

Kimbolton Lodge Limited

# Kimbolton Lodge

## Inspection report

1 Kimbolton Road  
Bedford  
Bedfordshire  
MK40 2NT

Tel: 01234355918

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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

### About the service:

Kimbolton Lodge is a residential care home providing personal and nursing care to 36 younger and older adults at the time of the inspection. The service can support up to 36 people. The service consists of two floors which had been adapted to support people's needs. People had their own bedrooms and shared facilities such as dining rooms, lounges, bathrooms and a garden. Some people used the service for rehabilitation following a stay in hospital.

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

People were happy with the care they received from staff at the service. One person said, "Everyone is very kind here. If you need help you get it and [staff] get to know how you like to be supported. We all help each other like one big family and I am very happy here."

Staff were kind and compassionate and treated people as individuals, involving them in all aspects of their care. People's privacy and dignity was respected, and people were encouraged to maintain their independence. Staff knew people's likes, dislikes, communication methods and preferences and supported them according to these. A wide variety of activities both at the service and in the community were available for people to take part in. The service was designed to meet the needs of people using the service.

People felt safe and were protected from harm and abuse by systems in place at the service. Risk assessments were in place to keep people safe whilst allowing them to take positive risks. People were supported safely with their medicines and good infection control measures were in place at the service.

Staff members were trained and competent in their job roles and there were enough staff to meet people's needs safely. People were also able to spend meaningful time with staff to help staff get to know them well. A complaints procedure was in place if people wanted to make a complaint about the service. People had plans in place for the end of their life and staff members had a good understanding of how to support people at this time.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to eat a healthy diet and were supported to see health professionals if this support was needed.

There was a positive culture at the service and the registered manager and staff team were passionate about achieving good outcomes for people. The registered manager and senior staff completed audits and put actions in place to monitor and improve the quality of the service. People, relatives and staff were able to feedback, and this was used to improve the service. The registered manager and staff team linked with other organisations to support people with their well-being.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was good (report published 4 May 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings 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 well-led.

Details are in our well-led findings below.

Good ●

# Kimbolton Lodge

## 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.

#### Inspection team:

This inspection was carried out by two inspectors.

#### Service and service type:

Kimbolton Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 who was 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.

#### Notice of inspection:

This inspection was unannounced.

#### What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We received feedback from the local authorities who work with the service. 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 used all this information to plan our inspection.

#### During the inspection:

We spoke with eight people and two relatives about their experience of the care provided. We observed interactions between staff and people who used the service. We spoke with one care staff, three senior care staff, one agency nurse, the activities coordinator, the chef, a domestic staff member, a maintenance staff member, the office administrator and the registered manager.

We reviewed a range of records. This included three people's care records which included all aspects of their care and risk. We looked at two staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection:

The registered manager sent us further evidence in relation to 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. People said, "I feel very safe indeed and I have a call bell if I ever need to get hold of [staff]." and, "Yes, I feel I am safe here. I feel much safer than when I lived at home."
- Staff had training and a good understanding of how to safeguard people from abuse and knew how to report any concerns they may have. Information about safeguarding was available to staff and discussed with them at handovers and team meetings.

Assessing risk, safety monitoring and management

- People had risk assessments in place depending on their needs in areas such as mobility, health conditions and using equipment. One person told us, "[Staff] are really well informed. They know all about the equipment I use and how to use it safely."
- People were supported to take positive risks such as accessing the community independently if this was their choice. The registered manager ensured that risks were discussed with the person so that they stayed safe.
- Staff completed health and safety checks of the environment, including fire safety, to ensure that any risks were identified and dealt with. Actions were taken where any issues were found which ensured that the premises were safe for people to use.

Staffing and recruitment

- Staff told us and we saw there were enough staff to support people safely and promptly. People said, "There is always someone about and most of the time it is the same staff which is really good. I can get to know people better then." and, "There are enough staff about. Night and day, there is no difference."
- The registered manager spoke to us about some challenges they were having recruiting nursing staff. However, regular agency staff were being used until a permanent staff member could be found.
- The provider completed robust recruitment checks for all staff members to ensure that they were suitable for their job roles.

Using medicines safely

- People felt well supported with their medicines. One person told us, "I feel very safe about my medicines. They are always on time."
- Staff had training in administering medicines and the registered manager regularly checked their competency in this area. Good practice was followed by staff members when administering medicines.
- Medicines were managed well, and regular audits took place to ensure that people had received their medicines correctly.

### Preventing and controlling infection

- The home was fresh and clean. One person said, "It is very nice and clean here. The cleaners make sure that it is kept well."
- Domestic staff ensured that the service was kept clean throughout the day. Staff members had training in infection control and access to equipment to enable them to clean effectively.

