

Saga Care Limited

Green Heys & Kemp Lodge Care Home

Inspection report

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Date of inspection visit:
14 July 2021
15 July 2021

Date of publication:
27 August 2021

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Green Heys and Kemp Lodge is a residential care home which provides accommodation and nursing care for up to 75 people. The care was provided in two separate buildings, however, only one building was being used at the time of our inspection. Some people who resided at the home were living with dementia. At the time of our inspection there were 29 people living at the home.

People's experience of using this service and what we found

Records in relation to people's needs were not always completed accurately. Food and fluid charts did not specify how much food and fluid people had consumed which put some people at risk of unsafe care. Risk assessments in relation to bedrails did not thoroughly record or explore the risks posed to some people. This risk has now been mitigated, and the registered manager has assured us records relating to risk assessments have been completed in more detail for those needing it. Food and fluid charts have been re-organised to contain more detailed information to manage people's risks safely.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. This was because people had bedrails in place without the appropriate assessments and some people's ability to make choices were not always clearly assessed.

Quality assurance procedures were in place, and audits took place in a range of areas. However, there were gaps in the quality assurance process as the issues we identified during our inspection were not picked up.

We have made a recommendation with regards to staff engagement and support. This is because most of the staff we spoke with told us they felt unsupported in their roles and this impacted the care they gave. Supervisions took place, however more than three members of staff told us they felt the management in the home did not always address issues and staff morale was low. We highlighted this feedback to the registered manager and provider and were assured action would be taken immediately following our inspection.

Medication was well managed, and for people requiring medication as and when required (PRN) there were clear protocols in place for staff to follow. People's clinical needs in relation to wound care and pressure area care were well recorded. Staff were recruited safely. We received some mixed feedback regarding staffing levels which we shared with the registered provider.

The home was clean and well maintained. Infection control arrangements were in place to prevent and mitigate the risk of COVID-19. Appropriate protective and personal equipment (PPE) was in place and care staff used this appropriately. The environment was suitable for people living with dementia.

Staff were trained in mandatory subjects relating to their role and had had an induction. We received mixed feedback regarding the food and menu choice at the home. However, the registered provider assured us

following our inspection this was in the process of being changed following consultation with people.

Relatives told us they felt the staff were kind and caring, some comments included; "Staff seem very nice" and "I think the staff are quite nice". We observed staff knocking on people's doors and speaking to people with respect and curtesy during our inspection.

The registered manger understood their role and had sent all required notifications CQC in line with regulatory requirements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service under the previous provider was Requires Improvement published on 11 December 2019.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about people's weight and pressure area care. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Following our inspection, the registered provider took immediate action to mitigate risks. They have updated us with regard to the action they have taken.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to record keeping and governance and the application of the Mental Capacity Act.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always Effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was Caring.

Details are in our Caring domain below.

Good ●

Is the service responsive?

The service was Responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always Well-Led.

Details are in our Well-Led findings below.

Requires Improvement ●

Green Heys & Kemp Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, a Specialist Advisor, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We contacted the local authority safeguarding team for feedback. We used all of this information to formulate our 'planning tool' and plan our inspection.

During the inspection

We spoke with two people who used the service and 10 relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, clinical lead, senior care workers and domestic staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this service under the new provider.

This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Records in relation to people's food and fluid intake were not always completed accurately or in full which put people at risk of unsafe care.
- For example, one person who required a diabetic controlled diet, did not have a complete record of what meals they had eaten. Therefore, we could not be sure their diabetes was appropriately managed. Another person who was at risk of weight loss required a fortified diet. However, there was no record of what food they had been given nor how much they had eaten. Therefore, we could not be sure they were getting the food they required to help manage their weight loss.
- Some people had bedrails in place to help keep them safe in bed. However, the risk assessment had not recorded the risk of entrapment or explored suitable alternatives. Therefore, we could not be certain this was the safest option for them as all the risks had not been recorded or explored.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate records were sufficiently complete; risk assessments failed to explore all aspects of risk to a person. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures in place to ensure people were safeguarded from abuse.
- Safeguarding concerns had been reported to the Local Authorities and staff knew how to report safeguarding concerns to the registered manager or escalate them further if needed.
- The registered manager kept a record of safeguarding concerns and any recommendations which were shared with them as a result of the safeguarding.

