

# Voyage 1 Limited Kemp Lodge

## Inspection report

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This inspection was carried out on 04 and 08 of December 2015. We gave the registered manager short notice of our inspection to ensure people would be at home when we visited.

Kemp Lodge is registered to provide accommodation and support for up to seven people. 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 1 Limited, a national organisation who provide support services to people across the UK.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

During the inspection we met six of the people living at Kemp Lodge and spoke with two of their relatives. We also looked around the premises and spoke with six members of staff. We 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.

**At this inspection we found a breach of regulations. This was because medication had not always been safely and properly managed. We also found that risks had not always been properly assessed and balanced against people's rights.**

**You can see what action we told the provider to take at the back of the full version of the report.**

People told us that they thought Kemp Lodge was a safe place to live. Systems and training were in place to help staff identify and deal with any allegations of abuse that arose.

The house was well maintained with systems in place for checking the safety of the building. Staff were aware of the actions they should take in the event of an emergency occurring.

The people living at Kemp Lodge liked and trusted the staff team. There were sufficient staff working at the home to meet the needs of the people living there. Suitable systems were in place for recruiting, training and supporting staff, this helped to ensure they were suitable to work with people who may be vulnerable.

People received the support they needed in all areas of their life. This included support to manage their health, access therapists and increase their everyday living and independence skills.

People's legal rights were protected and people had received the support they needed to make decisions for themselves or with appropriate support as applicable.

Staff knew people's individual needs, choices and communication methods well and worked with people to explain things in a way they understood.

The people living at Kemp Lodge and their relatives felt confident that any concerns they raised would be listened to and acted upon. Systems were in place for encouraging people to raise concerns and for dealing with any concerns raised.

Systems were in place for checking the quality of the service provided and obtaining people's views. Any areas identified as needing improvements were addressed via a clear action plan that was monitored by the provider.

# 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 not always safe.

Medication was not always safely managed. Individual risks for people were not always managed in a way which balanced their rights against the level of risk.

People felt safe living at Kemp Lodge and there were sufficient staff working there to meet people's needs.

Systems were in place for dealing with any emergencies that arose and staff knew how these worked.

Staff recruitment and the premises were safely managed to minimise risks to the people living there.

Requires improvement



### Is the service effective?

The service was effective.

People were supported to make as many decisions as possible for themselves and received additional support around decision making when they needed it.

Staff received the training and support they needed to carry out their role effectively.

People received the support they needed with their physical and mental health care needs.

Procedures for ensuring people were not unduly deprived of their liberty had been followed.

Good



### Is the service caring?

The service was caring.

Staff knew people well and the people living at Kemp Lodge liked and trusted the staff team.

Staff spent time interacting with people and responded honestly and positively to people's individual choices or concerns.

Good



### Is the service responsive?

The service was responsive.

People were confident that any concerns or complaints they raised would be listened to and acted upon.

People received support to spend their time as they chose. This included support to increase their everyday living skills, make decisions and take part in activities they enjoyed.

Good



# Summary of findings

Care plans were in place which generally assessed risks to people and provided guidance to staff on how to meet people's needs.

## Is the service well-led?

The service was well led.

The home was led by a registered manager who provided effective support to the people living there and to the staff team.

The views of people living at the home and other, relevant people were actively obtained.

Systems were in place for checking and if needed improving the quality of the service provided.

**Good**



# 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 by an Adult Social Care (ASC) inspector and took place on 04 December 2015 and 08 December 2015. We gave short notice of the first day of our inspection as this is a small care home we needed to be sure somebody would be in.

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 and any information sent to us by the manager since our last inspection in September 2014.

During the inspection we looked around the premises and spoke at length with three of the people living at Kemp Lodge and met with another three of the people who lived there. We also spoke to relatives of one of the people living there and spent time observing the support provided to people with their everyday lives.

We held discussions with six members of staff including the registered manager and a senior manager from the organisation and spoke with a visiting therapist.

We looked at a range of records including care and medication records for three of the people living there, recruitment records for four members of staff and training records for all staff. We also looked at records relating to health and safety and quality assurance.

