

Kilkhampton Lodge Limited

Kilkhampton Lodge

Inspection report

Kilkhampton Road
Kilkhampton
Bude
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EX23 9PA

Tel: 01288321129

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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

Kilkhampton Lodge is a residential care home providing personal care for up to nine people with complex needs who have a learning disability, autism and/or mental health conditions. At the time of the inspection nine people were living at the service.

The service had been developed prior to publication of Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. Staff values were in line with the underlying principles of the guidance. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to nine people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design. People had their own self-contained accommodation and most were able to choose whether to spend time in shared areas or on their own. The service was accessed via a long drive and was not visible from the road. There were no outward signs to indicate it was a care home.

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

People were protected from abuse by staff who had received relevant training and were confident about how to report any concerns. During the inspection we saw people approach staff to chat and request support. The number of incidents and use of restraint was low.

Staff were well supported by a system of induction, training and supervision. Most of the staff had worked at the service for over a year and knew people well. New staff worked alongside more experienced staff until they were confident to work alone.

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. Any changes in restrictive practices were highlighted to the relevant authority to help ensure they remained necessary and proportionate.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible to gain new skills and become more independent.

Two people were living in segregated accommodation. This meant they lived entirely separately from others and were unable to access shared lounges and kitchens or leave their accommodation independently. This

was done to keep them and others safe. These people were given choice and control in their basic daily routines, for example, deciding when to get up and go to bed. Staff had developed ways to help people to make choices using communication tools and simple sign language. They continued to work with other agencies to develop these techniques.

Care plans detailed people's needs across a range of areas. Risk assessments guided staff on the actions they should take when people became distressed. There was also information about people's preferences and background personal histories. This information helped staff to develop an understanding of people's needs.

People living at Kilkhampton Lodge had very different and wide ranging needs. Care delivery was planned according to each individual's needs and preferences which were understood and respected by staff. Relatives told us they believed their family members received the support they needed. They were highly complimentary about staff and management.

The service was well managed. There were clear roles and responsibilities in place which were well understood by the whole staff team. Regular checks and audits were completed to help identify any areas for improvement. The management team kept up to date with changes in the sector through membership with online organisations and forums.

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 27 July 2018)

Why we inspected

The inspection was brought forward following concerns raised regarding staff deployment and practices around hygiene.

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.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well-led.

Good ●

Kilkhampton 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

The inspection was carried out by an inspector and a specialist advisor with experience of working with people with a learning disability, autism and/or conditions related to their mental health.

Service and service type

Kilkhampton 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 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 inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met with five people who used the service and six members of staff including the registered manager,

deputy manager, a senior care worker and three care workers. Not everyone living at Kilkhampton Lodge was able to tell us about their experiences and we observed people with staff.

We reviewed a range of records. This included four people's care records and one person's medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, meeting minutes and training records were reviewed.

After the inspection

We spoke with three professionals who regularly visit the service. We received feedback from three relatives about their experience of the service.

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

- Staff had completed safeguarding training and were confident about how to report any concerns, both internally and to external agencies.
- Staff had received training in physical intervention. Restraint, both physical and chemical, was rarely used and the least restrictive option was taken. Care plans described how to use distraction techniques in the first instance.
- A relative commented; "[Person's] incident behaviours have decreased so much in 2019 that they are nearly non-existent, the last 18 months he has been extremely happy."
- There were systems in place to protect people from the risk of financial abuse. The service looked after people's personal monies. Receipts were kept for any expenditure and regular audits completed on the balance held.

Assessing risk, safety monitoring and management

- Risk assessments were in place identifying when people were at risk and the action staff could take to minimise known risks.
- Two people were living in an imposed segregated setting. This meant they lived separately from the rest of the house and were not able to access shared areas independently.
- Concerns had been raised that one of these people was not supported in line with their assessed needs. At the time of the inspection this had been rectified, staff were based outside the person's door at all times so they would be quickly aware if they were at risk of harm.
- The second person was continually monitored via an audio monitor and staff regularly checked on their well-being.
- Staff described the actions they would take to keep people, and themselves, safe when people were distressed. This information was recorded in risk assessments although these sometimes lacked detail.
- Emergency contingency plans were in place to help ensure people's safety in adverse circumstances. Regular fire safety checks were completed. Equipment and utilities were checked by external contractors as required.

Staffing and recruitment

- People were supported by staff suitable for the role. Safe recruitment practices had been followed and records showed appropriate checks were completed before new employees started work.
- Staffing levels were appropriate for the needs of the people living in the service. Rotas were organised to ensure a good skills mix, with experienced staff available to support those with less experience.