Staffing and recruitment

- We received mixed responses with regards to staffing levels at the home,
- Some relatives we spoke with said they felt the home 'could do with more staff' however other people said this seemed okay.
- Some staff we spoke with also had mixed views with regards to staffing levels. One staff member said, "we could definitely do with more staff."
- Our assessment of rotas highlighted there was one recent time due to sickness, the home did appear short staffed, however the provider was honest with us regarding this event.

- We shared our feedback with the provider at the end of the inspection with regards to staffing levels and they agreed to look at this themselves and make any necessary changes.
- Staff were recruited and selected safely following a robust selection process. Staff we spoke with confirmed they had undergone a DBS check, as well as references to enable their fitness for the role to be assessed.

Using medicines safely

- Medication was managed, stored and administered safely.
- People had detailed plans in place with regards to medicines they needed as and when required [PRN].
- Controlled Drugs were stored safely, in line with policy.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong;

- The registered manager and registered provider had an open and transparent approach to learning lessons to improve quality of care.
- We saw some recent examples of how feedback from external sources such as safeguarding, had been used to improve the paperwork for some parts of care provision, such as wound care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. This is the first inspection for this service under the new provider.

This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the 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 had the appropriate legal authority and were being met.

- Not all decisions had been assessed in accordance with the principles of the Mental Capacity Act.
- There were some inaccurate statements in people's mental capacity assessments and assessments were not always decision specific. For example, one person's capacity assessment stated they lacked capacity in 'all areas' however, further on in their care plan we read about this person being able to follow direction and make choices with regards to their clothing and meals.
- Best interest decisions had been completed for most people; however we saw for people who lacked capacity with regards to bedrails, there had been no consideration given as to whether this was in the person's best interest or not.

We found no evidence that people had been harmed however, inconsistencies in records and inaccurate information demonstrated a lack of knowledge of the principles of the Mental Capacity Act. This was a breach of regulation 11 (Consent to Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection. They provided assurance a review of capacity assessments had been undertaken, including the completion of best interest decisions in relation to the use of bed rails.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans evidenced they or their relative had been involved in their completion or review process.
- There was pre-assessment information available in people's care plans which had contributed to the implementation of their person centred care plans.

Staff support: induction, training, skills and experience

- Staff had access to training and supervision. New staff were enrolled onto an induction programme as part of their training.
- Training was recorded using a training matrix, and all staff had completed training relevant for their role, such as dementia training.
- Staff had been supervised, however some staff we spoke with told us supervisions were not effective as issues they brought up were not always recorded. We fed this back to the registered manager during our feedback and they assured us they would improve their supervision procedure to ensure staff felt more supported.

Supporting people to eat and drink enough to maintain a balanced diet

- People's weight charts clearly evidenced they were being supported to eat enough food, however we did raise some concerns with regards to people's fluid intake as some information did not always evidence people had been supported with their fluid intake appropriately.
- We observed one person, who was assessed as requiring full support with eating and drinking being left for three hours with the same cup of tea, which remained untouched. We raised this at the time with the registered manager, and this was rectified immediately.
- We noticed a person's Ensure drinks were not always recorded correctly on the fluid charts, however, they were recorded on the MAR charts, so we were assured they were receiving them, and this person had not lost any weight.
- We fed this information back to the clinical lead and the registered manager, and they assured us they were implementing changes to the way fluid and food was recorded to make the process easier for staff.

Staff working with other agencies to provide consistent, effective, timely care; people to live healthier lives, access healthcare services and support

- Staff worked in collaboration with District Nurses, Occupational Therapists and GPs to ensure people's health needs were met.
- There was information in people's care plans following any health appointments and the outcome of these appointments.
- Referrals to the SALT, dietician and Tissue Viability Nurses had been made in a timely way.

Adapting service, design, decoration to meet people's needs

- The home had started a programme of redecoration. People's rooms had started to be decorated and most looked homely.
- We did raise with the registered provider we felt some people's rooms needed decorating, as there was some blank walls and broken furniture. The registered provider assured us all rooms would be decorated as soon as possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service under the new provider. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and consideration. We saw examples of how people's diverse needs were respected.
- One relative we spoke with described the staff as "Friendly, helpful and interested in [family members] welfare." Other comments included, "[Family member] can't speak highly enough about the staff". One person who lives at the home told us the staff were "Lovely caring people."
- During our inspection we observed staff knocking on people's doors and speaking to them with respect.
- Care plans evidenced people's diverse needs were taken into account, such as what religion they followed, or any special diet choice, such as vegetarian.

