Mr & Mrs J Matheron

Kemps Place

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on the 25 and 26 February 2016.

Kemps Place is a service that provides accommodation and personal care to people who may have a mental health condition, learning disability or autistic spectrum disorder. The home is registered for up to 31 people. It is not registered to provide nursing care. Kemps Place is a purpose built care home that provides 30 identical self-contained flats. Each flat has a bedroom, living room, kitchen, and bathroom. On the days of our inspection there were 30 people living in the home and another person was in the process of moving in.

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

People living at the home were protected from harm as staff had received appropriate training to support them to identify and report harm and to protect people from discrimination. In addition people were happy to raise concerns if they felt unsafe. Actions were taken to protect people from coming to harm. Risk assessments were in place for people living in the home as well as premises and equipment.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. Safe recruitment practices were being followed and the registered manager took action against staff involved in unsafe practice. Medication was managed appropriately, risks around self-medication were reviewed and responded to.

Staff had the knowledge and skills to meet people's needs, preferences and choices. This included training and support that equipped them to carry out their role. People were provided with good support to eat and drink enough. Staff encouraged people to think about healthy food options and supported to maintain a balanced diet.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. Staff understood how the MCA applied to the people they worked with. The service sought people's consent regarding their care. No one was being deprived of their liberty at the time of our visit.

People had positive caring relationships with staff who respected their privacy and dignity. They were supported to express their views and were involved in decisions about their care and support. The service had a clear emphasis on supporting people's independence.

The care provided was responsive and met people's individual needs and preferences. People were involved

in planning and reviewing their care. This meant staff knew about people's individual needs, preferences and what support they wanted.

There were varied activities for people, these included group activities as well as opportunities for people to participate in activities of their choice. The service had built relationships with their local community and people could access local groups and clubs.

The service had a positive culture that was person-centred, open, inclusive and empowering. People were involved in decisions about the service and there were systems in place to encourage feedback about the home and the care provided. There were quality checks in place and the registered manager took action when issues were identified. The registered manager and provider were visible in the service. People were positive about the running of the home and the support the registered manager provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People felt safe and able to raise concerns and staff knew how to recognise and report harm.

Risks to people, premises, and equipment were assessed and actions were taken to minimise risks.

The provider had safe recruitment practices in place and ensured there were sufficient staff to meet people's needs

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff had training and support to meet people's needs. This included training on the Mental Capacity Act 2005 and staff knew how this applied in practice.

People were supported to maintain good health. This included supporting people to maintain a balanced diet and receive support from healthcare services.

Is the service caring?

Good

The service was caring.

People had positive caring relationships with staff who respected their privacy and dignity.

There was a strong emphasis on supporting people to be independent and people were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

The care provided was responsive and met people's individual

needs and preferences.

People were involved in planning and reviewing their care. This meant staff knew people's individual needs, preferences, and how they wished to be supported.

There were a range of activities on offer and people were supported to participate in activities of their choice.

Is the service well-led?

Good

The service was well led.

There were systems were in place for feedback about the service and people were involved in decisions.

There was a clear understanding of the service's values and aims.

The registered manager and provider were visible in the service. They carried out quality checks on the service.

People were positive about the support the registered manager provided

Kemps Place

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.

This inspection took place on the 25th and 26th of February 2016 and was unannounced. Our visits were carried out by two inspectors.

Before we carried out our inspection we looked at the information we hold about the service. This included notifications received by us. Notifications are changes, events, or incidents that providers must legally inform us about. We reviewed this information and information requested from the local authority safeguarding team and quality assurance teams. We did not request a Provider Information Return (PIR) form. This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

During our inspection we spoke with ten people living in the home, a visiting social worker, a visiting psychiatrist, and a student social worker on placement in the home. We spoke with four members of staff and the registered manager.

We observed how care and support was provided to people in the home. Some residents showed us the flats they were living in.