- Staff told us there were enough staff at all times and they were able to organise shifts so people were supported safely and had opportunities to follow their interests.

Using medicines safely

- Staff were trained to administer medicines safely. A senior care worker carried out competency checks to ensure good practice was followed.
- Medicines were stored securely. Staff monitored the temperatures of storage areas daily.
- There were clear processes in place for staff to follow when administering medicines to use when people were distressed or anxious. These were only used as a last resort and largely when people requested them.
- Following the use of these medicines staff completed incident reports. The management team were alerted via the electronic care planning system, each time an incident form was completed.
- One person self-administered their medicines, risk assessments were in place to help ensure this remained safe.

Preventing and controlling infection

- Concerns had been raised that one person had no access to running water to enable them to wash their hands independently. This arrangement had been changed and the taps in the persons bathroom were fully operational.
- The service was clean throughout. Cleaning schedules were in place to help ensure deep cleans were regularly completed as well as daily tasks. A member of staff commented; "There's PPE (gloves and aprons) everywhere!"

Learning lessons when things go wrong

- Any accidents and incidents were recorded and escalated to the management team for review. Weekly and monthly analyses were completed to help identify any patterns or trends.
- Following any adverse incident staff had a debrief session to try and identify what had gone wrong and what could be done differently to minimise the risk of reoccurrence.
- Staff described the action they would take following any untoward incident. One told us; "There will be a reason for it, we'd look at the environment, complete ABC charts, complete the paperwork."

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 holistically assessed taking into account people's physical and emotional well being. Any protected characteristics, as defined by the Equality Act, were known to staff and respected.
- The deputy manager was qualified to teach restraint techniques to the staff team. They refreshed their own training annually. This training was British Institute of Learning Disabilities (BILD) accredited.

Staff support: induction, training, skills and experience

- New staff completed an induction which included training and an introduction to organisational processes. This was followed by a period of shadowing more experienced staff.
- Training identified as necessary for the service was regularly refreshed. There were plans in place to roll out more specialised training to meet people's specific needs.
- Not all staff had received recent supervisions. There were plans in place to provide these, and annual appraisals, for the whole staff team.
- Staff reported feeling well supported. They told us they were encouraged to reflect on their practice and how best to support people.

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

- Staff supported people to eat and drink appropriate amounts to keep them healthy. They highlighted when people were at risk and escalated this to the appropriate professionals.
- People's preferences and cultural needs were recorded and well known to staff.
- People had their own kitchens and were encouraged to develop their cookery skills. People frequently chose to eat together and socialise.
- If people were identified as being at risk of choking, risk assessments were developed to guide staff on the support people needed to mitigate the risk.

Staff working with other agencies to provide consistent, effective, timely care

- Each person had a document containing vital information about their health needs. This was to use to inform other healthcare professionals when attending scheduled appointments and in emergencies.
- The registered manager communicated with the DoLS team, community learning disability team, speech and language therapists and occupational therapists.
- An external healthcare professional told us; "They have been proactive in seeking support and advice from the [name of support team] and are very good at notifying me of any changes and incidents."

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

- The premises had been adapted to provide everyone with their own self-contained accommodation. These were spacious and reflected people's tastes and preferences.
- Shared areas were spacious and enabled staff and people, who were able to, to sit together and socialise comfortably.
- There was access to outdoor spaces. Not everyone who lived at Kilkhampton Lodge was able to be with other people without becoming distressed and unpredictable. They had their own garden which staff encouraged them to use.

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged and supported to take regular exercise. One person was in crisis and refusing to go out. The registered manager told us how they constantly attempted to encourage the person.
- Some people found attending appointments with healthcare services difficult. Arrangements were put in place to support them to have necessary check-ups in a way which was acceptable and less distressing for them.
- Some people were reluctant to accept support with personal care. Staff continually reminded them why this was important.

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.

- Some people were subject to high level restrictions on their liberty to keep themselves, and others, safe. These restrictions had been legally authorised and any conditions attached to the authorisations were met.
- Any changes in restrictive practices were highlighted to the relevant authority.
- The service was working with speech and language therapists (SALT) to support people to be more involved in day to day decision making.
- Restrictive practices were recorded in positive behaviour plans. These were reviewed regularly to provide an up to date overview of people's needs.
- Best interest meetings were held to discuss any decisions made on people's behalf. These involved relevant professionals and relatives.

