London Residential Healthcare Limited

Kings Lodge Nursing Home

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

Kings Lodge Nursing Home 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 care home can provide accommodation and nursing care for 77 people in one, three storey detached building that is adapted for the current use. The home provides support for people living with a range of healthcare, mobility and sensory needs, including people living with dementia. There were 70 people living at the home at the time of our inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered managers, 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.

At the last inspection on 7 March 2016, the service was rated 'Good.' At this inspection we found the service remained 'Good.' This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People and relatives told us they felt the service was safe. One person told us they felt safe they were never rushed and the home was clean, "It's all spotless." People remained protected from the risk of abuse because staff had a good understanding of safeguarding and there were systems and processes in place to keep people safe. Risks to people's safety had been assessed, monitored and managed to ensure people remained safe. Regular health and safety checks and audits of systems and processes including care planning took place to ensure staff had current guidance when supporting people's needs. We observed audit activity for areas including, moving and handling equipment, fire safety and infection control.

Medicines continued to be managed safely. There were arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to have their medicine safely with their consent and when they needed it. People were supported to maintain good health; their nutritional needs were met and they had good access to health care services. One person told us, "When I was living alone, my relative was worried because I was losing weight. I eat really well here."

People and their relatives felt there were sufficient numbers of skilled staff to effectively meet people's needs. Staff were recruited using robust recruitment processes and confirmed they received training and specialist guidance to support their understanding of the needs of people living with dementia and other complex health needs.

Staff considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. People were supported to have choice and control of their lives and the service continued to review and reduce restrictive practices to ensure people were supported in the least

restrictive way possible; the policies and systems in the service supported this practice. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People's needs and choices were assessed prior to people moving into the service, and they were supported by staff that knew their background life experiences and likes and dislikes. One person told us, "The girls look after me well, I can't fault the care." Care continued to be personalised to meet people's care, social and wellbeing needs.

We observed positive and responsive interactions between people and staff. People's independence continued to be encouraged. Staff promoted and respected people's equality, diversity and human rights and their right to maintain important relationships. This culture continued through to the provision of end of life care. People were able to remain in their home, if they chose to for end of life and relatives were positive about the care they and their loved one's received during this time.

Quality assurance audits continued to be completed to ensure a good level of quality was maintained. The provider was committed to improving the service through complaints, surveys, engaging with best practice initiatives with health professionals and was an active partner in local forums. The provider consistently demonstrated that the service monitored and made improvements to the systems when required.

Further information is in the detailed findings below

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Kings Lodge Nursing Home

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 July 2018 and 1 August 2018 and was unannounced. The inspection team consisted of three inspectors 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. The expert-by-experience for this inspection was an expert in care for older people with dementia.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. One notification shared with the CQC related to allegations of poor practice in relation to medicines, manual handling and the conduct of staff. We looked at these areas of practice within the inspection. We contacted the local authority contracts team involved in the service and on this occasion, did not receive feedback in relation to the service.

During the inspection we observed the support that people received in the communal areas. We were also invited into people's individual rooms. We spoke to nine people, six relatives, ten care staff, the registered manager and the operations manager. We spent time throughout the two days observing how people were cared for and their interactions with staff and visitors in order to understand their experience.

We reviewed four staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes, training records and surveys undertaken by the service. We also looked at the menus and activity plans. We looked at 12 people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

At the last inspection on 7 March 2016, the service was rated Good. At this inspection the service remained Good.

Good

Is the service safe?

Our findings

People remained safe. One person told us they felt safe they were never rushed and the home was clean, "It's all spotless." Another person told us, "The only thing I have ever lost here is a box of tissues." Relatives were confident that their loved one's needs were met safely. One relative spoke about the care given to ensure their loved one's the skin care was managed safely, "They are always ahead of the game, they have tried a pressure mat previously but now use a pressure cushion which is more effective."

We looked at the management of medicines throughout the home. Registered nurses and care staff were trained and gave medicines respectfully having gained consent. The medicines policies and systems ensured that staff had clear guidance on how to safely store, audit, record, administer and dispose of medicines. For example, one person who was in receipt of covert medicines had their medicines regularly reviewed in line with their GP information, care plan and Deprivation of Liberties (DoLs) conditions. Staff were able to describe, how they ensured that the person received their covert medicines 'within the first spoonful' when it was taken with food. Staff that administered medicines were trained and assessed as competent to do so. The medicines administration records were completed and signed demonstrating that people were receiving their medicines as they were prescribed. Staff feedback and records also demonstrated that the home worked closely with GPs to review medicines regularly. For example, one person who had received medicines in relation to periods of agitation, had had their medicines reduced when staff recognised effective pain management had reduced their agitation.