# Is the service safe?

## Our findings

One of the people living at Kemp Lodge told us, “I feel safe.” A relative of another person told us, “I know (my relative) is in safe hands. It’s the best, safest environment.”

We asked three of the people living at Kemp Lodge if they knew how their medication was looked after. They told us that they did and two people explained they were happy for staff to look after their medication. A third person told us they would like to look after their own medication but had discussed this with staff and knew the reasons why they couldn’t do so at this time. One of the people we spoke with told us, “Staff keep an eye on them.” They said they did not want to look after their own medication but had agreed with staff, “I tell them when (medication) due.” People told us that they got their medication on time and had received pain relief when they needed it.

No safeguarding investigations had taken place for any of the people living at Kemp Lodge since our last inspection in September 2014.

Staff knowledge around whistle blowing procedures and signs of possible abuse was varied. We found that newer members of staff did not have as much knowledge in these areas, although one told us, “I have a pack at home it may be in that.” However all of the staff we spoke with told us that if they had any concerns that abuse was taking place at the home then 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 saw that this contained guidance for staff on how to raise any concerns they may have along with information on the provider’s whistle blowing policy, whistle blowing protects staff if they reported something wrong in the work place. In addition we saw that all staff had undertaken training in safeguarding adults at risk.

The provider had a system in place called, ‘see something say something.’ Information about this was displayed on the notice board within the home and provided advice to people if they had witnessed or suspected that abuse had occurred.

Staff who dispensed medication had received training in how to do so safely. Medication was stored correctly in a locked cabinet within the staff office. We looked at stocks of

medication and Medication Administration Records for two of the people living at the home. We saw that the record had been completed correctly and that stocks remaining tallied with the record of medications dispensed.

Where people had medication prescribed, ‘as required’ we saw that staff had received training in using this.

Stocks of medication had been counted daily and two members of staff had signed for any handwritten medication entries. This helped to reduce the risk of errors occurring.

One of the people living at the home had an undated letter on file signed by a GP. The letter stated that the person could be given their medication covertly (without their knowledge) in food. However we saw no assessment showing that a best interest meeting had taken place to reach this decision. In addition records did not state which medications could and should be given covertly. It is important that when a person is given medication without their knowledge it is clear why this is being done and that each medication is looked at separately in the decision making process. Staff were recording the amount of medication they estimated the person had taken with their food. However written guidelines were unclear as to whether this estimate was based on the amount of the meal the person had eaten or the amount of the medication in the meal that staff estimated they had consumed.

A list of ‘homely remedies’ that could be dispensed by staff was available within the home. However a letter stating people could be given these was undated and did not list the GP who had given the permission, nor did it list the names of the people who could be given homely remedies and which of these remedies were suitable for them.

This means that insufficient information was available to ensure the remedies, if given would not have an adverse effect on the person.

**These were breaches of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured medicines were safely and properly managed.**

We saw a listening alarm switched on in the staff office. We asked what this was for and were advised that it was plugged into one person’s bedroom so that staff could listen and hear if the person had a seizure. This meant that

## Is the service safe?

our conversations may have been overheard. We asked to look at records relating to the use of this alarm and saw that a care plan had been written in 2011. No information was available in the person's room that advised them or their visitors that their conversation may be overheard. As the office was not continually occupied we were unsure that the listening alarm would prove effective in supporting the person with their epilepsy.

This meant that no record of an assessment of the risks to the person versus their rights to privacy had been undertaken and kept under review.

**This was a breach of Regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not assessed the risks to the health and safety of the person receiving the support.**

Staff were able to explain the actions they would 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 (PEEPS) had been completed for all of the people living at Kemp Lodge. We saw that these were stored near to the front entrance of the home along with a 'grab bag' that could be used in an emergency. Amongst other things this contained a list of useful contact numbers, along with a torch, flask and jacket.

Certificates and health and safety records showed that regular checks had been carried out on the premises and equipment to ensure they were working safely. This included checks on fridge and freezer temperatures, 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. In addition we saw that weekly health and safety checks of the premises had been carried out.