We looked at three people's care records, medication records, three staff recruitment files and staff training records. We looked at other documentation such as quality monitoring, accidents and incidents and maintenance records. We saw compliments and complaints records and records from staff and residents' meetings.

Good

Is the service safe?

Our findings

The people who used the service told us they felt safe living in the home. They told us they could speak to staff if they had concerns. One person told us staff are, "There if I have any problems." One person raised concerns with staff about how another person was treating them. This was taken seriously and the registered manager spent time with the person discussing how they felt and what the issues were. We saw staff working together to resolve the person's concerns and help them to feel safe.

People were protected against the risks of potential harm. The staff we spoke with knew how to recognise, prevent, and report harm. We looked at safeguarding records that showed concerns about potential harm had been recognised and reported. There had been close communication with the local safeguarding team about the actions that needed to be taken. Posters with information about how to raise adult safeguarding concerns were on display in the staff office. These were accessible to staff and people living in the home.

Risks to people's personal safety had been assessed. We saw people had risk assessments in place, one person was at risk from self-harming and had a history of hiding sharp items in their room. They had a plan in place which showed staff needed to be aware of the person's access to sharp items and that the person had given consent for regular room searches to take place. There was clear guidance for staff to identify risks to people and the actions to take. For example, one person's care record detailed conversation topics that might indicate when the person was becoming unwell.

Staff told us that incidents were recorded in people's daily records. We saw incidents were responded to and actions taken to address them. There was no other system in place to record incidents. Staff told us incidents were reported and discussed at handover meetings. One member of staff told us they talked about what might have happened to trigger an event and what actions staff needed to take.

We saw records that demonstrated that premises and equipment at the service were risk assessed and managed. There was a completed fire risk assessment in place. Records showed full fire evacuations that included people living at the service were carried out. Routine maintenance on premises and equipment were carried out. Specific risk assessments were in place when required, for example one person required an oxygen tank and a risk assessment for this had been completed.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. All the people we spoke with said there were enough staff. One person said there was, "Always someone available to do something." Another person told us how staff would always make sure they spent time with them if they were upset. One member of staff told us they were, "Surprised how many staff there are really."

A dependency tool to calculate the number of staff required was not used, however the registered manager told us he kept staffing levels under close review. They told us they made sure they were present around the home and would notice any issues with staffing levels. The registered manager said they listened to staff and people's views on staffing through regular handovers, supervisions, and meetings. At the time of our visit we

saw there were sufficient staff to meet people's needs. The registered manager told us they did not use agency staff. They had bank staff that they could use to provide cover for staff. Staff files showed safe recruitment practices were being followed. This included the required health and character checks, such as references and Disclosure and Barring Service checks, to ensure the person was suitable to work in the home. The registered manager took action against staff involved in unsafe practice. They told us about an incident in which they had taken disciplinary action and a member of staff had been dismissed. The records we held confirmed this.

People received their medicines safely. One person told us staff, "Give me my medication." Other people told us they were supported to self-medicate. One person told us that before they started to self-medicate they went through the care plan with staff and agreed it. Risks around self-medication were reviewed and responded to. For example, care records that showed one person no longer self-medicated because the risks to the person had increased.

Medication was stored appropriately. Staff we spoke with told us the registered manager carried out checks on their medication administration. We saw that the registered manager had recorded observations for each member of staff administering medication. These were carried out every six months. We looked at six medication administration charts. These had been completed correctly. There was a medication handover book in place. This had been recently introduced as an additional reminder about any medication issues. We saw that refusals of medication were recorded as well as notes for staff about how to support people to take their medication.

Good

Is the service effective?

Our findings

People and visiting professionals spoke positively about staff and told us they were skilled to meet their needs. One person said, "Staff are very good". Another person said staff have, "A real life understanding" that helped them work with the people living in the home. Visiting professionals told us the home did a good job. One professional said, "When thinking of people who want to live in the area, this is a place high up on our list." Both professionals we spoke with said the service supported people with complex needs that other services had felt they couldn't support. They felt the service supported these people well.

