Barn.

Kenward House had 31 bedrooms including 22 single bed en-suite rooms. There were two TV lounges, an arts and crafts room, counselling room, quiet room, an IT suite and a group working area. At the time of the inspection, Kenward House had 15 male residents.

Kenward House combined elements of the 12-step model, cognitive behavioural therapy, personal objective setting and life skills development within its treatment programmes. This was delivered over a three to six month period.

Kenward Barn was an eight bedded unit comprised of four single and two double bedrooms, TV lounge, quiet lounge / dining area, kitchen, two shared bathrooms and group working room. At the time of inspection, the Barn had six male residents.

The Kenward Barn programme was delivered over a 12-24 week period dependent upon an individual's needs and their funding/self-financing arrangements.

There was on-site exercise equipment, a squash court and an activities room for all residents.

The location was registered as accommodation for persons who require treatment for substance misuse on 19 April 2011.

The location was inspected on 5 December 2013 with no compliance actions recorded.

The current manager was registered with CQC on 27 May 2015.

## Our inspection team

The team that inspected the service comprised of CQC Inspector Kelly Pain (inspection lead), one CQC

inspection manager, two other CQC inspectors, one substance misuse nurse specialist advisor and one expert by experience who has personal experience of using, or supporting someone using substance misuse services.

## Why we carried out this inspection

We inspected this service as part of our inspection programme to make sure health and care services in England meet fundamental standards of quality and safety.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?

- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location.

# Summary of this inspection

During the visit, the inspection team:

- Visited both Kenward House and Kenward Barn and looked at the quality of the environment and observed how staff were caring for people who used the service.
- Spoke with 11 people who used the service.
- Spoke with the registered manager and manager for Kenward House and Kenward Barn.
- Spoke with five members of the senior management team.
- Spoke with six other staff members, including nurses and counsellors.

- Attended and observed one hand-over meeting, a service user group and a case review meeting.
- Looked at 20 care and treatment records.
- Looked at 11 personnel files.
- Looked at seven supervision records.
- Looked at four medication administration records (MAR charts).
- Carried out a specific check of the medication management and clinic room.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

## Information about Kenward House

Kenward House is a residential drug and alcohol recovery project offering a supported, structured programme for men in recovery from drug and/or alcohol misuse. Following the Recovery Model approach, the therapeutic

process uses a range of cognitive (behavioural) approaches combined with a variety of skills development opportunities accessed through the Kenward Trust social enterprise programme.

## What people who use the service say

All people we spoke to who used the service told us they felt safe and were treated with respect. They also all spoke positively about the facility and the treatment programme.

People who used the service told us that they loved the location and its tranquility and how it helped their recovery.

The people who used the service were very positive about staff and felt that they supported and empowered them. They told us that staff were dedicated, approachable and caring.

Some of the people who used the service told us it felt more like a community than a rehabilitation service and they felt supported by their peers.

We were told by the people who used the service that the structure and routines of the treatment programmes were very good.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We do not rate standalone substance misuse services.

We found the following areas of good practice:

- The environment was clean, well maintained and in good repair.
- During our inspection, the kitchen was inspected by environmental health and they were awarded five stars.
- The clinic room was kept locked and medicines were kept in a solid double locked cabinet secured to the wall.
- Medication was stored in boxes within the medicine cabinet according to the room number of the person who used the service, which corresponded with medication administration record (MAR) charts.
- At the time of the inspection there were no current controlled drugs but the controlled drug cabinet keys were kept according to the medicines policy and separated from the main drugs cabinet.
- The controlled drugs log book was kept in the controlled drugs cabinet and all recordings had been signed and witnessed by two members of staff.
- All medication stock was checked daily by night duty staff who had all been trained to level two medicines management.
- A medicines management policy was in place and due for review in December 2015. We saw the audit process forms in preparation for this review.
- We saw infection control was covered in the blood-borne virus (BBV) policy and health and safety manual within the service.
- There were no serious incidents reported between February 2015 and September 2015.
- There was one safeguarding concern raised since January 2015, after investigation it was decided that it was not a safeguarding issue.
- Risk assessments were carried out on admission and regularly reviewed. The risk assessments we saw were well written and included completed unexpected treatment exit/discharge plans.