We asked two of the people living at Kemp Lodge if there were enough staff available to support them, One person told us there had, the second person said, "Sometimes there's enough sometimes not."

One of the members of staff we spoke with told us they thought there should be more staff as this would mean, "We could get out more (with the people living there)." However the other three members of staff we spoke with felt that there had been sufficient staff available to provide the support people needed.

The manager explained that staffing levels in the home were five staff during the day and two staff at night, one of whom slept in. explained that these staffing levels included one to one hours that some of the people living there had for part of the day. We looked at a sample of staffing rotas and found that these staffing levels had been maintained. Over the course of our inspection we saw that there were sufficient staff available to meet people's personal care needs, support people with their everyday lives and spend one to one time with people interacting and discussing any concerns that they had.

We spoke with two members of staff who had been recruited to work at the home within the past year. Both confirmed they had completed an application form and attended a formal interview process. They explained that before they commenced work the provider had obtained written references for them and carried out a Disclosure and Barring Service (DBS) check.

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 DBS check for the member of staff. It was initially unclear who had checked the references to ensure they were acceptable. However the manager explained that recruitment was managed from the provider's head office but he did have sight of the references and was informed if any DBS checks required further investigations. The checks carried out helped to ensure that staff were suitable to work with people who may be vulnerable.

# Is the service effective?

## Our findings

People told us that they had received the support they needed with their health care. Two people explained that staff reminded them about health appointments and would accompany them but did not take over, supporting them to talk to the health professional themselves. One person explained, “I would rather have them there, they ask.”

The people we spoke with told us they liked the staff team and felt staff knew how to provide the support they needed.

A visiting professional told us that the service had ‘Impressed’ him and that they had found staff worked together with them and the person so that, “Everyone is informed.”

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.

We asked two of the people living at Kemp Lodge if they had a Deprivation of Liberty Safeguard (DoLS) in place or if an application had been made for them. One person explained, “I do - to keep me safe.” A second person told us that they knew an application had been made for them and did not agree with this but understood the reasons why. We saw them discussing this with the manager, who listened to and respected their point of view and explained the reason clearly and honestly to them.

Records showed that the home were working within the principles of the MCA and that DoLS applications had been made when needed. We saw that the person and or their representative had been consulted and informed of the DoLS process.

Where people required support to make important decisions we saw that an independent advocate had been contacted to support them and that a ‘best interest’ meeting had been held to support them to make the decision. This showed us that the home were working with the principles of the MCA.

Information was recorded in people’s care plans about how they showed their consent and agreement to both every day and larger decisions. For example one plan we read had clear information recorded about the way the person showed their consent non verbally. In discussions with staff they were able to explain the different ways people showed their consent and how they had supported people to make decisions. This was backed up by the information within the person’s care plan which provided clear guidance for staff to follow.

Kemp Lodge had a domestic style kitchen and we saw that sufficient supplies of food were available. Where possible the people living there were supported to be as independent as possible in making their own food and drinks. One person told us, “I do cooking sometimes” and we saw that they had a care plan in place to support them with this. During our visits we saw the people living there made drinks or snacks with discreet staff support if needed.

Care records showed that people’s weight had been monitored regularly and advice obtained from appropriate professionals when needed. For example we saw that one person had been referred to and received advice from a speech and language therapist around risks associated with their eating. Another person had discussed a weight loss plan with staff and had in the past received support to attend a weight loss club in their local community.

The provider employed or contracted a number of professionals who could provide support to people with their physical and mental health needs. This included a speech and language therapist, behaviour therapist, occupational therapist, physiotherapist and counselling service.

Each of the people living at the home had a health care file in place. This demonstrated that people had been



## Is the service effective?

supported to attend routine health appointments such as the optician and dentist as well as more specialist appointments as needed. Records also showed that people had been supported to access advice from the therapists employed by the provider. Staff we spoke with had a good understanding of the support people required with their physical and mental health needs and were able to explain on how this support had been provided.

