

Kilkhampton Lodge Limited

Kilkhampton Lodge

Inspection report

Kilkhampton Road
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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

We carried out a comprehensive inspection of Kilkhampton Lodge on 8 February 2016. This was an announced inspection. We told the provider two days before our inspection visit that we would be coming. This was because we wanted to make sure people would be at the service to speak with us. The service was last inspected in September 2013. The service was meeting regulations at that time.

Kilkhampton Lodge provides care and accommodation for up to eight people with complex needs who have a learning disability and/or mental health conditions. At the time of the inspection seven people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living at Kilkhampton Lodge were supported to lead fulfilled lives which reflected their individual preferences and interests. There were enough staff available to make sure everyone was supported according to their own needs.

Each person had their own individual flat which comprised of a bedroom, en suite facilities including a shower, as well as a lounge and kitchen area. Some people were supported to develop life skills which would help them when moving to independent living. Other people were engaged in their choice of individual routines and activities. Relatives told us they believed their family members had choice and control in their lives and were supported safely and with respect. Comments included, "It is an excellent place for people to live if they need the level of support (person's name) needs" and "They (people living at the service) do so much and there are plenty of staff to support them".

Staff members were available to support peoples' needs and engage in activities. Staffing levels were flexible so they could respond to people who at times required additional support. Staff on duty supported people respectfully. People told us that staff supported them to maintain their independence and we saw evidence of this within the care documentation we viewed. For example supporting people to develop life skills including cooking and supporting people to maintain links with the local community.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge to carry out their role. Systems were in place to support staff in their role through supervision and appraisals. The staff team were well supported by the registered manager through daily communication.

Staff were trained in a range of subjects which were relevant to the needs of the people they supported. A training matrix identified what each staff member had undertaken and identified when a refresher course was due. Training certificates were also included in staff files to support this. New employees undertook a

structured induction programme which prepared them well for their role.

There were systems in place to ensure people who used the service were protected from the risk of harm and abuse and the staff we spoke with were knowledgeable of the action to take if they had concerns in this area.

Where people did not have the capacity to make certain decisions, the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff had a good understanding of the principles of the legislation and training was updated regularly. A staff member told us, "Some people have to have authorisations in place for their own protection but is always monitored and reviewed".

Care plans were informative and contained clear guidance for staff. They included information about people's levels of risk and how it might be managed also, routines, personal preferences and any situations which might cause anxiety or stress. They clearly described how staff could support people in these circumstances. In addition records included assessments and support plans from other health professionals. People had been involved in their care planning and reviews which were in easy read versions to aid communication.

Accidents and incidents were being recorded and analysed to identify any trends. Quality assurance systems were in place as well as gaining people's views about the service. Regular audits were carried out to help ensure the service was running effectively and safely and policies and procedures reflected current legislation and good practice guidance.

People knew how to complain and we saw people had the opportunity to discuss how they felt about the service. Each person had a key-worker who checked regularly if people were happy with the service they received. One relative told us, "I have never felt the need to complain but I think the manager would listen and take what I said on board".

Kilkhampston Lodge was well-led and relatives and staff told us they were kept informed about any changes in the service. They told us they felt their comments were listened to and acted upon. The service had an open and positive culture with a clear focus on enabling and supporting people to maximise their quality of life.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. There were sufficient numbers of suitably qualified staff on duty to keep people using the service safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Risk management procedures were robust and people were given information so they could take informed risks.

Is the service effective?

Good ●

The service was effective. Staff were supported in their day to day roles.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

The service acted in accordance with the legal requirements of the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

People had access to other healthcare professionals as necessary.

Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People spoke highly of the staff and told us that they were supported with kindness and had flexibility in their choice of routines.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People's care plans were detailed,

personalised and contained information to enable staff to meet their identified care needs.

Staff were responsive to people's specific life events and worked closely with families and health and social care professionals to achieve positive outcomes for people.

People were supported and encouraged to actively engage with the local community and maintain relationships that were important to them.

Is the service well-led?

The service was well-led. The staff team told us they were supported by the registered manager.

There was a system of quality assurance checks in place. People and their relatives were regularly consulted about how the service was run.

The service focussed on ensuring people had fulfilling lives and experiences.

Good ●

Kilkhampton Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 8 February 2015 and was unannounced. The inspection team consisted of one inspector. Before the inspection we reviewed previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

Due to people's health care needs we were not able to verbally communicate with everyone who lived at the service. In order to find out their experience of the care and support they received, we observed staff interactions with people. We spoke with the provider and registered manager and seven staff members. Following the inspection visit we contacted three relatives and two external health and social care professionals to hear their views of the service.

We looked at care records for three people, three staff training records, three recruitment files, medicine records and other records associated with the management of the service including quality audits.

Is the service safe?

Our findings

Relatives told us they believed their family members were safe living at Kilkhampton Lodge. They told us, "We go every week and there are always plenty of staff around" and "I think (person's name) is very safe living at Kilkhampton Lodge. It's been the best thing to happen. Really settled and well cared for. Couldn't wish for more. It's put my mind at rest".

