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Kiln Lodge

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

Kiln Lodge is a care home for older people and offers care and support for people who have dementia. They are registered for 24 people. At the time of the inspection there were 24 people living at the service.

At our last inspection on 24 January 2014, the provider was meeting the regulations that were assessed.

When we visited there was a registered manager in post, this person was the also the registered provider. 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.

The service recruited staff in a safe way, making sure all necessary background checks had been carried out and that only suitable people were employed. Systems were in place to assess the staffing levels needed on each shift. This was based on people's dependency levels at any one time and the lay out of the building. Relatives told us staff were always available, during the day and night when required. Our observations during the inspection showed there was appropriate deployment of staff, including staff providing care, catering and housekeeping tasks.

Records showed staff received the training they needed to keep people safe. The manager had taken action to ensure that training was kept up to date and future training was planned.

Medicines management was organised well and administered in a safe way. This meant that people received their medicines in accordance with the prescriber's instructions.

Staff told us the manager, and other senior staff employed by the service, were professional in their role, supportive and approachable. They also confirmed to us that the on call arrangements were well managed. Staff told us they could seek advice and help out of hours if necessary. This meant there was good oversight of the service, and staff were confident about the management structures.

Staff told us they felt supported by the management team and the organisation. Staff told us they had ample opportunities to reflect on the service they provided through supervision and regular contact with each other. People were cared for and supported by qualified and competent staff.

Staff had a good understanding of the Mental Capacity Act (MCA) and we observed consent being sought routinely before any support or care was given. People had been supported to make their own decisions wherever possible, and staff had taken steps to support people to do this. Where people were unable to make a decision there was a best interest decision recorded within their care plan and we saw the person and relevant people had been involved in making this. This meant people were given the opportunity to be involved in decision making and decisions were made in the person's best interests. The service had

effectively implemented the Deprivation of Liberty Safeguards (DoLS) as required.

Relatives spoke positively about individual staff and told us that staff treated people with the respect and kindness. Throughout our visit we saw good practice. This included the encouragement of people to eat and drink, move around the home and take part in activities. Staff approaches were friendly, discreet and appropriate.

The premises were well maintained, clean, fresh smelling and comfortable. The adaptations and equipment provided meant that people could maintain their independence.

People were provided with a varied menu at each meal time. People also had access to drinks and snacks in between meal times. If people were at risk of losing weight or choking, we saw plans in place to manage this. People had good access to health care services and regular input from their doctors and district nurses when required.

People had their care needs assessed and planned, and regular reviews took place to make sure people received the right care and support. Information in people's care plans contained sufficient detail to guide staff.

A range of activities took place which suited the person and was age appropriate.

A complaints procedure was in place and records were available to show how complaints and concerns would be responded to. People who used the service and their representatives were encouraged to give feedback, through meetings and reviews. There was evidence that feedback had been listened to, with improvements made or planned as a result.

The manager submitted timely notifications to both CQC and other agencies. This helped to ensure that important information was shared as required. We found effective audits were taking place and any issues were resolved in a timely way.

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.

Staff had been recruited safely. There were enough staff to keep people safe and provide the care and attention needed. Staff were deployed effectively.

Staff knew how to protect people from harm and report any safeguarding concerns.

The service had detailed risk assessments and risk management plans in place to ensure people were supported safely.

People's medicines were managed safely and given as instructed by the prescriber.

Is the service effective?

Good

The service was effective.

The service took account of the MCA and had taken appropriate steps to make sure DoLS authorisations were in place where needed.

Staff had the right skills and knowledge to support people because they received on-going training and support.

People were supported to eat and drink and help was available at meal times for those who needed additional assistance.

External professionals were involved in people's care so that each person's health and social care needs were monitored and met.

The design of the building was suitable for people and adaptations were in place to enhance people's experiences.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was maintained by staff.

Personal care and support with eating and drinking was carried out in a professional and courteous manner by staff.

Throughout the inspection we saw people were treated with kindness, patience and compassion.

Is the service responsive?

Good

The service was responsive.

People had their care needs met by a team of dedicated staff. People had a care plan and this was regularly reviewed to make sure they received the right care and support.

