

Voyage 1 Limited

Kemp Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 19 and 24 April 2017. Kemp Lodge is registered to provide accommodation and support for up to seven people and at the time of our inspection there were seven people living at the home. The home provides support for people who have an acquired brain injury. It is owned by Voyage Care, a national organisation.

The home had a registered manager, however at the time of the inspection the registered manager was not working in the home. 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.

We last inspected Kemp Lodge on 4 and 8 December 2015 when we found that the home was providing an overall good service but improvements were needed to the management of people's medication. Since that inspection we have received information of concern about the service and so this inspection was brought forward.

During the inspection we found breaches of Regulations 11 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because: people using the service, and those lawfully acting on their behalf, had not always given consent before any care or treatment was provided and: the provider did not seek and act on feedback from people using the service, those acting on their behalf, staff and other stakeholders.

Most people told us that they thought Kemp Lodge was a safe place to live, however we heard some concerns about whether there were enough experienced staff to ensure that people were kept safe and that their support needs were met.

Improvements had been made to the arrangements for the storage of people's medicines, however there was scope for further improvement.

People living at the home did not receive a varied and nutritious diet and the home's kitchen had a poor food hygiene rating.

A system for staff supervision and appraisal was in place but had not been kept up to date.

People's capacity to make decisions was assessed and appropriate Deprivation of Liberty Safeguards were in place, however we did not see evidence that people living at the home and/or their families had always been involved in making important decisions about their care and support and this was confirmed by a relative we spoke with. There were no records of complaints that had been made.

Care records were not always sufficiently detailed, accurate or up to date.

Systems were in place for checking the quality of the service provided but these had not always been effective.

The house was well maintained with systems in place for checking the safety of the building. Work was taking place to improve the environment.

Systems and training were in place to help staff identify and deal with any allegations of abuse and appropriate notifications had been made.

New staff were recruited safely and a programme of staff training was up to date.

People received support to access health professionals as and when needed.

Staff knew people's individual needs, choices and communication methods and we saw that staff treated people with kindness and respect.

The provider had taken, and was continuing to take, positive action to address concerns raised during recent months.

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

People we spoke with felt that there were not always enough skilled and experienced staff on duty to ensure that people's support needs were met in full.

Improvements had been made to the arrangements for the storage of people's medicines, however there was scope for further improvement.

The house was well maintained with systems in place for checking the safety of the building.

Systems and training were in place to help staff identify and deal with any allegations of abuse and appropriate notifications had been made.

New staff were recruited safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

We did not see sufficient evidence of people living at the home and/or their families being involved in making important decisions about their care and support.

A programme of staff training was up to date but staff supervision and appraisal had not been kept up to date.

People did not receive a varied and nutritious diet and the home's kitchen had a poor food hygiene rating.

People's capacity to make decisions was assessed and appropriate Deprivation of Liberty Safeguards were in place.

People received support to access health professionals as and when needed.

Is the service caring?

Good ●

The service was caring.

Staff knew people's individual needs, choices and communication methods and we saw that staff treated people with kindness and respect.

People were able to choose how they spent their time.

Is the service responsive?

The service was not always responsive.

Care records were not always sufficiently detailed, accurate or up to date.

There were no records of complaints that had been made.

People received support to access the community.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

There was no registered manager working at the home.

Systems were in place for checking the quality of the service provided but these were not always effective.

People who lived at the home and their families were not consulted about the running of the home.

The provider had taken, and was continuing to take, positive action to address concerns raised during recent months.

Requires Improvement ●

Kemp Lodge

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 was carried out on 19 and 24 April 2017 and was unannounced on the first day. The inspection was carried out by an adult social care inspector and a specialist professional advisor (SPA). The SPA was a social care professional in the field of mental health.

Prior to our visit we looked at any information we had received about the home including any contact from people using the service or their relatives, information from the local authority and any information sent to us from the home since our last inspection in December 2015.

During the inspection we met all of the people living at Kemp Lodge and spoke with five of them. We spoke with six members of staff including the acting manager, the deputy manager and the area manager. We spoke with a visiting therapist, a community matron, and a family member.