Environmental risks were identified and managed appropriately. Regular health and safety and fire checks were completed and recorded. Health and safety checks were carried out to ensure the safe management of utilities, food hygiene, hazardous substances and infection control measures were continued. The provider demonstrated that they learnt and acted upon lessons in relation to risks and feedback. For example, they completed a full audit of their manual handling risk assessments and guidelines and replaced equipment in response to a safeguarding concern that manual handling procedures and equipment were not person specific at the service. The provider had also worked closely with Public Health England and in line with the homes infection control policy in response to a 'flu outbreak' during the previous winter. The environment throughout the home was clean.

Risks for people continued to be managed safely. Each person's care plan had a number of risk assessments that gave guidance to staff on how to meet people's needs including; mobility, falls, skin integrity, nutrition and medicines. Records and staff were able to describe potential risks and measures that could be taken to reduce or eliminate the risk. For example, one person who was unable to use a call bell, was assessed as needing hourly checks to ensure their preferences and needs were regularly checked. One staff member told us, how they promoted people's skin integrity, "We use pressure relief cushions and turn charts if needed. We look for any marks on people's skin during personal care, and keep a really good watch and report anything new to the nurses straight away." Each person had a Personal Emergency Evacuation Plan (PEEP) in place which ensured they would be able to exit the building safely in the event of an emergency. Records and observations during the inspection demonstrated that these control measures were completed.

The registered manager and staff continued to take responsive action following accidents and incidents. Staff recorded incidents and the details of what had led to the incident and subsequent actions to prevent a re-occurrence where possible. The registered manager analysed the themes and trends that related to people and the service to ensure lessons could be learnt.

Staff understood the types of abuse people may experience. Staff received training and guidance on how to recognise and report abuse so that action could be taken if any person was at risk of harm. Staff were confident that if they raised a concern with the registered manager that it would be taken seriously and acted on. One staff member told us, "We all need to report, it's a serious thing."

People were protected from discrimination. Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people and their colleagues from all types of discrimination. The Provider Information Return (PIR) described that the home had 'a multi-cultural and multi-ethnic staff force' and had policies and procedures in place to ensure all staff were treated fairly. For example, one staff member with sensory needs was supported with additional, visual material within task related guidance and when taking part in training courses.

There were sufficient numbers of suitably experienced staff on duty to keep people safe and ensure their needs were met. The service had an established staff team, however recently a number of staff left so they had begun to use agency staff. One staff member told us, "We've kept continuity for people by only working on one floor, while we have had agency staff." They told us this was in place to ensure agency staff were supported and people had familiar staff available, as this was their preference. Throughout the inspection, people's emotional and physical needs were met. People told us and we observed that request for support made verbally or through the use of call bells were responded to promptly. Staff told us they had sufficient time to meet people's needs.

Staff recruitment processes continued to ensure that new staff were safe to work with people. One relative told us the registered manager was, "Careful in recruitment, staff work on probation first to ensure they meet standards." Records demonstrated that all recruitment processes were completed and checks had been made with the Disclosure and Barring Service (DBS) to ensure staff were suitable to work with people. Documentation confirmed that nurses employed had up to date registration with the nursing midwifery council (NMC).

Good

Is the service effective?

Our findings

People's preferences, choices and care needs continued to be met by staff that had the skills, knowledge and competencies to do so. One person told us, "The girls look after me well, I can't fault the care." Another person told us the home provided, "Very good care." Relatives told us that staff had the training and skills needed to look after people. A relative told us "The care here is fantastic. My relative came in for palliative care only but is now no longer on palliative care and has new lease on life."

Staff told us they continued to be well supported and had regular supervisions and appraisals. Training and competency assessments were provided to enable staff to look after people effectively. Staff and agency staff completed an induction when they started working at the home and 'shadowed' experienced staff. They also received training that was specific people's needs, moving and handling, medicines, including dementia, MCA (Mental Capacity Act), equalities and diversity, diabetes, skin integrity and catheter care. Staff told us they had benefitted from working with experienced colleagues and training. For example, one staff member who had received dementia training told that it was important to be reassuring and that, "Patience is all important, it never works to contradict someone with dementia, you just have to follow along with their ideas." The registered manager also responded to staff feedback. For example, they had recently reviewed the induction of agency staff to ensure they were clearer about daily tasks, and arranged for positive behaviour support training in anticipation that it would be beneficial for newly recruited staff. Positive behaviour support is a behaviour management system which provides staff with guidance on how to understand and manage behaviours that may people or others at risk.