Activities were organised and a varied programme was available for people to be involved in if they wished.

A complaints procedure was in place. The service encouraged feedback and any suggested improvements were listened to and acted on where necessary.

Is the service well-led?

Good

The service was well led.

The manager at the service, together with a senior staff team provided consistent, strong leadership and guidance.

Systems were in place to monitor safety and quality and where issues were highlighted through audits or surveys.

People who used the service and their representatives were encouraged to give feedback, through meetings and reviews. There was evidence that feedback had been listened to, with improvements made or planned as a result.

Kiln 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 registered 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 1 November 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

We looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We also contacted local authority safeguarding and commissioning teams who funded placements at the service.

We spoke with the registered manager, the nominated individual, four care staff, the cook and three relatives. We also spoke with two health care professionals and a doctor who was visiting the service during our inspection. In addition to this we received feedback from another social care professional prior to the inspection.

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 due to their complex and health related circumstances.

We reviewed the care records for four people who used the service. We reviewed three staff recruitment and training files. We checked management records including staff rotas, staff meeting minutes, quality assurance visits, annual surveys and the staff handbook. We also looked at a sample of policies and procedures including the complaints policy and the medicines policy.

Good

Is the service safe?

Our findings

Relatives we spoke with said they felt their relatives were safe. One relative told us, "We have absolute confidence that [name] is in good hands and is safe."

The service had policies and procedures in place for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to all members of staff. The staff we spoke with, all had an understanding of safeguarding matters. They had all completed training and received regular updates from the provider. The manager also demonstrated a good understanding of the issues regarding safeguarding. We could see from records that they had made appropriate referrals to the local safeguarding authority and had worked with them to make sure people who used the service were protected from harm. There were no outstanding safeguarding investigations at the time of our visit.

From the care plans reviewed we saw risk assessments were completed. These included such things as the physical risk associated with mobility, falls, skin care, pressure areas, and nutrition. Risk assessments were also in place around people's wellbeing, routines and relationships with others. This included issues relating to behaviour resulting from distress associated with people living with dementia. Risk assessments contained information for staff to minimise risk, whilst respecting the person's individuality, wellbeing and human rights. For example, one person spent time walking without apparent purpose. The risk assessment provided information to enable this person to do this whilst minimising risk. The staff did not use physical intervention to protect people but had received specialist dementia training which allowed staff to understand individuals needs and use appropriate skills, for example de- escalation techniques.

We saw people had personal emergency evacuation plans. This meant that staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency.

The service used specialist health and safety consultants who visited the service and reviewed the risks within the environment. There was a programme of regular health and safety checks carried out by the maintenance person which included fire safety, water temperatures, the servicing of utilities and lifting equipment such as hoists. Where people used bed rails these were checked regularly as were pressure relieving mattresses.

The manager explained they used a dependency tool to determine staffing levels. The tool included analysing individual needs and took into account the building lay out. At the time of the inspection there were five care staff on duty during the day and three staff on duty overnight. Care staff were supported by ancillary staff including domestics, cooks and maintenance staff.

Staff we spoke with told us there were enough staff on each shift and this enabled them to undertake their work in a calm and relaxed way. Staff had handovers twice a day where they discussed changes, appointments and were updated on people's care and support needs. We saw evidence of this recorded in the staff communication book and sat in on two staff handovers.

We reviewed three staff recruitment files and saw staff completed an application form which was discussed at interview. Interview notes were recorded and included questions which assessed people's values and beliefs. We saw references were taken up and checks on people's identity, right to work and checks with DBS were carried out. The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people. The service used the services of a specialist HR company to provide support with all personnel matters.

We checked the systems in place to ensure people received their medicines safely. The service used a monitored dosage system (MDS) with a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for simple administration of medication at each dosage time without the need for staff to count tablets or decide which ones need to be taken and when.

Each person's medication administration record (MAR) was stored with a photograph of themselves and details of any allergies they had. We sampled these records and saw that medicines had been administered as prescribed. The temperatures in the medication room and refrigerator, used for the storage of medication, were recorded daily to ensure medicines were kept at the correct temperature.