We looked around the premises and examined a variety of records relating to people living at the home and the staff team. We also looked at systems for checking the quality and safety of the service.

Is the service safe?

Our findings

Two people we spoke with said they felt safe living at Kemp Lodge, but another person and a member of staff stated that shortage of staff made them feel unsafe at times. People said "I feel safe here, I have a key to my bedroom and I ring the bell when I want to come in from my community access." and "Very safe here, the staff are very knowledgeable in their work and they keep us safe here, the police get involved to make us safe."

Staff we spoke with expressed some concerns about the way medication was organised. We had received reports of a number of medication errors and we saw that storage had subsequently been moved to a first floor room which was tidy and well organised. There were currently no hand washing facilities in this room but the area manager told us that a hand wash basin was going to be installed. Staff who administered medication had received training in how to do so safely.

We looked at stocks of medication and medication administration records for two of the people living at the home. We saw that the records had been completed correctly and that stocks remaining tallied with the record of medications given. Most medication was dispensed in a 'pod' system and stocks of any medication not in the pods were counted daily. Where people had medication prescribed, 'as required' we saw that staff had received training about this and there were clear guidelines for when the medication should be given.

Two people sometimes had their medication administered covertly ie hidden in food. For both of these people there was a record of a 'best interest' meeting held in June 2016 which had involved the home manager and a behavioural therapist. There was no evidence that anyone else had been involved in making these decisions and they had not been reviewed. We saw letters of agreement from people's GPs but these did not specify which medicines could or should be given covertly. There was also no record of a pharmacist being consulted with regard to the safety of crushing the tablets. We also saw no evidence that people's ability to look after their own medication had been assessed.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11: Need for Consent because people using the service, and those lawfully acting on their behalf, had not given consent before any care or treatment was provided.

A number of safeguarding concerns had been reported appropriately to the relevant authorities in a timely way by senior staff during recent weeks. Staff told us that if they had any concerns that abuse was taking place at the home they would not hesitate to report this. One member of staff told us "If I see something I say something." We looked at a copy of the staff handbook and this contained guidance for staff on how to raise any concerns along with details of the provider's whistle-blowing policy including a telephone number and email address for them to contact. Records we looked at showed that all staff had undertaken training in safeguarding vulnerable people. The provider had a system in place for people using their services called 'see something say something.' Information about this was displayed on the notice-board in the home and provided advice to people if they witnessed or suspected that abuse had occurred.

Four members of staff and three people who lived at Kemp Lodge stated that the home was sometimes short staffed. One member of staff said "Sometimes the work is hard as we are short staffed, we cannot do our best due to low staffing levels." Staff rotas we looked at showed that there were six staff on duty in a morning until 3pm, five staff during the evening and three at night. However, two people who lived at the home required intensive staff support and others were also funded for one to one care for a specified number of hours each week.

Agency staff were used to cover shortfalls. The area manager told us that agency staff were booked through head office. We were informed that one agency was providing the same three members of staff to provide consistent care at night. A member of the home's staff told us that some agency staff were "brilliant" but others were "not that good". We were told that there were no records in the home to show the skills, qualifications and Disclosure and Barring Service checks for agency staff, however the provider was able to provide these following the inspection.

Risks to people's health, safety and well-being had been assessed. A member of staff explained that staff always provided one to one support for people accessing the community if their risk assessments indicated they were unsafe on their own in the community. We were also informed that a front gate was going to be fitted to make the premises more secure. Two members of staff expressed concern that not all staff were trained and confident in dealing with behaviour that might challenge and regarding the use of restraint, however the area manager told us that there was no need for physical restraint to be used within the home.

Everyone living at the home was mobile, but one person had a wheelchair that they used for longer trips. Door sensor alarms were fitted to people's bedroom doors but were only used when there was a reason for staff needing to be alerted if the person left their room during the night. We looked at accident and incident reports and these did not provide evidence of learning from experiences or reflection following incidents.