People living at the service had very complex needs and this was reflected in how the service was staffed. For example, some people required more than one staff member to support them at all times. Other people required varied staffing levels for different activities, such as going out or with personal support. The service made sure staffing levels were flexible in order to be able to respond to the changing situations. A staff member said, "Every day can be so different. There are always enough staff available to support people".

There were enough staff on duty to support people to take part in individual activities, attend appointments and engage in daily chores and routines. During the day of the inspection visit one person was going out, some people required constant support in their own rooms, another person was supported in the main kitchen helping to prepare the evening meal. At all times staff were available to support people in various parts of the service. Where one person required two staff to support them they were available to do this without restricting other peoples' choices of activities.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff accurately described the correct sequence of actions and outlined the different types of abuse. Staff told us they supported people in a way that kept people safe. They said they would challenge their colleagues if they observed any poor practice and would also report their concerns to the registered manager. There was a poster on the noticeboard giving details of how to raise a safeguarding alert and who to contact both internally and independent of the service.

The Care Quality Commission (CQC) had received notifications as appropriate when there were any concerns regarding people's well-being or safety. There were clear procedures in place for making safeguarding alerts to both CQC and the local authority. This demonstrated an open and transparent approach to sharing information with other agencies where required. A professional told us staff frequently spoke with them if they were concerned people might be at risk.

There were safe systems in place to support people to manage their finances. Arrangements were in place for people to keep their money securely in the service. Records of when staff supported people to make purchases were kept and regularly audited by the registered manager.

Staff told us they worked with people to keep them safe while allowing them to try new experiences and increase their independence. Examples included supporting people to access the community, including going shopping which had previously been difficult for the person. Another person was being encouraged to use transport which had been a hurdle for them. A staff member said, "We identify goals and start to work

with the person to achieve that. It's very fulfilling but can take a long time. We have to go at their pace". There were sufficient and competent staff available to accompany people during their pursuits, to ensure they could participate in the activities they wanted to do, while managing the risk involved.

Care plans contained detailed information to guide staff as to the actions to take to help minimise any identified risks to people. There were clear documented measures in place to control and minimise the level of risk to the person. Risk assessments informed staff of the actions to take to support people to maintain their independence safely. For example, whilst accessing the community, cooking, mobilising and receiving personal care. Staff understood the purpose of the risk assessments in place and how they managed the level of risk posed to people. All risk assessments included the involvement from other professionals who offered guidance to staff and regularly attended reviews to help the service manage peoples' needs safely. A professional told us the staff listened to them and acted on their advice.

Accidents and incidents were reported by staff as soon as they occurred. There was a system to elevate concerns to senior staff if there was potential for it to occur again. Senior staff regularly audited the accident and incident forms to identify any patterns or trends. Where a person had a regular pattern of incidents a review was held to look at how changes could be made to improve the situation for the person.

Recruitment procedures had been updated and files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. The recruitment process identified they had the appropriate skills and knowledge needed to provide care to meet people's needs.

Medicines were managed safely at Kilkhampston Lodge. All medicines were stored appropriately and records kept of medicines administered. All medicine stock was checked three times a day by two staff members to ensure it was correct against the medicines dispensed and administered. Staff on duty talked us through the process of administering medicines and how they would be recorded. It showed staff were competent in the process and that it was a safe system. Creams and liquid medicines were dated when opened. This meant staff would be aware when medicines were likely to become less effective or expired. Where a person was prescribed PRN medicine (medicine to be administered only when required) there was clear guidance for staff to follow, in order to determine when it should be used. A homely remedy procedure was followed to make sure any medicines administered which were not prescribed were recorded and could be clearly audited.

There was a separate refrigerator for any medicines needing cold storage. Records showed that room and refrigerator temperatures were monitored so that medicines were stored correctly and were safe and effective for people to receive.

The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The owners carried out regular repairs and maintenance work to the premises. Utilities including electrical, fire systems and hoisting equipment had been tested to ensure they were safe to use. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. Personal evacuation plans were in place for people and kept with the fire log.

Is the service effective?

Our findings

The service assessed each person's needs prior to them living at Kilkhampton Lodge to ensure the placement was suitable for their needs and would keep them safe. People's needs were met by staff who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours to provide support in meeting people's needs effectively. Assessments were detailed and provided a comprehensive report of the needs of the person they were about. People were supported to access a range of other health and social care professionals, including GP's, social workers, opticians and dentists. Multi-disciplinary meetings were held when necessary to help ensure all aspects of people's needs were taken into consideration when planning care. People had access to regular health checks and illness prevention. For example flu inoculations and an annual health assessment had recently taken place.

People who lived at Kilkhampton Lodge, their relatives and other professionals told us they thought the service was effective. People's needs were consistently met and people lived their lives in the way they chose to and were as independent and active as they wanted and were able to be. A staff member told us, "It's our aim to support people to get the most out of life. Every day is different". A relative commented; "(Persons name) is very happy there. They have done so much to bring him to where (person's name) is today". Staff were responsible for reporting information every day about the people they were supporting. This ensured people received consistent care and support from staff who knew them well.