We checked the systems in place for the safe storage of drugs liable to misuse called controlled drugs and saw they were stored in an approved wall mounted, metal cupboard and a controlled drugs register was in place. We completed a random check of stock against the drugs register and found the record to be accurate. We saw appropriate PRN (as required medication) procedures which identified when and in what circumstances medication should be administered. We checked records to confirm that staff had received appropriate training this included a practical observation of competence as part of their induction and training updates. This helped to ensure medications were safely administered.

The manager explained that regular audits were completed to ensure medication was managed safely. We were told that any action required as a result of the audits was either brought to the attention of the staff team or addressed in staff supervision. There had been no medication errors since the previous inspection.

The manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned them as needed. They recorded any accident on the day it occurred and completed a monthly analysis of incidents to help identify any trends or problems within the service. This demonstrated that the safety measures within the service were effective.

We saw staff had access to personal protective equipment such as aprons and gloves. We observed staff using good hand washing practice. There were systems in place to monitor and audit the cleanliness and infection control measures in place. Daily schedules for cleaning had been completed and bathrooms, bedrooms and communal areas were kept in a clean and hygienic condition. One relative said, "It's always spotless - no nasty smells ever."

Good

Is the service effective?

Our findings

People we spoke with said they were confident that staff had the skills and knowledge to care for their relatives. A district nurse told us, "The staff are very prompt in seeking advice and acting upon it."

The manager told us training was provided 'in house' as well as by external providers. Staff told us the training they received helped them carry out their roles competently. One member of staff, who was newly appointed, told us their induction had included working through specific topics. They had then been assessed for understanding and competency by their mentor. They told us they also shadowed a more senior member of staff before they worked alone. They told us they had not worked in adult social care before but felt they were given excellent training and support.

Staff completed training considered to be mandatory by the provider and included areas such as moving and handling, first aid, safeguarding adults, medication and infection control. The service provided care specifically for people living with dementia. All staff completed specialist dementia training. On the day after the inspection staff were attending training provided by the 'dementia bus.' The training planned was a whole day experiential session where staff had an opportunity to experience what it is like to live with dementia. We could see from the content of care plans that the training promoted very individualised care and support for people. The manager told us they were passionate about ensuring people received the best dementia care possible and therefore sought out new training to support this.

Staff received regular supervision and an annual appraisal. Staff told us they felt the sessions were useful. One person said, "It's an opportunity to talk about how I'm doing."

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 on authorisations to deprive a person of their liberty were being met.

We saw MCA assessments identified when people had fluctuating capacity and where tools to enable people to make choices such and pictures and physical props had been used. Where people had a Power of Attorney authorised, a copy of this was held on the person's records. Where appropriate the manager had made DoLS referrals and had a system to ensure the authorising body were alerted to renewal dates. One of the doctors linked to the home told us the manager routinely identified mental capacity issues and referred people to the practice appropriately. During our observations we noted staff encouraging people to make decisions and choices about how they spent their day. We saw the use of physical prompts such as pictures to encourage this.

People we spoke with were complimentary about the quality and quantity of food provided. One person told us, "Meals are lovely and there is plenty of it. You can always get more if you want it."

We observed lunchtime. People were given choices with the use of example meals. The dining experience was relaxed and where people needed support this was given discreetly. We spoke to the cook, who demonstrated good understanding of alternative diets including pureed, diabetic and vegetarian diets. They explained they added high calorie ingredients for those people at risk of malnutrition and made high calorie milkshakes. We saw people had access to snacks and drinks throughout the day.

For those people at nutritional risk, a professionally recognised assessment tool was used to monitor weight loss and prompt appropriate action. Methods of recording and monitoring food and fluid intake were being used. We saw people had food and fluid charts and these were recorded accurately. Staff told us they weighed people regularly and those with significant weight loss were referred to specialist health professionals.

We looked round the service and saw consideration had been given to people living with dementia in the way the furniture and fittings were organised. We saw colour contrasting and sign posting advised by prominent dementia care specialists. We saw bedroom and other furnishings was dementia friendly and were rounded with no sharp edges. The manager told us they kept up to date with current research with regard to dementia friendly environments, to ensure improvements could be made on a continuous programme.