Staff told us they had completed training that equipped them to carry out their role. Training records were kept up to date and training that people required was identified and actioned. One person told us they felt confident that they would be supported to do additional training if they requested it. They said they had been able to access additional training on topics such as personality disorders, substance misuse and self-harm.

Staff we spoke with felt supported. One member of staff said, "There is always someone I can turn to if I am not sure what to do." The staff we spoke with said they had regular supervision and appraisal sessions. New staff were supported. A staff member told us when they first started staff were, "Really nice, anything I wasn't sure about they were there." An induction system was in place and new staff completed the Care Certificate. The Care Certificate covers the minimum standards that should be covered as part of induction training for new staff. The registered manager told us they try to keep up to date with best practice. They said they send a member of staff to attend meetings run by a local mental health homes association. The registered manager was aware of resources they could use to keep up to date with best practice and additional training opportunities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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.

Staff told us they had received training on the MCA and used it to support people living at the home to make choices about the care they received. Staff were aware that people may need more support when they were ill or at other times their ability to make decisions may fluctuate. One member of staff told us that people using the service could make decisions about their care, however might need support to do so. They told us what actions they would take to support decision making. Care records contained guidance for staff on the MCA and its application. One professional told us staff were good at respecting people's right to make decisions. Care records showed consent was sought from people. For example, we saw consent had been sought from people for the use of room searches and the administration of medication.

People can only be deprived of their liberty to receive care and treatment when this in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty was being met.

There were no authorisations or applications for DoLS. The registered manager told us there was no one currently living in the service who would require one. We spoke to staff and a visiting psychiatrist who told us some people were subject to restrictions through the use of the Mental Health Act. This meant these restrictions were lawful.

People were supported to eat, drink, and maintain a balanced diet. The registered manager told us mealtimes were, "Led by the person." Staff told us that most people preferred to cook and eat in their flats. However, there were opportunities for people to eat and socialise through group cooking sessions such as a baking group or pizza making evening. On the day we visited we saw staff co-ordinating who needed to be taken food shopping and checking that people had enough food. People were encouraged to consider healthy food options. One person told us a member of staff encouraged talks about nutrition and how to stay healthy. Care records showed staff supported people to consider healthy options. For example, we saw staff had encouraged one person not to order a take away. A visiting professional told us staff had supported the person they were visiting to reduce the amount of fizzy drinks they drank.

People were supported to maintain good health and receive support from healthcare services. One person told us that staff supported them to stay healthy. They said, "I go to the gym as often as I can they [staff] motivate me to go." A visiting professional told us staff recognised and communicated concerns about people's mental health deteriorating. We saw that staff supported people to access health care services. One person told us staff, "Always make sure you're on time for appointments." Another person told us they were supported to visit the dentist and optician. The home's diary contained details of people's health care appointments and how they were being supported to attend.

Good

Is the service caring?

Our findings

People had positive caring relationships with staff. During our visit there was friendly caring interaction between people living in the service and staff. We saw staff laughing and joking with people. One person told us about the support a particular member of staff gave them. The relationship was clearly important to them. They told us they, "Owe a lot to [member of staff]." Another person told us staff, "Don't forget birthdays or Christmas" and they "always get a present."

We saw there was a collage called a message tree in the entrance hall. Messages from people living in the home showed they felt positive about the home and cared for. Messages from people included, 'I love Kemps Place. The staff and residents are so friendly and supportive' 'Always be happy. The future is bright. Kemp's is great' and 'unconditional love'.

Staff offered reassurance and comfort to people that needed it. People told us staff recognised that they needed and liked extra support at times. One person told us staff spent time with them when they felt unwell. We saw one person walk past a member of staff and reach out for their hand. The member of staff held the person's hand and walked with them to their flat.