# Summary of this inspection

## Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Recovery plans were well written, up to date and inclusive. They included strengths and goals and were regularly reviewed.
- Records showed all staff received line management supervision monthly and an external supervisor came to the service every two weeks to provide group clinical supervision to the counselling staff.
- Medicines management training was given to all staff, level one at induction for support not administration and level two to enable staff to administer medication. We saw evidence of this training in the files.
- We observed handovers between teams. Information was shared effectively and staff showed that they were knowledgeable around individual service users and their issues.
- Confidentiality was fully explained to all people who used the service and recorded. Any need to share information was fully discussed with the person who used the service.

However, we also found the following issues that the services provider needs to improve:

- Health screenings were not done on site, all people who used the service were referred to the local GP within 48 hours of admission. There was no evidence in care plans of GP liaison with staff regarding the health of a person who used the service.
- Everyone who used the service was asked to self-report on admission regarding their blood borne virus status. However, we could find no evidence of blood tests being taken if people were unsure of their status.

## Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We saw multiple examples of positive and appropriate attitudes by staff towards the people who used the service during the inspection.
- Staff were very person centred and we saw examples of the staff treating the people who used the service as individuals both in person and within care plans and groups.



# Summary of this inspection

- People who used the service told us that the staff treated them fairly and all comments we received from residents were positive.
- People who used the service reported that the staff were caring and attentive.
- There was good rapport between the people who used the service and the staff.
- Staff members recognised and understood the individual needs of the people who used the service.
- There were confidentiality policies in place and we saw that staff respected the confidentiality of people who used the service when in groups.
- The service actively involved family and carers and held open days and events where families could visit the service.

## Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Information for people who used the service about their rights, how to complain, activity and group timetables were available to service users on notice boards in both Kenward House and the Barn.
- Service user forums were held regularly and minuted, action plans from each forum were developed detailing actions and when achieved. The minutes were posted to all the people who took part.
- There was a clear and detailed eligibility criteria that was explained fully on application and everyone who used the service completed a pre-admission assessment form. Staff used this information to evaluate risk and need in order to offer a personalised programme if suitable.
- There were robust care pathways in order to move people on from treatment, this included supported living and rental properties owned by Kenward Trust.
- There was one room in Kenward House that was used for any resident with mobility issues. The room was on the ground floor and very open. The bathroom was accessible and fit for purpose. There was a lift that enabled the resident to access the group rooms on the first floor.

# Summary of this inspection

- People who used the service had access to outside space when they were not in group. There were no time limitations and there were smoking shelters, walks and gardens in a very rural location that service users could utilise.
- The chef prepared all meals on site daily. This enabled any special dietary requirements to be catered for.
- There was access to hot and cold drinks and snacks 24 hours a day.

## Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The organisation had clear visions and values that all staff told us they were aware of and worked in line with.
- All staff had a clear job description and up to date personnel file.
- The service was very well led at senior management level and all staff and patients found the managers and chief executive approachable.
- There was a great commitment towards continual improvement and innovation.
- The service was very responsive to feedback from people who used the service, staff and external agencies.
- The service had been proactive in capturing and responding to concerns and complaints from people who used the service.
- There was clear learning from incidents with action logs that were produced with timescales and progress reports.

# Substance misuse services

Safe

Effective

Caring

Responsive

Well-led

## Are substance misuse services safe?

### Safe and clean environment

The environment was clean, well maintained and in good repair.

The service employed a housekeeper who worked to a daily cleaning schedule for Kenward House although residents were encouraged to clean their own rooms. The Barn residents had cleaning timetables placed on their kitchen noticeboard and worked together to clean and maintain their rooms and communal areas.

The clinic room was kept locked and medicines were kept in a solid double locked cabinet secured to the wall.

Medication was stored in boxes within the medicine cabinet according to the room numbers of residents which corresponded with medication administration record (MAR) charts.

There was a table and chairs within the clinic room that enabled people who used the service to sit whilst medication was administered.

Clinic room floors, surfaces and furniture were all wipe able in line with infection control.

The kitchen was clean and well maintained. During our inspection, the local authority environmental health team visited and awarded them five stars.

### Safe staffing

At Kenward House there was a manager, assistant manager, administrator, five recovery workers and a therapeutic worker with one current vacancy for a therapeutic worker.

The shift system covered seven days a week 7.30am to 3.30pm, 2pm to 10pm and 7.45pm to 7.45am.

At the Barn there was a manager, assistant manager and two part time therapeutic workers who worked 9am to 5pm Monday to Friday.

There were two night workers that covered both Kenward House and the Barn

The location had a part time psychiatric nurse who worked alongside the clinical lead psychologist.