We looked at recruitment records for four members of staff. These showed that the provider had carried out a formal interview and obtained references and a Disclosure and Barring Service check before anyone started working at the home.

Certificates and health and safety records showed that regular checks were carried out on the premises and equipment to ensure they were working safely. This included checks on the fire system, small electrical appliances and the main gas and electricity systems. A fire risk assessment and Legionella risk assessment had been carried out for the premises and reviewed in September 2016. There were also records of an asbestos survey and management plan. In addition, weekly health and safety checks of the premises were recorded including checks of window opening restrictors and hot water temperatures. There was also a monthly environment full check.

No fire drills had been recorded since August 2015 which meant that any new staff may not be familiar with emergency procedures, however a fire drill had been held on 20 April 2017 and this included the people who lived at the home. Further fire drills may need to be held to ensure that all members of the staff team are familiar with evacuation procedures.

We walked all around the building and everywhere looked clean and well-maintained, however the home had a poor, one star, food hygiene rating which indicated that significant improvements were needed to the management of food hygiene. The area manager told us the issues that had been identified had been addressed but the home had not yet been re-inspected by the Food Standards Agency.

Generic risk assessments for the premises and working practices were in place and had been reviewed in

September 2016. Staff we spoke with were aware of the actions they should take in the event of emergencies including fire and health emergencies. They knew the location of fire points and where first aid boxes were stored. Personal emergency evacuation plans had been completed for all but one of the people living at Kemp Lodge but had not been reviewed. These were stored in a 'grab bag' near to the front entrance of the home. The contents of the grab bag had not been checked recently and needed sorting out. A service continuity plan was in place.

Is the service effective?

Our findings

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 or authorisations to deprive a person of their liberty were being met. Records we looked at showed that people's capacity to make decisions had been assessed and DoLS had been applied for appropriately and authorised by the local authority. Staff we spoke with were knowledgeable about the MCA and DoLS.

There was limited evidence to show how people who lived at the home and their families were supported, empowered or involved in making decisions about their day to day support, for example their social activities, meals, community access, and medication arrangements. There were no signatures or consent forms in people's care files. A family member gave us examples of where they felt they had not been consulted over recent months and decisions had been taken without consultation. However we did see evidence of best interest assessments being carried out and of staff carrying out best practice when supporting people.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11: Need for Consent because people using the service, and those lawfully acting on their behalf, had not given consent before any care or treatment was provided.

People living at Kemp Lodge were supported to be as independent as possible with food and drinks. During our visits we saw people making drinks and snacks with staff support if needed. We observed two people being involved in choosing their meals and one person told us they were involved in cooking their meals.

We saw a written house menu for the week, also an individual menu for each person for the week. The menus we looked at showed a lack of variety and a lack of fresh fruit and vegetables. We were told that the menus were based on people's preferences, however there was no evidence to suggest that people were encouraged and supported to have a healthy diet.

There was a diet and fluid journal for each person but the quality of the recording was poor and gave no information about how much people had eaten or drunk. Also, it was unclear why a diet and fluid journal was needed for everyone who lived at the home if there was no identified concern about their nutrition. The acting manager had identified that menu planning and shopping needed to be improved. Care records showed that people's weight was monitored regularly and advice obtained from appropriate professionals

when needed.

The provider employed or contracted a number of health professionals who could provide support for people's physical and mental health needs. This included a speech and language therapist, a behavioural therapist, an occupational therapist, a physiotherapist and a counselling service. During our visit we met the physiotherapist who explained that they were supporting one of the people who lived at the home with their mobility.

People's health care files showed that they were supported to attend health appointments such as GP, optician, dentist, breast screening, however the files had not always been reviewed and updated six monthly as specified. For some people, charts were in place to record the monitoring of specific health needs, for example seizures, but these were not always completed accurately, for example no dates on some charts.

