

Community Integrated Care

Kemp Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 21 February 2019 and was unannounced.

Kemp Lodge is registered to provide nursing and personal care for up to 38 people. At the time of the inspection there were 15 people living at the service. A large proportion of people had already left the service or were in the process of moving to alternative accommodation. Kemp Lodge is a purpose built single story building consisting of three units and provides care to adults with nursing and personal care needs. The service is set in pleasant grounds in a residential suburb of Liverpool.

Kemp Lodge is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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

We inspected the service against two of the five questions we ask about services: is the service safe and is the service well led. This is because at the last inspection, the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating for this inspection.

This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 12 December 2018 had been made, when the service was rated as 'Requires Improvement.' This is because breaches of legal requirements were found in relation to 'Safe Care and Treatment,' 'Safeguarding' and 'Good Governance,' which are breaches of Regulation 12, 13 and 17 of the Health and Social Care Act (Regulated Activities Regulations) 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Services rated as 'Requires Improvement' will be inspected again with 12 months. Prior to our inspection in December 2018, the registered provider had applied to CQC to remove the location and the service was due to close in February 2019. However, the provider had recently extended the date for closure until June 2019. Given that the service was due to remain open later than originally planned, we decided to conduct a focused inspection. We needed to consider any current risks and how the provider has mitigated them appropriately and the impact on people using services and whether the provider remains in breach of

requirements.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe and well-led. At this inspection, we checked to see whether the provider had acted on our findings from the last inspection and what action had been taken to resolve them.

When we completed our previous inspection, we found concerns relating to 'Safe care and treatment' and 'Good governance.' This was because systems in place to manage topical medication, thickening agent and PRN medication (as and when required medication) were not being properly managed and systems to manage the quality and safety of the service were not always effective. This was a breach of Regulation 12 and 17 of the Health and Social Care Act (Regulated Activities Regulations) 2014.

At the last inspection, we looked at safeguarding records and found that the service did not always appropriately identify safeguarding concerns and notify us of concerns. This meant people were exposed to the risk of actual or potential harm. This was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities Regulations) 2014.

During this inspection we found that although a number of improvements had been made, the registered provider still remained in breach of 'Safe Care and Treatment,' 'Safeguarding' and 'Good Governance.' To improve the rating from 'Requires Improvement' the service requires a longer-term track record of consistent safe practice and sustainability of governance.

We looked at care records belonging to four people. We saw that people's care requirements were identified and people were appropriately referred to external health professionals when required. This helped to maintain people's health and well-being. However, we also found that care plans did not always consistently record the most up to date information throughout. This meant that people were at risk of not receiving the care and support they required.

During our inspection we found a number of fire doors did not close properly and some fire doors and exits had been wedged open. This meant they would be ineffective in the event of a fire and placed people at risk.

Most people we spoke with told us they felt safe living at Kemp Lodge. Staff understood their responsibilities in relation to safeguarding people from abuse and mistreatment and could explain how they would report any concerns.

We looked at how accidents and incidents were reported in the service and found they were managed appropriately. Accident/incident reports were monitored by the registered manager and regional manager for any trends or patterns.

We found there were enough staff on duty to meet people's needs. Some people using the service had fed back to management that they didn't always feel there was enough staff on duty. The service responded by increasing staff numbers.

Feedback about the current registered manager of the service was positive. There were a range of comprehensive audits in place which identified issues and recorded action taken to resolve them. However, action had not yet been implemented to address the repeated concerns we found during our inspection in relation to consistency of information contained in people's care records.

The ratings from the previous inspection were displayed prominently as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Care plans did not always contain the most up to date information.

We found that some fire doors did not close effectively meaning people were at risk in the event of a fire.

The service had showed some improvement in identifying, referring and reporting safeguarding issues to Care Quality Commission (CQC) in accordance with our statutory notifications, however required more time to show consistency of good practice.

Medicines were managed and administered safely.

Is the service well-led?

Requires Improvement ●

This service was not always well led.

Although the service had completed a range of audits in relation to quality and safety and had identified concerns, action had not always been taken to address those issues.

Feedback regarding the current management of the service was positive.

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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 focused inspection took place on 21 February 2019 and was unannounced. The inspection was conducted by two adult social care inspectors.

