

K Lodge Limited

K Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

K Lodge is a residential care home providing personal care to 35 people aged 65 and over at the time of the inspection. The service can support up to 40 people over one large adapted building and a smaller annexe.

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

Systems in place to monitor and improve the quality of the service were not robust. The provider had not identified the issues we found during inspection.

Staff did not always complete medicine administration records or report issues appropriately. We found people had not received their medicine as prescribed.

Information about specialist equipment was not recorded in people's care plans. This meant staff could not be sure the equipment was being used properly.

Systems and processes to record information about people were disorganised. This meant that staff did not always take the correct action in relation to people's health needs.

Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's needs. However, the registered manager did not always assess information staff had shared which may affect their ability to carry out their roles.

The home was well equipped, clean and tidy and good infection control practices were being followed.

People and relatives spoke positively about staff and the registered manager. People's care and support needs were met by staff who knew them well and enjoyed working with them.

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 this service was Good (published 17 January 2019).

Why we inspected

We received concerns in relation to the environment of the service, the management of medicines and people's care needs. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for K Lodge on our website at www.cqc.org.uk

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 safety and governance of the service.

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

Since the last inspection we recognised that the provider had failed to notify CQC of incidents which occurred in the service during the course of, or as a consequence of, the delivery of regulated activity. This was a breach of regulation. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

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 well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

K 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.

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 one inspector. An Expert by Experience contacted the relatives of people who use the service via telephone. 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

K 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.

Notice of inspection

The inspection was unannounced; however, we spoke to the manager on the phone before entering the service. This supported the home and us to manage any potential risks associated with Covid-19.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and nine relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, assistant manager and care workers.

We reviewed a range of records. This included eight 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.



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 Requires Improvement. At this inspection this key question has remained the same. 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.

Using medicines safely. Assessing risk, safety monitoring and management

- During the inspection we identified a number of medicines administration errors. Records did not evidence that medicines were always given as prescribed. Five people had gaps in their medicines records and there were anomalies in medicine stocks. This put people at risk of harm through missed medication.
- Systems to ensure the safe management of 'as required' medicine were not in place. For example, some people received medicine such as paracetamol 'as required' (PRN). However there were not always PRN protocols in place to guide staff to give this medicine to people safely.
- Staff did not always ensure concerns about people's health were followed up. For example, staff had not sought medical advice about the medicine errors we had identified. We also saw records which showed staff had recorded concerns about people's health in their daily notes but had not alerted senior staff or sought medical advice. This meant people were at risk of their health needs not being met.
- Some people had specialist mattresses to reduce their risk of skin damage. However, there were no records regarding the appropriate settings for these mattresses and staff had no way of ensuring they were correct. This meant people were at risk of developing pressure wounds.
- Risk assessments and care plans were sometimes incomplete or contained conflicting information. For example, one person's care plan recorded several different assessments of risk level for the same issue. This meant staff could not be sure how to safely support people.

The provider had failed to ensure people were protected from the risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager acted immediately during the inspection to ensure PRN protocols were in place for all people using the service.

Staffing and recruitment

- The registered manager had not always completed risk assessments when staff had provided information which may have affected their ability to carry out their role safely.
- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There were enough staff deployed to provide people with their care at regular planned times.
- People received care from a regular group of staff who knew people well. One relative told us, "Staff know [person] and cater for her complex needs. They notice if she is out of sorts".

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us staff helped them to feel safe. One relative told us, "Yes they [staff] are really looking after [person] day and night. They watch him like a hawk. He is getting marvellous care."
- Staff received training in safeguarding vulnerable adults. They told us they understood their responsibilities to protect people from the risk of abuse and knew how to report concerns.
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team.

Preventing and controlling infection

- Staff used personal protective equipment (PPE) effectively and safely. The manager carried out spot checks on staff to check they were following procedures and using the correct PPE.
- The provider was admitting people safely to the service and was making sure infection outbreaks could be effectively prevented or managed.
- The provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had responded to concerns identified during the previous inspection regarding the environment and had ensured flooring had been replaced and was well-maintained. One relative told us, "It is very clean. I'm impressed. They use infusers and are always washing the carpets."

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 now deteriorated to 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. Continuous learning and improving care. Working in partnership with others. 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 provider had failed to implement effective governance systems or processes to assess, monitor or drive improvement in the quality and safety of the care being provided. Systems to monitor medicines, quality and safety were weak. Audits were not robust. Records relating to people's care and incidents were disorganised and unclear. The manager had not identified the issues we found during inspection.
- The registered manager did not complete analysis of falls, accidents and incidents or the call bell system. This meant opportunities to identify trends and put preventative measures in place were limited.
- The service had visual-only (no audio) CCTV cameras covering communal areas including both lounges. Plans were in place to install additional cameras around the building. The registered manager and other senior staff logged in remotely to monitor this system live-time. Consent had not been obtained from service users or those who had legal authority to make decisions on their behalf, despite the provider having a policy in place regarding this.
- The provider recognised the importance of close working relationships with other professionals. However, systems were not robust enough to support this. The lack of clear information recording led to gaps in information sharing with other professionals and missed opportunities to improve.

The provider did not have effective arrangements to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014 Good governance.

- The registered manager and provider had not informed the CQC as required when serious incidents or safeguarding concerns had occurred.

Failure to notify the Commission constitutes a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Notification of other incidents.

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

- Relatives told us the whole staff team had positive attitudes and promoted a person-centred culture. One

relative told us, "Staff know [person] and are good at noticing difficulties before they arise." Another said, "[Registered manager] makes time for me and always has time to talk. I have no complaints and am very pleased with the care." Another told us, "Yes I know [registered manager] and can ring them. They are ever so kind."

- Staff were supported by the registered manager. Staff told us, "The manager is lovely, we get on very well," and another said, "The manager is available, I can go to her if I needed."
- Staff told us they enjoyed working at the service. One staff member told us, "[The job is] very rewarding, I love the residents, the conversations you get to have with them, that's probably my favourite part."

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

- People and relatives were asked for their feedback through formal surveys, group meetings and care plan reviews. Issues and suggestions were acted upon.
- People's equality characteristics were considered when sharing information, accessing care and activities.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure people were protected from the risk of harm
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective arrangements to assess, monitor and improve the quality of the service.