### Assessing and managing risk to patients and staff

Risk assessments were done on admission and regularly reviewed. The risk assessments we saw were well written and included completed unexpected treatment exit/discharge plans.

There was a risk assessment form for self-administration of medicines that was completed and signed before people who used the service were given medication to administer themselves.

There was a full and concise risk assessment completed for all volunteers that was reviewed regularly.

A risk assessment was completed if visitors with children visited the site.

A risk assessment is carried out at the service whereby risks are highlighted and actions are generated.

### Track record on safety

We saw the incident log and found that 16 incidents had occurred between February 2015 and September 2015, the incident reporting forms were very detailed and completed within 24 hours.

There were no serious incidents reported between February 2015 and September 2015

There was one safeguarding concern raised since January 2013, after investigation it was decided that it was not a safeguarding issue.

# Substance misuse services

All required notifications were made to the Care Quality Commission.

## **Reporting incidents and learning from when things go wrong**

All staff we spoke to understood the process of reporting incidents, and we saw there were no serious incidents within the last 12 months.

We saw evidence from meeting minutes that incidents were reviewed at an incident and complaints review panel within 8 weeks of the incident. The meeting chaired monthly, attended by the senior management team, detailed actions to be taken and corresponded with an action log detailing the issue, lead, timescale and progress.

Mandatory training was provided for all staff on site including safeguarding, emergency first aid and blood borne viruses, this was refreshed yearly.

## **Are substance misuse services effective?** (for example, treatment is effective)

### **Assessment of needs and planning of care**

All staff had knowledge of, and worked in line with, National Institute for Health and Care Excellence (NICE) guidelines.

A comprehensive assessment of the client was completed on admission.

The local GP completed all health screenings within 48 hours of admission.

Recovery plans were well written, up to date and inclusive using strengths and goals to promote recovery and were regularly reviewed.

### **Best practice in treatment and care**

All people who used the service had a structured induction and were informed of the house rules on admission. This was clearly explained to people who used the service before arrival. There was an induction checklist that the people who used the service staff went through on arrival, which was signed and dated on completion.

We saw evidence that audits were being carried out through an internal audit schedule which then fed into the internal audit report.

The case notes for people who used the service contained a detailed case file index in order for information to be accessed in order and quickly if required.

Has effective transfer arrangements for clients who have completed treatment, with properties in the surrounding areas that allow the client to move on while still gaining support.

### **Skilled staff to deliver care**

Records showed all staff received line management supervision monthly and an external supervisor came in every two weeks to provide group clinical supervision to all project staff.

100% of permanent non-medical staff at the Barn and 85% at Kenward House had received an appraisal within the last twelve months.

Medicines management training was given to all staff, level one at induction for support not administration and level two to enable staff to administer medication. We saw evidence of this training in the files.

Mandatory training is given on site to all staff and refreshed yearly.

### **Multidisciplinary and inter-agency team work**

We observed handovers between teams. Information was shared effectively and staff showed that they were knowledgeable around individual service users and their issues.

Kenward Trust was one of 14 residential rehabilitation providers signed up to the choices programme. They worked together to ensure people who used services could be transferred between services if their behaviour required an early discharge from their first service. We saw evidence of the referral protocol and minutes of the meetings held quarterly between treatment providers to discuss best practice and share information.

Staff worked closely with probation officers, care managers and other professionals relating to the needs of people who used the service. This was evidenced through letters and emails seen on the inspection.

## **Are substance misuse services caring?**

### **Kindness, dignity, respect and support**

# Substance misuse services

We saw all staff treated people who used the service with compassion and care. Staff were all very knowledgeable about the individual needs and behaviours of the people who used the service.

All of the people who used the service that we spoke with informed us that they felt respected and supported by staff.

People who used the service told us they felt that staff listened to their views and understood their needs.

Staff had a good understanding of the treatment programme and the effects it could have on people who used the service. Staff provided extra support and changed the group timetable when needed.

The confidentiality procedure was fully explained as part of the contract on admission. The people who used the service signed the admission contract to indicate their agreement.

## **The involvement of people in the care they receive**

Service user forums were held regularly and minuted. The minutes showed that people who used the service could feed back their views, concerns and ideas for activities.

We saw the service user involvement strategy that was developed in January 2014. This strategy included Kenward Trust's vision and milestones and identified the challenges faced by people who used the service.

People who used the service completed a survey near the end of their treatment journey. The surveys had been designed by people who used the service in order to help develop the service.

On admission everyone who used the service agreed and signed a contract between themselves and the organisation.