Each person had a key worker. A key worker is someone who is responsible for an individual and makes sure that their care needs are met and reviewed. The staff we spoke with knew the people they supported well. One person said they tried to speak to the people they were key worker for at least once a week. One person living at the service told us they are, "Always willing to listen when I talk about my aspirations." One professional said, "Staff appear to know people quite well." We looked at care records which recorded people's personal histories and what support they felt they needed.

People were supported to express their views and make decisions about their care and support. One member of staff said they discuss people's care with them and ask, "How would you like us to deal with it." A member of staff told us how they had supported a person to discuss the level of care they needed when they were discharged from hospital. We looked at minutes of residents' meetings that showed people were able to discuss their care and were listened to.

Family and friends were welcomed at the home. One person told us staff were supportive if friends or family wanted to stay with them overnight. A member of staff told us the service facilitated people maintaining contact with friends and family. They told us how they take one person to visit their relative.

Staff respected people's privacy and dignity. We saw that staff did not entered people's flats until invited. One person told us "Staff knock on their door to check they can come in." They told us staff were, "Discreet" and didn't share personal information with other people. One member of staff checked that they could share information about people with us. We saw another member of staff checking that the person they were supporting wanted them to be present at a meeting with their social worker.

People felt supported to be independent. The people we spoke with told us this helped them prepare for

living in their own accommodation. One person said the service was, "Good at helping be independent." Another person told us the home was, "One of the best homes especially for independence and getting you out there." Staff were clear that their aim was to help people be as independent as possible. One member of staff told us they, "Support people to be as independent as they can possibly be and live life the way they want to live it." Another told us how there was a, "Gradual building up of people's ability to do things for themselves."

Good

Is the service responsive?

Our findings

The care provided was responsive and met people's individual needs and preferences. One person said, "Staff give me the support I need." A professional visiting the service told us that on occasions some people's flats had become very messy. They said the service had been responsive to concerns raised. New care plans had been put in place which gave people the support they need to maintain their flat. The staff we spoke with knew people's individual needs and preferences. One member of staff told us, "Everyone is an individual."

Peoples' needs were assessed before they came to live at the home. Care records showed pre admission details had been gathered. The home liaised with health and social care professionals in order to plan people's admission. The care records we looked at had a checklist for new admissions. This included things such as showing the person round the home, making sure they had been given a key, and that an initial assessment had been completed with the person.

The care records we looked at contained information about people's needs. They were written from the person's perspective. This showed people had been involved in the planning of their care. For example, we saw people were asked 'what support do you need' and 'what can help you' if the person become distressed. Care records contained detailed information regarding the person's life history, and personal preferences. This helped staff to understand the person better and support them in a more person centred way.

Care records were reviewed every six months. The records showed that people signed to say they had been involved in their reviews. The staff we spoke with told us they would review care plans before the six months if people's needs had changed. We saw that one person had recently come out of hospital. The day we visited a meeting had been arranged between the person, their key worker, and social worker to discuss any changes to the support the person needed.

People we spoke with told us there were regular activities. One person said there were, "Activities every day." There was no separate activities co-ordinator. However, the registered manager told us a change had recently been implemented to have a shift leader who would be responsible for planning activities that day. People told us they had regular one to one time that supported them to participate in activities they chose. One person told us how staff had supported them to look at local college courses. On the day of our visit we saw people were supported to attend activities of their choice. One person went for a coffee with a member of staff. Another person was supported to attend their church, whilst someone else was supported to attend a club. A member of staff said, "We do lots of one to one here." We saw records that showed there were daily activities. On the week we visited we saw activities such as going to the coast, swimming, bowling, country walks, and a Sunday lunch were recorded as having taken place.

The service had systems in place to encourage feedback about the home and the care provided. The people we spoke with told us there were regular residents' meetings. The home also had a book in the lounge where people could write suggestions or concerns about the service. One person told us that people, "Don't

have to sign" when they write in it, which meant they felt more comfortable if they needed to raise concerns. Another person told us, "One to ones give me a chance to air my views." We saw complaints had been responded to and actions had been taken to resolve these.