People were supported to maintain their health and had access to health services as needed. Support plans contained clear information about peoples' health needs. Many of the people who used the service had complex health needs and we saw that the service made good use of advice and support from other professionals. The service had good links with the local community nursing service, doctors and other health specialists. We received positive feedback from those we spoke with. The care plans we looked at reflected the advice and guidance provided by external health and social care professionals. This demonstrated that staff worked with healthcare and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met, to maintain their health and wellbeing.

Good

Is the service caring?

Our findings

We spent time in the communal areas of the home. Staff approached people in a sensitive way and engaged people in conversation, which was meaningful and relevant to them. For example, we observed a person sat singing with a member of staff. They were singing a song which the staff told us the person enjoyed. We could see this was the case as the person smiled and joined in with the words.

There was a calm, positive atmosphere throughout our visit. We saw that people's requests for assistance were answered promptly. Throughout the visit, the interactions we observed between staff and people who used the service were friendly, supportive and encouraging.

Our observation during the inspection was that staff were respectful when talking with people. Staff referred to people using their preferred names. Staff knocked on people's doors and waited before entering. This meant staff respected people's privacy and dignity.

Staff told us they received training with regard to privacy and dignity. One member of staff said, "We treat people as we want our own relatives to be treated."

Some people who had complex needs were unable to tell us about their experiences in the home, so we spent time observing the interactions between the staff and the people they cared for. Our use of the Short Observational Framework for Inspections (SOFI) tool found staff interactions were positive and benefited people's wellbeing. Discussions with staff showed a genuine interest in and a very caring attitude towards the people they supported. We particularly noted staff interacted with people who appeared or preferred to be quiet. This made sure people did not feel isolated.

The manager told us they were proud of their approach to end of life care. They explained the training completed and spoke of further accredited training. Staff we spoke with said, "It is one of the most important parts of my job. It's the last thing you do for that person and it's so important people are looked after properly." A health care professional commented on the standard and commitment the service had towards end of life care. They told us they worked jointly to ensure advanced care plans were completed. These included people's spiritual and emotional needs as well as treating people's physical symptoms. The manager shared a letter with us from a local funeral director commending the service on their approach to people during their last days and the respect and care taken immediately following their death. A district nurse told us, "The staff provide very good end of life care. They go above and beyond for their patients [Service users]."

We were told people had access to an external advocacy service if required and the manager told us they promoted an open door policy for people and their relatives. During the day we saw visitors coming and going; they were offered a warm welcome by staff. We spoke with two visitors who said they were very happy with the care their relatives received. One person told us, "They [staff] keep in regular contact and discuss any issues or changes with [name]."

Good

Is the service responsive?

Our findings

Relatives told us staff were responsive to their relatives needs and kept them aware of any issues. One relative said, "They are quick to call the doctor or district nurses and we are included in everything." Another relative said, "The staff paid particular attention to his personal needs and were really flexible."

The manager explained prior to admission, everyone was assessed to make sure the service was able to meet the person's needs. They told us they also gave consideration to the current resident group and the impact the prospective person's needs may have on this. The service had an electronic system to record people's care plans. The system provided prompts to indicate whether a specific need had low, medium or high impact and any areas of risk prompted the need for a corresponding risk assessment. We saw the system promoted regular review of care plans to ensure people's needs were kept up to date.

We reviewed four people's records and saw they were very detailed and person centred. The information recorded reflected values associated with the person and their wellbeing. People's symptoms of dementia were detailed in terms of the impact this had on their wellbeing. We saw, for example that a common symptom of dementia, short term memory loss, had been responded to according to the individual's experience. One person, "using a gentle stroking action or similar gesture prior to working with each limb when helping with necessary tasks such as dressing. This may prompt her to help complete the action such as lifting a limb to put on clothing." It went on to say the impact for the person maybe a sense of companionship with the member of staff supporting the task. For another person, with similar short term memory, it was identified they had difficulties with sequencing and advised staff to avoid any complex instructions and use single words. The impact for the person was recorded as not just participating in the task but "raising her awareness and potential enjoyment of the moment."