People who lacked mental capacity to make particular decisions remained protected. Staff and records demonstrated they understood and were working in line with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us and records demonstrated that that DoLs authorisations were in place to lawfully deprive people of their liberty for their own safety.

Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions and received training in this area. Where decisions were needed in relation to complex matters including; bedrails, medicines and door gates, mental capacity assessments and best interest assessments took place and their decisions recorded. The registered manager told us they were committed to people being supported in the least restrictive way and that the home had greatly reduced their use of restrictive practice. This was demonstrated through the reduction in medicines that were used to manage behaviours such as agitation.

People received care that remained responsive to their needs. Initial assessments were undertaken prior to a person moving to the service and then a care plan was designed around the needs of the person. The records were accessible, clear and gave descriptions of people's needs and the support staff should provide to meet them. Staff told us they could easily refer to the care plans to check what each person's risks were

and had a good knowledge of people and how to communicate with them, such as reading visual clues such as facial expressions from people who had limited communication.

The home supported people to maintain good health. One person who had recently moved to the service told us, "The chiropodist came today, I also have new glasses now." Another person told us that they travelled with a staff member in a taxi to Chichester for appointments for their hearing aids. Staff told us people regularly had input from health professionals including; GPs, dentists, chiropodist and that the community dementia crisis team could become involved if a person's needs increased.

People's nutritional and hydration needs continued to be met. One person told us, "Whenever my jug of juice is empty they just come and fill it up," Another person told us, "When I was living alone, my relative was worried because I was losing weight. I eat really well here." People remained complimentary about the meals served and their food options. One person told staff after their meal, "Yum, yum." Another person told us, "That was lovely." There were varied menus and specialist diets including those for vegetarians, people living with diabetes or swallowing difficulties were catered for. Care and kitchen staff had access to guidance in relation to risks associated with eating. People had access to adapted cutlery to support them to eat independently and were able to choose alternatives to eating in the dining rooms at meal times including; with their relatives, in the lounge or in their rooms.

The premises were decorated to ensure they remained safe, dementia friendly and well maintained. One relative told us, "Minor adaptations were made to my relative's room when they moved in, to make it safer for them." The registered told us they had used décor with defined changes in colours and themes for different areas. The environment was spacious which allowed people to move around freely without risk of harm. People had ensuites and bathrooms were accessible and equipped for people with limited mobility. The grounds were well maintained and two floor had accessible outdoor space with accessible gardening areas that people could use. The home utilised technology through wifi access for people who may wish to maintain their relationships with relatives and friends through social media applications.

Good

Is the service caring?

Our findings

People continued to be cared for by kind and caring staff. People and their relatives told us staff were attentive and hard working. One person told us, "The girls look after me well, I can't fault the care." Another person told us, "The staff are all very pleasant." Some people were unable to fully express themselves due to their dementia and communication needs. Throughout the inspection we observed people being comfortable and relaxed with staff. For example, people would smile and maintain eye contact with staff and were happy to initiate and receive touch.

Staff remained genuine and warm in their interactions with people and greeted people and their relatives by name. One relative told us, "Everyone is very welcoming, we are even allowed to bring our dog in when we visit." Staff gave good eye contact and adjusted their height when speaking to people and people were equally confident in approaching the registered manager, the cleaner or a member of the care staff. Agency staff were less familiar with some people, however established staff were on hand to ensure they had the guidance and support required to meet there needs safely. For example, when supporting someone to adjust their seating position.

Staff supported people and encouraged them to make choices and be as independent as possible. We observed people being able to choose when they had their medicines and encouraged to mobilise and eat independently and where they chose to. One relative told us, "My relative used always to be in bed when they first came but now they're up more." One staff member told us, "We always work with people's consent and help them keep their independence. We help them do their own personal care where possible, always ask what they want us to do and present choices." Another told us, "If they don't want to be changed, we give them time, offer another choice and then return and try again."

People's right to maintain important relationships continued to be respected and promoted within their day to day experience, choices and care planning. For example, an established couple with differing support and emotional needs were supported to spend their days and mealtimes together. One of them told us, "It's important that I'm here with my loved one." We observed that they were enabled to support each other as much as they could. They also told us that when their family visited they were welcomed and provided with a private quiet space to meet.