Staff told us that they had received the training they needed to understand and support the people living at Kemp Lodge. They also told us that they had received regular one to one supervision with a senior member of staff and that regular team meetings had taken place. They said they felt confident to express their views and senior staff had always listened.

The provider had a training record which they had updated regularly; they used a rating for this which showed when training in a subject was in date, overdue or coming up for renewal. This was good practice as it helped to identify individual training needs for staff. We saw that staff had

undertaken training in a variety of areas including health and safety, nutrition, first aid and safeguarding adults. In addition staff were all working towards a qualification in understanding acquired brain injury.

Records showed that the majority of staff had received a one to one supervision within the past three months. Supervision provides staff with the opportunity to meet with a senior member of staff and discuss their role, any concerns they have about their work and any training needs they may have. The training record clearly identified which staff were due or overdue to have their supervision and the manager assured us that plans were in place to arrange these.

Kemp Lodge is a Grade 2 listed building in a residential area of Prenton. It is a large detached house that provides everyone living there with their own en-suite bedroom. People share a domestic style kitchen, large lounge and separate dining room. A smaller lounge is also available for people to use. Externally there was parking for one car with additional parking on the street outside. Enclosed gardens were situated to the side and rear of the house for people to use.

# Is the service caring?

## Our findings

People living at Kemp Lodge told us that they liked and trusted the staff team. They knew who their key worker was and were able to explain the support staff had provided to them. One of the people living there said, “They care,” and described staff as “Kind,” another person described them as, “Very good.”

We spoke to relatives of one of the people living at Kemp Lodge and they told us they had been very happy with the support provided to their relative. They described the overall service provided by Kemp Lodge as, “fantastic.”

People told us that they had been encouraged and supported to increase their independence and to make decisions for themselves. We saw that support plans were in place for supporting people to learn new life skills and to support people to make every day choices and decisions. For example we saw one person had a care plan in place for decision making which provided very clear guidance to staff on the things the person could do and the support they needed to increase their skills.

People told us that staff had listened to them, respected their point of view and given them clear advice. One of the people living at the home told us, “I am getting my independence back.” They said staff were, “Not bossy, they give advice.” Another person told us, “I am having a review. (The manager) explained it all,” and “I make decisions, big decisions it’s me and the manager.”

A visiting therapist told us that staff had provided him with feedback about the person he was visiting but also said they “Respect boundaries,” and had respected people’s right to confidentiality and privacy.

A member of staff told us, “I enjoy working here.” We observed over the two days we spent at Kemp Lodge that the atmosphere was calm and relaxed and that staff responded calmly to anyone who was anxious. We observed staff talking respectfully to people and interacting with them on a social level. We saw that staff gave people time to respond to questions whether verbally or non-verbally and that if people wanted to spend time alone this was respected.

We saw a senior member of staff having a difficult conversation with one of the people living there and observed that they were open and honest with the person. They listened to the person’s concerns, reminded them of previous discussions and the actions that had been taken and acknowledged the reasons why the person was unhappy but provided them with the facts. We found this approach caring as it was supportive of the person but ensured they were treated as an adult and fully involved in understanding how their future was being planned.

One of the people living at the home liked to spend a large amount of time in their room. We asked staff about this and they all described how they supported the person when they indicated they wanted company by making the most of the time they spent out of their room. Staff explained they would try to support the person to go out or to sit at home taking part in an activity they liked. On the second day of our inspection we saw that the person had chosen to sit downstairs and we noted that staff spent a lot of time with them interacting in a friendly and relaxed way.

# Is the service responsive?

## Our findings

One of the people living at Kemp Lodge told us, “The manager, senior, would help,” if they had any concerns or complaints. A relative told us, “If I have any doubts or queries they are helpful.” Everyone we spoke with told us they would feel comfortable raising concerns or complaints with the staff team.

The people living at Kemp Lodge told us that they had received the support they needed to maintain and increase their everyday living skills and also to take part in activities that they enjoyed. One person told us, “I do chores, shopping, cleaning, cooking, learning skills.” A second person said they had completed a planner with their keyworker explaining, ““I do cleaning, sometimes working, go on trips, cinema day centre.” A relative confirmed that people were supported to take part in activities that they enjoyed, explaining, “(my relative) has the opportunity to go out; on holiday. It’s fantastic.”