We also saw recorded reference to activities people enjoyed and the impact of this. For example, one person enjoyed talking about their past and particular events in their childhood. This was recorded in their care plan as helping with the person's "sense of selfhood." We saw the details in their care plans reflected in our observations of staff interactions with people through the day. This demonstrated a good understanding of the common symptoms of dementia but responding to the impact of dementia on people as individuals and meeting those individual needs.

One member of staff said, "We have a very clear approach here, you have to understand the person completely and go with them and their world at the time." Another member of staff said, "We don't challenge people here, as long as they are safe anything goes. People are happier." A visiting health professional told us, "The atmosphere here is so calm. We have very few incidents of people becoming distressed or agitated and that's down to the leadership, training and understanding of individuals."

Although there was a programme of activities, responsibility for delivery of this was across the staff team. Activities were part of people's day to day enjoyment of life. Staff told us they knew how people liked to be occupied and they shared how they would meet individual needs. We saw plenty of tactile objects around for people to busy themselves with and people were free to handle objects which interested them.

Information about how to make a complaint was available. People we spoke with knew how they could make a complaint if they were unhappy and said that they had confidence that any complaints would be responded to. We reviewed the complaints records. The records indicated the service's complaints procedure had been followed and complainants had been satisfied with the outcome.

The provider sought people's views by using an anonymous survey. This was carried out every three months. The manager said the rate of returned surveys was good and in the main comments were very positive. We saw from a recent survey comments about the difficulties with access and using wheelchairs on the gravel drive. In response to this the provider had had the drive resurfaced using tarmac. The manager confirmed they would always consider people's comments and where ever possible make improvements. This demonstrated the provider sought and responded to people's views.

Good

Is the service well-led?

Our findings

There was a registered manager at the service who had worked there for 30 years. They told us they were passionate about providing an excellent service which was personalised and responsive to people's needs. They told us they were committed to their own personal development particularly in investing in knowledge and skills to provide high quality, up to date dementia care.

Relatives told us the manager was a visible presence around the service and that they were approachable and responsive. One relative told us," The leadership and management is exemplary and my father could not have been in a better place." A health professional said, "I have absolute confidence in the management and leadership of this home." A district nurse told us, "The care shows good management. It is the same whether or not the registered manager is present."

There was a clear management structure at the service. The staff we spoke with were aware of the roles of the management team. They told us the manager spent time in the home talking with and working alongside staff. They told us they felt valued and were given opportunities to develop professionally and take on new responsibilities, such as the best practice development. They also told us they were confident people received good care.

The manager told us they encouraged people, their relatives and visitor's to speak with them at any time. We saw this worked effectively during our inspection. We saw a number of 'thank you' cards' had been received from people or their relatives who give positive feedback to the staff at the service for their care and support.

Staff meetings had been held at regular intervals, which had given staff the opportunity to share their views and to receive information about the service. Staff told us that they felt able to voice their opinions, share their views and felt there was a two way communication process with senior staff and the manager. We saw this reflected in the meeting minutes we looked at. They said the manager offered an open door and was fair and honest with them.

The manager explained there were a range of quality assurance systems in place to help monitor the quality of the service the home offered. This included formal auditing, meeting with the provider and talking to people and their relatives. Audits included regular daily, weekly, monthly and annual checks for health and safety matters such as passenger lifts, fire fighting and detection equipment. There were also care plan and medicines audits which helped determine where the service could improve and develop.

Any incidents or accidents were investigated, recorded and dealt with appropriately. Where any learning was taken from accidents or incidents, this was shared through regular supervision, training and relevant meetings.

The manager spoke knowledgeably about the service and had a clear understanding of the requirements of the Regulations. There were procedures in place for reporting any adverse events to the Care Quality

Commission (CQC) and other organisations such as the local authority safeguarding team, police, deprivation of liberty team, and the health protection agency. Our records showed that the provider had appropriately submitted notifications to CQC about incidents that affected people who used services.