People's diversity and individuality were respected and promoted. People were encouraged to have their own possessions in their rooms, including, pictures, photographs and small items of furniture. Religious beliefs and important relationships and preferences and how people chose to express them were detailed in care planning and activities provided. For example, one person attended the regular multi denominational faith services that took place at the home. Where people needed support to communicate their needs their care plans provided guidance for staff to ensure they could support people's understanding and choice making. For example, staff described how they provided choice by offering visual clues, simplifying language or giving people time to process what had been said and respond. In addition, the registered manager had designed activities based on the calendar year that supported people to experience other cultures significant events, food and customs. For example, they celebrated Chinese New Year in February.

People's dignity and wellbeing consistently considered and promoted. When people required assistance from staff they did this in a discreet way. Staff spoke discreetly with people in communal spaces, knocked on doors and always waited for consent before providing support. Care plans and electronic records were kept securely within the nurse offices and access limited to people who needed to know.

The registered manager also recognised that people may need access to relevant advocacy services so that they could be actively involved when making decisions about their care and treatment. An advocate is someone who can offer support for people who lack capacity to make specific important decisions; these can include making decision about where they live and about serious medical treatment options.

Good

Is the service responsive?

Our findings

People were supported with personalised care that continued to respond to their holistic needs. People were involved in making decisions about their care and support needs, by staff who listened to them. One person told us, "I attend monthly resident's meetings where I can have my say and things do happen as a result of my ideas." A relative told us, "The family are always told promptly of any changes or concerns so there is no need to worry about anything." Another relative told us, "My loved one came in for respite and liked it so much they stayed."

A range of activities had been sustained and people and their relatives told us that they enjoyed the activities. One person told us, "I like the quizzes, I am very good at them." Relatives told us there were lots of activities, some arranged in-house and others from people coming in from outside. Therapy animals including alpacas had been brought in to the home and we were told these were popular events. Where people were at risk of social isolation due to spending time alone in their rooms relative's and staff confirmed that their emotional and social wellbeing was anticipated. For example, one person's care plan detailed how staff should offer social activities and ensure that the person had regular contact and access to their favourite TV programmes and music in communal spaces as well as their room. People living with dementia had access to tactile articles, animated dolls and robotic soft toys to promote social interaction.

People's needs continued to be assessed and care plans were developed to meet those needs, in a structured and consistent way. Care plans contained personal information, which detailed life histories including people's achievements both personal and in their working life. This information had been gathered from people, their relatives, health professionals and staff who knew them well. For example, one person told us they had decided after visiting the home to move there, "I spoke with the doc and my son and we thought it was for the best as I couldn't cope." Relatives remained involved in the review and planning of people's care, when they had the legal authorisation to do so. They told us they could visit whenever they wanted to 'even at night' and were always welcomed and informed of any issues relating to the health and wellbeing of their loved one. Staff told us care plan information supported their understanding of people's needs as it gave them context for some behaviours people presented and helped them manage risk. For example, one person had an engineering background which resulted in them being keen to dismantle items in their room.

Staff understood the importance of continually promoting people's equality and diversity. This included arrangements that could be made if people wished to meet their spiritual needs. For example, one person told us, "I am very pleased there is a church service with Holy Communion available." Care staff also recognised the importance of appropriately supporting people if they were gay, had cultural and ethnicity needs or transgender. People were provided with the care, support and equipment they needed to remain independent. Referrals were made to physiotherapists and assessments followed where required to promote people's on-going mobility. One staff member told us, "We always work with people's consent and help them to keep their independence. We help them do their own personal care, and we only assist meals where necessary and if our offer to help is accepted."

Information for people and their relatives, if required, could be created in an accessible format to meet their needs and to help them understand the care available to them. For example, there were pictures available showing which staff were on duty. Staff received guidance and information in relation to people's needs. Care plans included detailed information about people's communication needs and specialist health needs, including diabetes and sight loss. The registered manager recognised the impact on people's access to communication in relation to a number of staff whose first language was not English. In response to some people not easily understanding staff, a relative had provided English lessons for staff to support their understanding and the use of the English language which would enable people's understanding.