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

- Staff knew people well and had an understanding of their needs and preferences. They had developed trusting relationships which had enabled people to grow in confidence.
- Staff demonstrated a non-judgemental approach to support in their conversations with us. One person suffered from severe anxiety and sometimes put themselves at risk of harm. The registered manager told us; "It's not easy being [person's name]."
- An external professional told us; "[People] have always reported being happy there and seeing the Lodge as their "home.""
- Relatives were highly complimentary of the service. One told us; "They are kind, respectful. [Name] has been in some awful places and this was a last chance, it's given him a life."

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

- People's preferred communication styles were known and understood. A range of tools were used to aid communication including social stories, simple signing and use of pictures and photographs.
- A member of staff told us; "The pictures have really helped [person's name], it gives more choice and independence and informs him what's coming next."
- Each person had key workers who worked closely with them to help identify any areas for improvement in the delivery of care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Some people required continual monitoring because of their health needs. Assistive technology was used to minimise the level of intrusion on people's privacy.
- Staff encouraged people to develop their independent living skills. One person had a long term goal to move into a more independent living setting. The registered manager told us they recognised this would take time but were encouraging the person to develop various skills and confidence to make this a reality.
- Sometimes people presented themselves in a way which might have compromised their dignity. Staff were mindful of this and discussed with people how their actions and appearance might attract unwanted attention. This helped the person make informed choices about how they presented themselves in the community in order to keep themselves safe and protect their dignity.
- People's personal information was stored securely in the office.

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

- Care plans were detailed and covered all areas of people's lives. People's preferences and any cultural needs were recorded as well as their health needs.
- Daily notes provided a record of how people had spent their day and any changes in their needs. These tallied with incident reports and amendments were subsequently made to the care plans as necessary.
- Positive Behaviour Support Plans had been developed which focused on supporting people when they were struggling to manage their emotions.

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.

- Care plans contained information about how people liked to receive information and any aids they needed to support their understanding.
- Service user guides and a complaints procedure was available in easy read formats.
- Documents developed to share with other healthcare professionals outlined how people needed to be supported to understand and communicate.

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

- The service was within walking distance of the nearby village and people that were able to, used the local facilities regularly.
- Staff knew how people liked to spend their time and supported them in their preferred hobbies and interests. One person enjoyed swimming but disliked crowds. Arrangements had been made for them to use a local pool when it was closed to the general public.
- People were able to go out as individuals and take part in group trips according to their preferences.
- Some people had limited interests or hobbies. Staff continued to offer them opportunities and encouraged them to get out regularly. A relative told us; "The activities that [person's name] does are the ones he likes. They have tried lots of other activities which he would like to start with, then not want to know."

Improving care quality in response to complaints or concerns

- Any complaints were investigated according to the organisations policy. There were no active complaints at the time of the inspection.
- The complaints policy was available in easy read format. People had opportunities to raise concerns verbally with staff. One person told us they were confident staff would notice if they were upset and they felt well supported and listened to.

End of life care and support

- The service had supported people at the end of their life in the recent past. They had worked with the relevant health professionals to support people according to their wishes at this period of their lives.
- End of life care plans were available to record any wishes people expressed. This included information about who they wanted to be involved and any preferences following their death.

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.

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

- Staff told us morale was good and they considered themselves to be a good team with shared values.
- Some people had restricted lives due to their complex needs. Managers and staff spoke of the need to set achievable goals and recognise when people had progressed, even if this seemed a small step.
- An external healthcare professional told us; "I have seen positive attitudes from staff and a positive outlook of the people they support."

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 understood their responsibilities under the duty of candour. There was a detailed policy in place outlining the providers responsibilities.
- Staff and the registered manager took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested.

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

- The registered manager was supported by a deputy manager and senior care workers. Team leaders and senior care workers were responsible for organising and overseeing each shift.
- There were clear lines of responsibility within the management team.

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

- The registered manager asked families for feedback about the service annually. They had redeveloped the questionnaire to try and improve response rates.
- The management team made reasonable adjustments to enable all staff to complete training and fully engage in their roles.
- Relatives were aware of the management structure and told us they were kept informed and involved.

Continuous learning and improving care

- Accidents and incidents were used as learning experiences. Regular audits were carried out across all areas of the service to identify any areas for improvement.

- Regular staff meetings were held and staff told us they were listened to and their thoughts and suggestions valued.

Working in partnership with others

- Kilkhampton Lodge worked with relevant local authorities and community teams to deliver care.
- An external professional told us; "The manager is easily contactable and approachable and responds quickly to any correspondence, as does the deputy."