Good

Is the service well-led?

Our findings

The service had a positive culture that was person-centred, open, inclusive and empowering. The people we spoke with said they felt listened to and involved in the service. One person told us, "If you ask for anything you need they'll do their best to help." Another person told us that people living in the home had suggested CCTV outside. This was put in place. We saw that the registered manager reviewed policies and procedures with people living in the home. People's suggestions to policies and procedures were recorded and responded to. People living at the home were involved in the recruitment of staff. People were asked to be part of the interview panel. The registered manager told us they sought feedback from people living in the service about new members of staff.

There were systems in place to gather feedback and involve people in the running of the service. A yearly survey was conducted and sent to people living in the service, relatives, and other stakeholders. The people we spoke to told us there were regular residents' meetings. The minutes showed people felt able to make suggestions and were listened to. Minutes from meetings showed the registered manager kept people informed about changes in the service. For example, we saw that a recent survey had been discussed. The registered manager explained at the next meeting they would discuss the results and agree together what actions should be taken.

There were quality checks in place. The registered manager told us they had developed an operations manual which gave an overview of the whole service and included regular audits. We looked at this and saw it provided the registered manager with a comprehensive overview of every area in the service and that regular checks were done. An external company also completed a quality monitoring audit. Records we looked at showed the registered manager was proactive at responding to issues identified.

Quality checks had not identified an issue with recording. We saw there was an accident report book in place. However when we looked at the accident book, the last accident recorded was in February 2015. We saw that accidents recorded in people's daily notes were not logged in this book. For example, one person had suffered a recent fall and another person had burnt a sensitive area of their body. Incidents and accidents were recorded in people's daily notes. These included details about actions taken in immediate response. However, they did not show if accident had been investigated and what actions had been taken to mitigate the accident from happening again. These meant records were not being correctly maintained and staff were not following the required procedure. We spoke with the registered manager about this. They took actions to address the issue.

There was a clear understanding of the service's values and aims amongst people and staff. The manager told us the service aimed to be a short to medium term home for people. They said the service, "Does what it's designed to do, which is to move people out in to the community." Several people we spoke with told us how the service was supporting them to move out of the home and be more independent. A visiting professional told us they worked with a number of people in the home. They said people enjoyed living at the home and only wanted to leave so they could move on to independent living. In talking with people, staff, and professionals we heard that the service had clear values of independence and respect for people's

right to make decisions.

Staff were clear regarding their responsibilities and duties. A member of staff told us staff were delegated certain roles in the service, such as fire marshals. The home had recently implemented a shift leader system. The shift leader was in charge of allocating colleagues to different duties and ensuring there were activities happening that day.

During our visit we observed the registered manager was accessible and in frequent contact with people and staff. One person told us, "[the registered manager] floats about." A member of staff said the, "Door is always open." Everyone we spoke with was positive about the registered manager and how the service was run. One person said "I don't know how [the registered manager] does it. They're like everyone's next of kin." Staff told us the registered manager is supportive and available. A member of staff said "[the registered manager] is a brilliant manager, very approachable." Another said "[the registered manager] is the best boss I've ever had." The people we spoke with said the provider was supportive and visited weekly. One person told us how much they looked forward to seeing the provider. They said "[the provider] is really lovely."

The service had built relationships with their local community. They had links to the local university and offered work placements to Occupational Therapy and Social Work students. The registered manager told us they had a relationship with the local community police team and a link officer. They also had links to local community groups and supported people to attend these. Several people we spoke with told us about various community groups they attended. The registered manager told us how they had been approached last year by a social worker to continue to support a person who had moved out of the home in to their own accommodation. The provider and registered manager had worked with the local authority and commissioners to develop an additional separate service aimed at supporting people living in their own accommodation.