### Learning lessons when things go wrong

- The registered manager and senior staff reviewed incidents, accidents and audits and put measures in place to prevent them reoccurring. Any lessons learned were shared with the staff team at handovers and during staff meetings.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service. One person told us, "It was a very nice admission here. Me and my family came in and had a look around and we had a chat about how I would like my care to be."
- Some people who were using the service for rehabilitation told us that the admission to the service from hospital could be improved due to hospital procedures. The registered manager was aware of this and was working with the local hospitals to improve people's experiences in this area.
- The registered manager kept up to date with guidance and legislation to ensure that people were supported according to their needs and choices.

Staff support: induction, training, skills and experience

- People told us that staff were well trained. One person said, "I would say that the staff are very well trained. They all appear very confident in what they are doing."
- Staff received training in areas such as safeguarding, moving and handling and working with people living with specific health conditions. Staff told us that training was useful and that they could request more training if they felt they needed this.
- Staff received supervision and competency assessments in various areas to ensure that they were completing their job roles effectively. They also had a thorough induction when they started working at the service and told us that this prepared them for their job roles.

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

- People enjoyed the food at the service. People told us, "The food tastes and smells delicious. We can have as much as we want as well." and, "[Chef] seems to know all our likes and dislikes. Nothing is too much of a problem and [chef] is very flexible. [Chef] will make you something else whenever you want which is lovely."
- The chef had a good understanding of people's dietary needs, likes and dislikes. Food looked and smelled appetising and we observed that people could make choices about what to eat and when to eat during the day. People were involved in creating menus at the service and food was regularly discussed in meetings with people.
- People's food and fluid intakes were monitored, and they received support from the dietitian if this was necessary. People's specific dietary needs were well documented in their care plans and understood by staff.

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

- People were supported to see health professionals such as GP's, physiotherapists and dentists. One person said, "[Staff] sort out all the appointments for me and organise taxis or transport if I need it." A relative told us, "[Staff] are very good at keeping me up to date with [family members] health and appointments so that I can support them if necessary."
- Advice from health professionals was recorded and used to update people's support plans to ensure that advice was followed. Staff told us that they were kept up to date with advice from health professionals at staff handovers.
- People were supported to live healthily and received support with their individual health needs. One person told us, "[Staff] support me to see [health professionals]. I have [health condition] so it is important that this happens." Staff had a good understanding of people's health needs and the signs to look for which might indicate that a person needed more support.

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

- People were happy with the design and decoration of the service. The service had a lot of room for people to maintain their independence and move around easily. People's bedrooms were personalised depending on their personalities and preferences.
- People had access to a large garden which had been designed to enable people to take part in activities such as planting flowers and vegetables.
- The registered manager was in the process of updating and redecorating areas of the service to improve the experience of care for people. The registered manager was also looking to adapt the premises for some people who were beginning to live with dementia.

#### 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.

- People told us they were asked for consent. One person said, "[Staff] always let me know what they are doing. Even today [staff] made sure I was happy for them to make my bed." We observed staff members asking people for consent during our inspection.
- The registered manager and staff team had training and a good understanding of the MCA. People had capacity assessments completed in different areas of their support and DoLS in place if these were necessary. These processes were completed in line with legal requirements.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 positive about the care they received. One person told us, "[Staff] are very friendly. I have a laugh with them and they are always coming to see how I am." A relative said, "[Staff] are very friendly here. They know [family member] well and know how to respond if [family member] is not feeling themselves."
- Staff knew people well and we saw them communicating with people with kindness and respect. People were happy and relaxed in the presence of the staff team. Staff reassured people when they were feeling upset in ways that made sense to the person. There was a lot of laughing and banter between people and staff during our inspection.
- People's care plans were written using respectful language and gave a good overview of people's support needs. The registered manager was in the process of adding more information about people's likes, dislikes and cultural beliefs to their care plans.

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

- People told us they could make choices about their care. People said, "I can choose when to go to bed, what to wear, what to eat and when to go out. It's very good here." and, "Of course I can make my own choices. The staff wouldn't tell me what to do. They know me too well." We saw staff offering choices to people whilst supporting them throughout the day.
- People and those important to them were involved in regular reviews of their care plans and their choices were recorded. One person told us, "I tell [registered manager] what I want and how I want to be supported at the reviews. My family are involved as well."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and we observed staff knocking on people's doors and maintaining their dignity whilst supporting them. One person said, "[Staff] are very polite- they always knock on the door and they always give me plenty of time in the mornings."
- People's independence was promoted. One person told us, "[Staff] are very good at letting me be independent. I make my own bed and tidy up after myself. [Staff] know how important this is to me." We observed people being encouraged to complete tasks independently throughout the inspection.
- The registered manager spoke to us about their commitment to support people to keep their independence. People using the service had maintained their ability to walk and, in many cases, had improved in this area.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 received personalised care based upon their support needs and their preferences. People told us, "I would say [staff] know how I like to be supported as an individual which is really nice." and, "[Staff] take a real interest and talk to me about my hobbies, even if they don't really like it themselves."
- Staff had a good understanding of people's needs and supported them using their preferred communication methods. Staff used known ways of supporting people in line with their preferences to ensure that they felt happy, comfortable and relaxed throughout the day.
- Staff had a good understanding of the importance of person-centred care. One staff member said, "You treat the person as an individual. You learn about them and how they want to be supported and always do what is right for them."