Staff we spoke with had a good understanding of people’s individual support needs in all areas of their lives. We looked at care records for three of the people living at Kemp Lodge. These included a care file and a health file for each person. Risk assessments had been carried out on all aspects of support the person required and the risk had been rated. Where a risk had been identified then we saw that a care plan had been written to guide staff on the support the person needed. We saw some very clear, detailed care plans that had been reviewed with the person and other relevant people. However other plans we saw had not been updated as the person’s needs changed. For example one plan we saw had been written in 2014 and

had not been updated with advice received from a speech and language therapist. We saw the person receiving the correct support during the inspection and that the correct information was recorded elsewhere in the person’s records. This assured us that the advice given was being followed by staff. We discussed this with the registered manager who said that he would ensure this information was updated in the person’s care plan.

On the first day of our inspection some of the people living at the home were looking forward to going into Liverpool city centre to see the Christmas festivities. We also saw that people were encouraged and supported to spend time at home taking part in household tasks and enjoying their leisure time as they preferred. Records showed that people were supported to take part in a number of activities in their local community. In recent weeks this had included, bingo, shopping, a local Headway group and the cinema. Records also confirmed that staff supported people to maintain contact with their family including arranging transport if needed.

The home had a complaints book which recorded that no complaints had been received by them in the past year. We saw that key workers had held individual meetings with the people living at the home. Where possible they had asked the person if they had any concerns or complaints and checked with them that they knew how to make a complaint if they wished to do so.

A policy was in place to guide staff on the steps to follow if a complaint was made. In addition we saw that information about how to raise a concern and who to contact was clearly displayed in the entrance to the home.

# Is the service well-led?

## Our findings

The people living at Kemp Lodge told us that they had been asked by the provider for their opinion of the service they had received. One person told us, "Voyage come. I tell them what I think," a second person told us, "(senior manager) comes. I tell him what I think." A relative confirmed that they had also been asked their opinion of the quality of the service explaining, "Staff write and email, we do feedback forms."

Regular one to one meetings had been held between the people living at the home and their keyworker. This had provided them with the opportunity to discuss the support they had received and any concerns they may have or future plans they wished to make.

Kemp Lodge had a registered manager in post who had worked there for some time and knew the people living there well. They were not counted within staffing levels and therefore had sufficient time to spend on the management of the home. In addition a deputy manager and senior support workers were employed to help manage the home. Staff told us that they had found the manager and senior staff approachable and supportive. Their comments included, "Always good to me," "Very supportive" and "Any concerns they give advice".

In 2014 Kemp Lodge had undergone a formal assessment from Headway a national organisation that supports people who have had a brain injury. Following this assessment they had been accredited by Headway as a

'Headway Approved Provider' This is awarded to providers who headway consider are meeting high standards in supporting people with an acquired brain injury. The accreditation lasts for two years.

A number of systems were in place within the home and from the provider for checking the quality of the service provided.

The manager completed a weekly report that was forwarded to a senior manager, this concerned any safeguarding allegations or complaints that had been received as well as any incidents that had occurred.

Twice a year the provider's quality department carried out an unannounced quality audit of the home based on the five questions asked by the Care Quality Commission when they inspect. A report of this was then sent to the manager along with an action plan for any areas identified as needing improvement. We saw that the action plan from the last audit had been completed. In addition to this the manager completed a quality audit, the last of which had been carried out in November 2015. Following the audit the manager also submitted an action plan which was overseen by a senior manager from the organisation. These audits covered relevant areas including care plans, medication, staff training and health and safety.

An annual service review was carried out each year usually in December. This included sending questionnaires to relevant people including those living at Kemp Lodge, their relatives, staff and visiting professionals. The manager told us that new questionnaires were due to be sent out in the near future.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

This was because medicines were not properly and safely managed and the risks to the health and safety of people receiving support had not been properly assessed