Before the inspection we reviewed the information which was held on Kemp Lodge. This included notifications we had received from the provider such as incidents which had occurred in relation to the people who lived at the service. A notification is information about important events which the service is required to send us by law. We also contacted the local authority safeguarding team. We used all of this information to plan how the inspection should be conducted.

During our inspection we spent time talking with the clinical lead, the HR manager, the compliance lead, three members of care staff and four people who lived at the service.

We looked at care records belonging to four of the people living at the home, a sample of medication administration records, policies and procedures and other documents relevant to the management of the service.

We also undertook general observations of the service over the course of our inspection.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 12 December 2018.

At the last inspection we found the service was in breach of 'Safe care and treatment.' This was because topical medicines were not always administered to people as prescribed. Topical medicines are medicines which are usually applied to the skin such as creams, gels and ointments. We also found that the use of thickener in fluids was not recorded on people's fluid input charts. Thickener is a prescribed product and is used to reduce the risk of choking for people with swallowing difficulties. This placed people at risk as records did not indicate the quantity of thickener people had received in their fluids.

During our last inspection we looked at the management of PRN medication (as required medications) and found that there was not always sufficient information recorded in PRN protocols. This meant that people were at risk of not receiving medication when needed and in line with best practice.

At this inspection we checked to see whether improvements in these areas had been made and found that they had.

We checked a sample of topical medication administration charts (TMARs) and found that most had been completed appropriately. This meant that people received their topical medicines as prescribed.

New charts had been implemented to record the use of thickening agent. Charts included clear guidance to staff as to the amount of thickener to use and the correct consistency of fluids for each person. As well as written information, charts included pictorial information which made the information easier to follow. Charts were made readily available to staff including kitchen staff. This meant that people were at less risk of receiving fluids at the incorrect consistency.

We checked how PRN medication was managed and found that for every person who was prescribed PRN medication a protocol was in place. Protocols provided staff with clear guidance on how and when to administer this type of medication. For example, for one person who was unable to verbally communicate their need for pain relief, non-verbal signs of pain were recorded in their protocol such as the fact they rubbed their stomach or patted their head when in pain.

At our last inspection, we looked at daily charts and records and found that they had not been completed as rigorously as they should. The correct support was not always being provided by care staff and did not always follow the guidance as detailed in people's plans of care. This meant that people were at risk of not receiving the care and support they required.

During this inspection we checked a sample of care records to see if improvements had been made. We found that although some improvement had been made, information in some care records did not always reflect the current needs of the person.

For example, for one person who had a percutaneous endoscopic gastrostomy (PEG) tube (a PEG is used for people who are unable to maintain adequate nutritional orally) care records contained conflicting information about how much water should be given with their medication.

For another person, their requirements for thickening agent had not been transcribed onto their hospital passport and different parts of the care plan contained inconsistent information about how much thickener to use.

Another person's care record stated that they were unable to sleep lying flat due to an increased risk of aspiration (foreign material entering the airways) but the hospital passport did not include this important information. A hospital passport is designed to help people to communicate their needs to healthcare professionals and contains details such as medical history, mobility needs and dietary requirements and helps to ensure the safety of people during their stay.

Another person's care records did not record the fact they were undergoing oxygen therapy and did not contain a risk assessment to address this. As oxygen is highly flammable this meant that the people's safety was compromised.

We fed our findings back to the management team.

At the last inspection we looked at systems in place for monitoring environmental risk in the home and found people had a personal emergency evacuation plan (PEEP) in place. PEEPs ensure that both staff and emergency personnel have important information on people's needs and the support they required to evacuate in the event of an emergency. We noted that PEEPs contained insufficient detail and guidance about emergency meetings points. Guidance instructed staff to move people to 'a place of safety.' This meant it was not clear where people should be moved to in an emergency. At this inspection we found that people's PEEPs still contained insufficient information to help keep people safe. Improvements had not yet been made in this area. We again fed this back to management.

We saw from our own observations that the service appeared to be clean and hygienic. However, during our inspection of the premises, we did note that some fire doors, including people's bedrooms, did not close sufficiently to the frame. This meant that in the event of a fire the doors would not close properly and people would be at risk. We also found a fire door and a fire exit door wedged open. As the fire exit led directly onto the car park, this also posed as a security risk. We fed this back to management who confirmed they would address our findings.