An electronic training record showed when training in a subject was in date, overdue or coming up for renewal for each member of staff. We saw that staff had undertaken training in a variety of generic areas including health and safety, nutrition, first aid and safeguarding adults. Training records we looked at showed that completion of staff training was currently at 92%. There was also an initiative underway to provide a certificated programme of training specific to staff working in the field of acquired brain injury.

Staff supervisions and appraisals had not been kept up to date but the acting manager and the deputy manager were addressing this shortfall and we saw records of supervisions carried out in March and April 2017.

Kemp Lodge is a Grade 2 listed building in a residential area backing onto Birkenhead Park. It is a large detached property that provides everyone living there with their own bedroom with en-suite shower and toilet. Two bedrooms were on the ground floor and the others on the first floor. There was no passenger lift. People shared a domestic style kitchen, large lounge, smaller lounge and separate dining room. There were enclosed gardens at the side and the back of the house.

At the time of this inspection, a programme of refurbishment was underway which included redecoration and the replacement of floor coverings and carpets. Most people did not require any specialist equipment however we saw that this was provided as needed, for example two people had specialist beds. People had a staff call bell in their bedrooms.

Is the service caring?

Our findings

We observed during the inspection that people were treated with kindness and consideration and there was a culture of caring and compassion. Three people who lived at the home told us that the staff were caring, however another person said they did not like living at Kemp Lodge and thought that the staff were uncaring. One person explained "I like it here, but sometimes it gets stressful, noisy and I want to move to a better place." Another person stated "Staff are good but at times they do not take us out and they bother me to do things I don't want to do." A third person told us that the team was "good and caring".

Members of staff spoke with affection about the people living at the home. They were aware that people had lives before their injury and were motivated to support people to gain maximum independence. A member of staff said of one person "He shouts and screams at us sometimes but it's still a pleasure to look after him." The members of staff we interviewed stated that they cared and wanted the best for the people, but two members of staff considered that staff shortage and lack of proper training in interventions and therapeutic activities hindered their efforts.

Two people agreed to show us their bedrooms which were decorated and furnished to their taste. One person told us "I am happy with the arrangements as I can lock my bedroom when I wish." People were free to spend their time in their bedroom or in the communal areas.

We spoke with a healthcare professional who was visiting the home to carry out an assessment. They told us that staff had been very helpful and were knowledgeable about the person and showed a caring attitude.

We observed that the staff and people living at the home were a community that interacted well with each other. On the second day of the inspection most people went out on a trip during the morning and there was a pleasant and relaxed atmosphere during the afternoon. We were informed that two people regularly spent weekends with their families and everyone had friends or family who visited them.

Is the service responsive?

Our findings

Each person had six different files containing information about them: a support plan; a key worker file; a health action plan; a therapy file; daily notes; and historical information. We recommend that these are rationalised and kept together so that they provided a full picture for each individual and to avoid duplication. Information in the support folders and some daily records were not detailed enough to be meaningful, not up to date, and were lacking in structure.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance because the provider did not maintain accurate, complete and detailed records in respect of each person using the service.

We found that staff were knowledgeable of the support people needed and their daily routines. Three people who lived at the home and one member of staff told us that the needs of people at Kemp Lodge were being met, however another person stated that their needs were not met and three members of staff told us that more needed to be done to support people with rehabilitation. A member of staff said "When I came to this place I was told that it was for rehabilitating people but it's not happening here anymore. I think we have lost our way and we are just maintaining people. We are only keeping people safe but there is no rehabilitation."

Although we observed staff interacting with people in a respectful and caring manner, we saw no evidence of structured therapeutic sessions or of people being given choices. Some people were independent in daily living skills but required prompts, reminders and reinforcement from staff. The area manager told us that they had plans in place for a structured day for one person who lived at the home and this would be introduced for others. This would be measured by 'goal attainment scaling' (GAS) which is an individualised health outcome measure used in mental health settings.

The deputy manager told us that, following reassessments, four of the seven people who were currently living at Kemp Lodge would be moving to alternative accommodation in the near future, and later in the year a fifth person would be moving to their own apartment in a new service that was being built in Liverpool. This person told us they had been involved in planning their new accommodation and they were excited at the prospect of having their own home.

