

K Lodge Limited

K Lodge

## Inspection report

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Date of inspection visit:  
08 August 2017

Date of publication:  
04 September 2017

### 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

K Lodge is a residential care home that provides accommodation and personal care for up to 34 people. At the time of our inspection, the service was caring for 28 people. At the last inspection in August 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive care that was safe. We saw that staff had been appropriately recruited in to the service and security checks had taken place. There was enough staff to provide care and support to people to meet their needs. People were consistently protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and on-going professional development that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People told us their relationships with staff were positive and caring. We saw that staff treated people with respect, kindness and courtesy. People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences. People knew how to raise a concern or make a complaint and were confident that if they did, the management would respond to them appropriately. The provider had implemented effective systems to manage any complaints that they may receive.

The service had a positive ethos and an open and honest culture. The registered manager and the care manager were present and visible within the home. People, their relatives and other professionals told us that they had confidence in the management to provide consistently high quality managerial oversight and leadership to the home.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# K 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 checked 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 was an unannounced comprehensive inspection that was completed by one inspector and an expert by experience on 8 August 2017. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance our expert-by-experience had cared for older relatives.

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 the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During our inspection we spoke with six people who used the service, three relatives of people that used the service, five care staff, the head of care and the registered manager.

We looked at records and charts relating to five people and four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

People told us they felt safe within the service. One person said, "Yes I feel very safe here." All the people and relatives of people we spoke with thought that the service provided safe care for everyone.

We looked at staff files and saw that recruitment processes ensured that staff employed were suitable to be working within care. All staff went through disclosure and barring service checks (DBS) and provided references from previous employment. There was enough staff working at the service to meet people's needs. One person said, "Mostly enough, sometimes people are sick but on the whole there seem to be enough". All the people we spoke with felt that there was enough staff on duty. Rotas showed us that staffing levels were consistent, and during our inspection, we saw that people were responded to promptly and got the support they required.

People had risk assessments in place that guided staff to support them safely. The staff we spoke with said that they understood the risks that were present in people's lives, and that if they recognised any changes in people, they could inform management who would then make the relevant changes to people's risk assessments. The provider had a clear safeguarding procedure and staff were knowledgeable about the steps to take if they were concerned, one staff member said, "I would report it to management, and I know they would respond appropriately, but if they didn't, I would go to CQC." Safeguarding notifications had been raised when required and investigations had been completed in a timely manner.

People told us that they always received their prescribed medicines and the medicines management systems in place were clear and consistently followed. One person told us, "My meds are given when they are meant to be." We saw that the service used an electronic medication administration system on which all medications were accurately signed for, and stock checked regularly.

## Is the service effective?

### Our findings

Staff had a good knowledge and understanding of the needs of the people they were supporting. They received the training and support they required to do this. One staff member said, "The training is very good, we are always doing refresher training." Another staff member said, "I feel very equipped to do the job." We saw that staff all received an induction training package when first starting to work within the service, and on-going training was provided to both refresh knowledge and to gain new skills. For example, we saw that staff had been trained in areas such as basic catheter care, and pressure care awareness, to enable them to safely support people with those needs within the service. All staff had regular supervision and appraisal, one staff member said, "I value supervisions, I can talk honestly with management at all times."

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 Mental Capacity Act. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

People were encouraged to make decisions about their care and their day to day routines and preferences. We observed during our inspection that people were offered choices about what they could do, and what they could eat or drink. Care plans that we looked at showed us that people had involvement with specific decisions, and that their choices were clearly recorded for staff to follow. We saw that staff offered choice and respected people's wishes. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been requested.

People were supported to maintain a healthy and balanced diet. One person said, "The food is really nice, my compliments to the chef." We saw that people's food and drink intake was monitored when necessary, and specialised diets were provided to people that needed them. People had regular access to healthcare professionals and staff were vigilant to changes in people's health. We saw that visits by health professionals had been documented within people's records, including visits from district nurses and doctors.

## Is the service caring?

### Our findings

People developed positive relationships with staff and were treated with compassion and respect. One person said, "I get on well with them and they get on well with me, they are very kind". A relative of a person using the service said, "They [the staff] are above good, they are happy, dedicated individuals".

During our inspection we observed people interacting with staff. We saw that staff approached and communicated with people in a kind and caring manner. We saw one person become confused and upset, and staff were able to immediately support them and talk with them until they had calmed down. It was clear that the staff knew people very well, and understood how they liked to be communicated with, and respected their wishes.

People's choices in relation to their daily routines and activities were listened to and respected by staff. We observed on our arrival that some people were up and out of bed, having breakfast, and others were still in bed. It was clear that people were able to get up as and when they wanted, and breakfast would be served whenever they wanted it.

People were treated with dignity and respect. We observed that people's privacy was respected at all times, and staff knocked on doors before entering. One person was visited by a doctor whilst they were sat in the communal area. The staff brought over a screen for their privacy as they did not want to go to their own room to be seen by the doctor.

## Is the service responsive?

### Our findings

People received care that met their individual needs. We saw that pre assessments had been carried out for people to identify their needs and make sure the service would be suitable for them. Care plans were regularly reviewed and updated as required, and people and their families confirmed that they were involved in this process. The care plans we looked at contained personalised information about people's likes, dislikes, personal history and preferences. This meant that staff were able to learn about people and the specific things they liked. One staff member told us, "I think we, the whole team, take the time to get to know people and understand who they are, and what they like." One relative said, "We feel involved in what goes on and we have input."

People were supported to follow their interests and take part in social activities. The service employed an activity coordinator for two days a week and staff ran activities on other days. We saw an activities board which displayed the different things planned for the week, and during our inspection a game of skittles was being played by people. Staff were encouraging people to take part in the game. One member of staff said, we can personalise games to fit people's abilities, and we can do things with people on a one to one at times, if they don't want to join in with the group." The people we spoke with told us they enjoyed the activities they took part in and there was enough on offer.

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. One person told us, "I would make a complaint if I needed to, and I know that something would be done." Everyone we spoke with made similar positive comments and nobody had made any formal complaints to management. All the relatives we spoke with said they were able to come in and visit without any problems or restrictions, and they found it to be a friendly and welcoming atmosphere.



## Is the service well-led?

### Our findings

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 had a positive atmosphere and an open culture. All the staff we spoke with were positive about working at the service and the support they received from the management. One staff member said, "I haven't been here very long, but I am enjoying the work. The whole team work well together and it's a very happy atmosphere for people." Another staff member said, "The registered manager and the care manager are always around and are very helpful and supportive. There is always someone to help out." All the people we spoke with knew who the manager's were. One person said, "[Name of care manager] is always around"

Staff felt able to voice any concerns or issues and said they were listened to by management. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. One staff member said, "Team meetings are regular, nobody is afraid to talk about an issue if they need to."

Quality assurance systems were in place to help drive improvements. We saw that the registered manager maintained a log of audits and checks of various areas of the service. The electronic care planning system and MAR system were used to record these audits and note any areas which required action to be taken. We saw that the registered manager and provider were prompt in their actions to any issues that were found and made improvements to the service as and when required. People's opinions and views on the service were captured in questionnaires, and action were created and carried out appropriately and to people's satisfaction.