At the last inspection, we found that the provider was in breach of Regulation 13 of the Health and Social Care Act (Regulated Activities Regulations) 2014. This was because they did not always appropriately identify safeguarding concerns and notify us of concerns. This meant people were exposed to the risk of actual or potential harm. Since our last inspection, the service had only recorded one safeguarding incident. Because of this, it was not possible to say whether improvements had been made but the provider assured us that going forward any incidents would be recorded and notified to CQC.

At this inspection we checked a sample of people's daily charts and records and found that the majority were completed appropriately. For those charts with any gaps, we noted that audits for paperwork had identified those omissions and addressed them.

We looked at four care files which showed evidence of a wide range of risk assessments and tools used to help keep people safe. Care files included individual risk assessments for areas such as moving and

handling, falls, choking, behavioural and nutritional risks. We found that the service was in the process of actively reviewing assessments to help ensure that people were kept safe and risk to people were kept to a minimum.

The service had recently implemented a clinical indicator sheet. This provided a useful snapshot of key information for each person such as diet, thickener requirements, allergies, mental capacity and falls risk. This provided staff with useful information about each person at a glance which helped to keep people safe.

We looked at accidents and incident reporting within the service and found they were recorded in sufficient detail and managed appropriately.

People we spoke to told us they felt safe living at Kemp Lodge, comments included, "I feel safe because there are staff around, they are always checking on me, even in the night" and "I feel safe and I always get my tablets on time, the nurse stays with me until I've had them."

Is the service well-led?

Our findings

At our last inspection, we found the service was in breach of 'Good Governance.' This was because systems to manage the quality and safety of the service were not always effective and audits had not always highlighted concerns we found during our inspection.

At this inspection we checked to see if improvements had been made and found that although the registered provider had taken some positive action to address the breaches identified at the last inspection, the provider remained in breach of Regulation 17 and requires more time to show consistency of improved and better practices.

This is because the provider had not yet completed actions to address our findings in relation to the consistency and accuracy of information in people's care records and PEEPs.

We saw that audits were in place for a wide range of areas such as infection control, medication, environment, care plans, care records and risk assessments. We saw that audits were effective at identifying some concerns, for example, an audit of care records and TMARs had identified some gaps where care had not been recorded. The audit identified what action was taken to address that omission and by whom.

At the last inspection we identified that there was no clear oversight in relation to the identification, recording and notification of safeguarding incidents. This meant that people's safety was compromised and the opportunity to prevent any reoccurrence was minimised. The registered provider has a legal responsibility to identify any incidents which cause harm or where there is a risk of harm and an obligation to report any incidents. This meant that CQC were not able to accurately monitor information and risks regarding the service. This was a breach of Regulation 18 of Care Quality Commission (Registration) Regulations 2009.

At this inspection, we checked safeguarding records and found that the service had recorded only one incident since the last inspection, therefore it was not possible to determine accurately whether any improvements had been made in this area.

Communication systems had been developed and improved since our last inspection. The registered manager had introduced a daily walk around of the home. This helped them to monitor the safety and quality of the environment and identify any potential issues or concerns. Depending on what the manager identified during the walk rounds, an action plan would be devised.

Feedback about the registered manager was positive, comments from people living at the service included, "[Manager] is open and easy to approach, they often come to see me" and "[Manager] is very good at letting us know what is going on." Comments from staff included, "[Manager] does a daily walk around every day, I feel very supported" and "[Manager] is on the ball and has implemented some really useful charts [clinical indicator sheet] for us."

A daily afternoon meeting was held with senior members of staff and the registered manager, this helped

maintain good lines of communication and also helped any potential issues to be identified. In addition, weekly clinical assessment meetings were held where people's healthcare requirements and care needs would be discussed, for example, external healthcare appointments and individualised risk to people.

We looked at some minutes for recent team meetings and found that meetings were used to communicate important and current information about people. These practices helped to promote good governance and oversight of the service.

Ratings from the last inspection were displayed within the home as required. The providers website also reflected the current rating for the service. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People had been placed at risk because care records did not always contain consistent and the most current information to keep people safe. People had been placed at risk because the information contained in their PEEP was not sufficient in detail. People had been placed at risk because the safety of the environment had not been maintained in relation to fire doors and fire exits.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered provider had only recorded one safeguarding incident since our last inspection in December 2018 and so requires further time to show consistency of good practice.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People had been placed at risk because audits processes had not yet actioned inconsistency of information contained in people's care records.</p>