We saw evidence of client input into their programme design.

There were suggestion boxes in the services for people who used the service to use to contribute their ideas.

**Are substance misuse services responsive to people's needs?**  
(for example, to feedback?)

## **Access and discharge**

There was a clear and detailed eligibility criteria that was explained fully on application and all people who used the service completed a pre-admission assessment form. This then allowed staff to evaluate risk and need in order to offer a personalised programme if suitable.

There was a clear admissions, review and discharge policy which covered self-discharge and relapse.

All people who used the service had a detailed plan for discharge and unplanned exit within their risk assessments.

Kenward Trust was part of a Choices Network that included 14 providers. If a decision was made to discharge a person who used the service before the end of treatment as a result of their behaviour then a referral was made to one of the other providers who had signed up to the Choice programme. This meant that a person who used the service was not discharged without a place to go to continue treatment.

## **The facilities promote recovery, comfort, dignity and confidentiality**

People who used the service had access to outside space when not in group programmes. There were no time limitations put on outdoors access.

There were smoking shelters in the grounds, walkways and gardens in a very rural location that people who used the service could utilise.

In Kenward House all of the 15 residents had private bedrooms with ensuite bathrooms.

In Kenward Barn there were 4 single and 2 double private bedrooms with two bathrooms shared between 8 residents.

All people who used the service had access to television and quiet lounges, kitchens, gym and computer equipment.

Once they had completed their induction period, people who used the service were able to travel into the local villages and towns to go shopping.

Peer support was provided on admission.

## **Meeting the needs of all people who use the service**

# Substance misuse services

There was a designated bedroom available for people with mobility issues. This room included wider door frames and was on the ground floor. There was a lift that enabled people who used the service to access the group rooms on the first floor.

All meals were made on site by a chef and choices of meals were provided each day for the people to choose from.

People who used the service had access to hot and cold drinks and snacks 24 hours a day.

People who used the service had access to individual cultural or spiritual support if required.

Each person who used the service had a weekly therapeutic objective and personal objective relating to their strengths and personal goals.

## **Listening to and learning from concerns and complaints**

There was a detailed complaints policy and procedure in place and all staff and clients we spoke to knew how to make a complaint.

A complaints log was used to track complaints progress and status.

Complaints were investigated. The complaint investigation reports included incident details, background information, a chronology of significant events, overview of findings and recommendations and learning points from the incident.

## **Are substance misuse services well-led?**

### **Vision and values**

The organisation had clear values which the staff demonstrated that they understood.

All staff worked towards the goal of recovery and within the recovery model.

### **Good governance**

There were clear quality assurance management and performance frameworks in place that were regularly reviewed by a quality management committee.

We saw detailed action plans for quality management, health and safety, training and development and governance.

We saw that audits in record keeping, line management, lone working, case review processes and quality expenditure, authorisation and payment procedures had been completed in 2014. Audits in case review quality, medicines management and group working programmes were planned to be completed before December 2015.

All data was submitted to the national drug treatment monitoring system (NDTMS) as required.

### **Leadership, morale and staff engagement**

All staff we spoke to were passionate about their roles and the organisation.

Staff felt able to voice concerns or issues to line managers and the senior management team and all staff knew the complaints procedure.

### **Commitment to quality improvement and innovation**

The minutes of board and senior managers meetings showed there was a clear commitment to change and to evolve the organisation in order to provide the best care for people who used the service.

Kenward Trust had a social enterprise department that worked to gain future funding. The social enterprise team ran a garden centre and shop on site and planned to open a café for the public.

The chief executive and board were researching ideas for growth to include a detox programme and war veterans programme.

Kenward House had a bursary for people who were unable to secure funding for their treatment. Two people who used the service were receiving treatment due to the bursary at the time of our inspection.

# Outstanding practice and areas for improvement

## Outstanding practice

Kenward Trust was part of the Choices Consortium that was established in 2013. The consortium included 14 residential rehabilitation providers who worked together to share best practice, inform policy makers and work collaboratively in order to improve resident outcomes and experiences.

As part of the Choices Consortium, people who used the service were transferred to another residential

rehabilitation service if they were discharged or asked to leave due to their behaviour. This meant that that people who used the service were not left without treatment or discharged without somewhere to go.

A social enterprise department had been set up in order to teach and train people who used service new skills. This included gardening and wood craft. There was a garden centre and shop on site that was open to the public that sold paintings, woodcraft and plants

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.



This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.