People told us they had opportunities to go out in the local community and transport was available to take them for trips out. People enjoyed activities such as bingo, shopping, a local Headway social group and the cinema. There was a weekly 'social planner' for each person but these were poor in quality. They did not show much going on and did not offer any choices or alternatives if people did not want to do what was planned. One person we spoke with said "I want to go out to new places and meet new people and have fresh air. I need more staff to take me out for more day trips." Most people were funded for a number of hours of one to one support each week but it was not always clear how these were used.

Information about how to raise a concern and who to contact with a complaint was clearly displayed in the

entrance to the home. A policy was in place to guide staff on the steps to follow if a complaint was made. The home had a complaints book which recorded that no complaints had been received by them in the past year, however a family member who we spoke with said they had made a number of complaints. Due to the lack of records, we could not be sure that the person's complaints had been addressed.

Is the service well-led?

Our findings

Kemp Lodge had a registered manager, however we were informed that the manager had not worked in the home since December 2016. In the absence of the manager, an acting manager had recently been deployed from another local service and the area manager was spending a considerable amount of time supporting the home. There was also a deputy manager and two senior support workers. A relative we talked to spoke very highly of the deputy manager and described them as "amazing" and fantastic".

It was evident that Kemp Lodge was going through a period of significant change and this had impacted on staff morale. A number of staff had left the home and disciplinary procedures had been implemented as needed. Two members of staff we interviewed considered that the home had lost direction as people were being managed and kept safe, but with no therapeutic or rehabilitation going on. We were told that four people were due to move on from the home within a few weeks, and a fifth person would be moving later in the year. The area manager told us that a development plan for the service was not in place because they were currently working towards stabilisation.

One member of staff told us that the new management team listened to the staff and the people living at the home. Staff and people who lived at the home praised the new management team and were hopeful that they would take Kemp Lodge in a different direction. One staff member stated "I think will get somewhere as new management listens." Another staff member said "We're starting to move in the right direction." The deputy manager had sent in appropriate notifications to CQC and we found good records of safeguarding referrals that had been made. We were told that these were also monitored at head office.

Weekly meetings were being held for senior staff and two weekly meetings for all staff. We saw that records of some of these meetings had been ripped out of the minutes book. The most recent meeting was held on 21 April 2017 and subjects discussed included the re-introduction of a key worker system, coaching for seniors, and improving catering arrangements.

We saw records of only one service user meeting which had been held in September 2016 and attended by two people. The area manager told us that people's views should be obtained in fortnightly meeting with their key worker. We found no evidence of people living at the home or their families being consulted about the running of the service.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance because the provider did not seek and act on feedback from people using the service, those acting on their behalf, staff and other stakeholders, so that they can continually evaluate the service and drive improvement.

The local authority had identified shortfalls in the service and a detailed action plan had been agreed in March 2017 and was reviewed at weekly monitoring visits.

The provider had an auditing programme for checking the quality of the service. The audits covered relevant

areas including care plans, medication, staff training and health and safety. The lengthy audit tool was completed quarterly by the manager, the area manager, and a head office quality manager. Each of the criteria was scored either pass or fail, with no evidence to show why it was pass or fail. We found some inaccurate answers which did not reflect what we had seen at the home. We also noticed that the forms were sometimes filled in using pencil which meant that they could be changed.

The area manager told us that a finance audit had been carried out in December 2016 and this had resulted in significant improvements to the way in which people's money was managed. We checked records of people's personal spending money and found that detailed records were maintained and all transactions were countersigned. There had also been a medicines audit by a pharmacist and this had resulted in improvements to the way that people's medication was stored and recorded.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>People using the service, and those lawfully acting on their behalf, had not given consent before any care or treatment was provided.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not seek and act on feedback from people using the service, those acting on their behalf, staff and other stakeholders, so that they can continually evaluate the service and drive improvement.</p> <p>The provider did not maintain accurate, complete and detailed records in respect of each person using the service.</p>