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.

- People were supported to communicate in their preferred communication methods such as sign language. People's communication needs were clearly explained in their care plans and staff had a good understanding of these.
- Information such as a complaints policy and procedure were available in accessible formats for people to use.

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 told us that they could take part in a variety of activities. People said, "We do things like jigsaws and puzzles. [Activities coordinator] knows that I do not like the exercises and so they play dominoes with me instead." and, "I very much enjoy the activities here and [activities coordinator] works so hard."
- People were supported with activities such as exercise classes, bingo and playing board games on the day of our inspection. The activities coordinator was working with the staff team to help engage them in supporting people with activities of the persons choosing.
- The activities coordinator showed us that varied activities both in and out of the service took place throughout the week. One person who spent a lot of time in bed due to their health needs, had recently been supported to go to a museum and had visibly enjoyed this.
- The registered manager and activities coordinator ensured that as well as the numerous activities on offer

each person also got some one on one time outside of the service. This meant that people could access the community and take part in an activity of their choosing.

- People were supported to stay in contact with those important to them and relatives and friends could visit the service at any time of the day.

Improving care quality in response to complaints or concerns

- People told us that they had not made any formal complaints, but any small issues were resolved immediately. One person said. "I will say something when I must but [registered manager] is always very quick to sort any problems out."

- A detailed complaints and compliments policy and procedure was in place and was available in different formats for people to use. Complaints had been responded to in a timely manner and to the complainant's satisfaction.

End of life care and support

- People had been supported to put plans in place for their end of life care wishes. Compliment cards received from relatives explained that people were well supported at this time.

- Staff had training in end of life care and had a good understanding of how to support people with dignity and respect at this time.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff team were clear about their job roles. Staff spoke to us about how the management team focused on their development and ensured they were kept up to date with current best practice. Information was shared between management and the staff team in regular handovers.
- The registered manager and senior staff completed audits in areas such as medicines, care plans and people's enjoyment of activities to monitor the quality of the service. Actions were taken and completed in a timely manner if improvements were needed.
- Detailed plans were in place for staff to follow in emergency situations such as a fire or extreme staff shortages. Staff had a good understanding of these.
- The registered manager reported all notifiable incidents to the proper authorities. Information was shared with people and the staff team following any incidents.

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

- People were positive about the management of the service. One person said, "[Registered manager] makes sure the place is well kept and that I am well looked after. That is all I want really." A relative told us, "It is a partnership here in the best way. We work things out together, me [family member], [registered manager] and [staff.]"
- The registered manager and some of the staff team had worked at the service for a long time and knew people as individuals. There was a positive atmosphere at the service during our inspection and people were empowered to be in control of their own support.
- People were supported to achieve good outcomes and staff members had a passion for supporting people in a person-centred way. Staff spoke about the efforts that had been made to instil a positive culture at the service and how successful this had been.

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

- The registered manager and staff team encouraged people and their relatives to attend regular formal and informal meetings to feed back about the service. One person said, "It is nice to be kept informed of what is going on and have my chance to say it like it is." Actions were put in place and completed based on people's feedback.

- The activities coordinator had recently introduced a 'residents' newsletter' and encouraged people to contribute to this. People told us they enjoyed writing about their interests and sharing these with other people using the service.
- Staff were encouraged to feedback about the service in supervisions and team meetings. The registered manager was passionate about involving staff members in the development of the service.

#### Continuous learning and improving care

- The registered manager and management team were keen to continually improve the service. We identified an improvement that could be made to the care planning system during our inspection and the registered manager investigated and rectified this immediately. Actions to improve the service, identified in audits were completed in a timely manner.

#### Working in partnership with others

- The registered manager and staff team linked with outside organisations to organise activities for people. There were good links with the local community such as local schools, where children would come and complete activities such as reading and jigsaws with people.
- The activities coordinator had set up a group with other services in the local areas to share best practice and introduce new activity ideas for people to try.
- The manager and staff team worked well with health professionals to ensure that people received support to meet their needs.