Supporting people to express their views and be involved in making decisions about their care

- People were mostly involved in decision making regarding their care and support, other than the issues we highlighted under the principles of the MCA.
- Most of the care plans we viewed had been completed with the involvement of either the person themselves or their family member. The registered manager told us the impact of COVID-19 and restrictions of visits meant that some care plan discussions with families were outstanding, however these would be completed as soon as possible.
- We heard and observed staff asking people what they would like to do, and what they would like for lunch.

Respecting and promoting people's privacy, dignity and independence

- People's dignity, privacy and independence was promoted and respected by staff, and where possible, people were encouraged by staff to do tasks for themselves.
- Care plans were written in a dignified way, such as ensuring people's own hygiene products were used, and their washing was put away safely to avoid items being lost.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this service under the new provider.

This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans in place to ensure their needs were met in the way they chose.
- Care plans contained relevant information regarding people's likes and choices. For example, we saw records stating how many pillows people preferred to sleep with, what channel they liked to watch and whether they preferred their light on or off at night.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service user guide for the home could be made available in different formats upon people's request to help support their understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with their relatives to ensure they avoided isolation and loneliness, as well socialise together where appropriate.
- The pandemic had impacted people having visitors; however, people had been supported via Zoom to contact their relatives. More recently, people had been supported to safely have visitors to the home in accordance with national guidance.
- We received mixed responses with regards to the activities on offer at the home. Some people said the service "Went the extra mile" while other people said the activities were "Non-existent." We observed staff were spending time with people looking through photo albums in their rooms and chatting to people.
- The registered manager told us they were looking at improving this and people would be consulted with regarding what they would like to do.

Improving care quality in response to complaints or concerns

- Complaints were documented and responded to in line with policy and procedure.
- People told us they knew how to complain. One person said they "Never needed to gripe" and issues were addressed.

End of life care and support

- End of life care and support preferences were documented in a way which was respectful and meaningful for people.
- Staff had completed modules in end of life care and support.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this service under the new provider. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and clinical lead were clear with regards to their roles and responsibilities. Most quality assurance systems were effectively identifying gaps in service provisions. However, they failed to highlight some of the concerns we found during our inspection in relation to records and MCA.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure the quality of records was being monitored. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All notifications had been sent to CQC in line with regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Due to the impact of COVID-19, there had been minimal feedback received from people's family members.
- The registered manager put systems in place to encourage feedback, which included adding a 'rating' section to the signing out process by the entrance door.
- We discussed feedback with the registered manager regarding the number of staff who felt disengaged and unsupported. One staff member told us "It doesn't matter what we raise, we are never listened too." Another staff member said "I love working at the home, but I feel like I can't always give 100% because the morale at the home is low."

We recommend the registered provider seeks advice and guidance from reputable sources regarding staff engagement and support and updates their practices accordingly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported to receive safe care from staff who knew them well. However, when we spoke to staff regarding the culture of the home, we received some mixed responses.
- Most of the staff we spoke with said they felt unable to raise concerns and did not always feel listened to.
- During our feedback with the registered provider we highlighted some of these concerns and the provider assured us that this would be addressed, and staff would be consulted with and given the ability to air their

concerns.

- Staff meetings and 'daily huddles' took place.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong ;Continuous learning and improving care

- The registered manager and registered provider understood their role with regards to being open and transparent regarding issues at the service, and had clear plans in place to address any concerns.
- We felt assured following our feedback the registered manager would continue to make positive changes within the home.

Working in partnership with others

- The service worked in collaboration with other organisations to ensure people received appropriate support.
- The registered manager and clinical lead worked closely with GPs, OTs, and the local authority.

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 Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent People's capacity and consent in relation to bedrails was not being assessed appropriately. Some people were not always involved in every day decisions regarding their care and support.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Records in relation to people's care and support were not always completed accurately or in full. Quality assurance procedures did not always highlight areas of improvement in service provision.