People's end of life care was discussed and planned and their wishes respected. Staff worked closely with relatives and the relevant health professionals and had established strong links with the local hospice to promote best practice. People were able to remain in their home, if they chose to, and were supported to experience a comfortable pain free end of life. One relative who had experienced support through their loved one's end of life care told us, "I cannot fault the care in any way." They told us the staff had been very responsive, kept in touch and enabled them to stay with their loved one for their last 48 hours which was very important to them.

Arrangements continued to be in place to ensure that people's complaints and feedback were listened to and responded to improve the quality of care. People and their relatives had been informed in an accessible way about their right to make a complaint. The registered manager had established systems in place that ensured any complaints would be quickly resolved so that lessons could be learned and improvements made. For example, relatives had fed back that a lounge on one floor of the building was very warm due to the consistently hot weather. The registered manager arranged for portable air conditioners to be provided and had also gained agreement from the organisation to fit a permanent air conditioning system to reduce the likelihood of this reoccurring.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke positively of the registered manager and felt the service was well-led. One person named the registered manager, "They are a good manager." A relative told us, "The manager is very straightforward and open. It's a behaviour that reflects itself in the other staff." Another told us, "I would recommend Kings Lodge to anyone." Staff told us they felt well supported and could approach the registered manager and would be listened to. One staff member told us, "I can't speak highly enough of the manager, we'd all say the same."

The registered manager continued to promote a person-centred culture and understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). The registered manager had submitted notifications to us, in a timely way. This meant we could confirm that appropriate action had been taken. There was a policy in place in relation to the Duty of Candour and the manager was aware of their responsibilities under the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment of people.

The registered manager regularly reviewed the service value base that they described as, "An extended family experience." Staff demonstrated their understanding of this ethos through their interactions with people and each other. Staff spoke with a genuine sensitivity, respect and regard for the people they supported. One staff member told us, "The registered manager is passionate about what they do, I can talk to them any time." Another told us they loved working with older people with dementia and had good relations with their families. Relatives consistently told us that they felt staff were happy working at Kings Lodge and they all appeared to have good working relationships. They felt that the registered manager was very competent and that the home had a good atmosphere.

Staff remained well supported within their roles and described that the registered manager was very approachable and open and that teamwork was good. One staff member told us "It's a happy place" and a "good team, and people work together very well." Another staff member told us, "Problems get solved. We all work together, the kitchen staff, housekeeping and care staff we all work for each other." The registered manager was supported by registered nurses and senior support workers and had regular support with the regional operations manager. Staff told us there were clear lines of accountability and responsibility through their roles and embedded practices. For example, daily meetings, staff meetings and management schedules underpinned the day to day service delivery tasks, informing staff of changes and ensuring individual support needs were met. This was demonstrated on the day of the inspection through observations of staff interacting with the registered manager, nurses and operations manager.

The registered manager was committed to innovation and improving the service and quality assurance processes. Regular quality assurance checks were completed to ensure a good level of quality was maintained including; audits of care plans, safeguarding, accidents, medicines, equipment and wound and pressure care assessments. For example, a safeguarding highlighted that the systems in place to review moving and handling equipment, had not been robust enough. The provider implemented training, assessed their equipment and assessments and purchased a new provider of equipment without delay. This

demonstrated the service analysed trends and themes and designed action plans in response to what it had learned.

The registered manager was continually looking to improve the culture of the service and was actively involved in local care home forums and community events including charity fundraising events. The Provider Information Return (PIR), records and feedback confirmed that the service and people had benefitted from partnership working arrangements. These included working closely with local a healthcare dietician who had been working with the service to deliver a programme of best practice and improvements in nutrition to reduce the risk of malnutrition and promote wellbeing. The registered manager confirmed that this had led to people gaining weight, and the healthcare professional involved told us they felt positive about the changes and improvements the service had demonstrated during their six-month involvement.

The provider continued to encourage an open and transparent culture. Staff told us they were encouraged to share their views and opinions of how the service could improve and that their ideas were acted on. One staff member told us that in relation to infection control practice, "We suggested a better way for the collection of red laundry bags and it's already started." Relatives also fed back that their views were respected and that it was the culture of the service to include and act on feedback. One relative told us staff always listened if I had a concern and acted to remedy it. People and relatives were encouraged to complete annual surveys, attend regular meetings and provide feedback and make suggestions for improvements in the service. For example, one relative told us they had suggested and been involved in the setting up of local pre-school children visiting the home to encourage community participation in the home, and promote people's wellbeing where they may not have extended families close by. Another relative had actively raised funds to provide an additional outside garden space for people to sit in.