New employees were supported to undertake the Care Certificate within the first 12 weeks of employment. Once successfully completed staff were encouraged and supported to undertake further training which was specific to their roles and meeting the needs of people using the service. Training included understanding autism, safeguarding vulnerable adults, understanding and working with the Mental Capacity Act and associated Deprivation of Liberty Safeguards, as well as other core training areas such as food safety and infection control. Some people displayed behaviour which may challenge therefore all staff had undertaken training in de-escalation behaviour and safe and positive intervention techniques. Staff members told us, "Training is excellent here" and "Training is seen as very important and I feel I have learned so much about this type of care".

Staff told us they felt well supported by the registered manager. Staff told us there was an 'open door' policy and the manager was very visible in the service. This supported staff informally whenever they wanted advice or guidance. Staff were being supported in regular meetings (called supervision) with their manager, where they discussed how they provided support to help ensure they met people's needs. Annual appraisals were taking place and provided an opportunity for staff to review their aims, objectives and any professional development plans.

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.

The registered manager and the staff were aware of the Mental Capacity Act 2005 (MCA). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). Referrals had been made where the service was concerned about people's right to liberty was being restricted due to their level of mental capacity.

People were supported to eat and drink enough and maintain a balanced diet. Some people liked to be involved in shopping for groceries and were supported to do this by going out with staff. Staff were familiar with people's choice of foods and encouraged people to take a balanced and healthy diet. For example a person had been underweight when admitted to the service. Staff had liaised with health professionals to support the person to take a more balanced diet. This had resulted in a weight gain for the person who was now making more informed choices with the support of staff.

Some people liked to make their own meals and snacks and were supported to do this with staff. For example one person was being supported to prepare an evening meal. Each person flat had a kitchen area where some people made drinks and snacks. A dining area in the main lounge was used by some people to take their meals. At lunchtime some people used this area to eat with other people and staff members. It was relaxed and unrushed. Others chose to eat meals in their own flats. Meal times were flexible. For example breakfast was taken at various times of the morning as was lunch.

The design, layout and decoration of the service met people's individual needs. For example, people had personalised their personal living space so it was very individual to them. Other people had a personal preference for minimal decoration and it was left to each person to decide how they wanted their personal space to be.

Is the service caring?

Our findings

People told us they were happy living at Kilkhampton Lodge and found it to be a good place to live, where staff knew what people's needs were and were responding to them in a kind and caring way. It was clear by observing how staff interacted with the people they supported how much they valued them as individuals and respected their boundaries. Staff relationships with people who used the service and their relatives were strong, caring and supportive. For example one person was very sociable and liked to speak to people as they passed. Staff took time to stop and engage with the person every time they passed. The brief interactions meant the person felt listened to and valued. One person told us, "They (staff) are all good and very caring. They have lots of patience". A relative told us, "(Persons name) has really settled well. All the staff have the time and patience to care. Can't fault them at all".

Some people were unable to verbally communicate with us about their experience of using the service due to their medical and psychological needs. Therefore we spent time observing people in the lounge and dining area, as well as visiting people in their own rooms. Staff were familiar with people's communication techniques and able to support people to engage with them. A staff member said, "(Persons name) has to have the time to say what they want. It's all about being patient and listening carefully". Staff explained to people what they were doing for them and why. Staff were seen to be caring, supportive and unhurried. Staff were visible and able to respond to people's care needs throughout the inspection visit.

People were supported in a way which ensured their privacy and dignity was upheld. Staff protected people's privacy. They knocked on the doors to private areas and requested consent before entering people's personal living space. Staff introduced us and explained the reason for our visit. This helped people feel more comfortable in our presence.

There were no set routines. The service was flexible and arranged around people's individual and collective needs. Some people chose to stay in their own living space; others used other areas of the service including the lounge and main kitchen. Where people had set routines as identified in their care planning staff supported them. For example going out for a drive twice a day Throughout the inspection visit we saw people had freedom of movement around the service and where they had mental capacity were able to make decisions for themselves.

People were supported to maintain relationships with families and friends. One person was regularly supported to visit their relative at home. Staff took them there and left them so the person could have a meaningful visit in private. The person told us, "I like it when the staff take me home. I go a lot". Relatives were able to visit when they wanted to. One relative told us, "We go every week there is never a problem visiting we are always made to feel very welcome".

People's support plans were clear, detailed and written entirely from the perspective of the person they were about. Care records contained information about people's personal histories and detailed background information. This helped staff to gain an understanding of the person and what topics might be suitable to discuss and areas where a certain approach may not be suitable. For example one person preferred to have

their personal care provided by staff of the same gender and this was respected.

Prior to and following this inspection visit we received information from a professional who had some responsibility for the wellbeing of people who lived at the service. Links with professionals were good and we received some positive feedback about the care being provided. They told us they were confident of the quality of care and support people received and had no concerns.

Staff were responsible for keeping daily records about how people were being supported, and they communicated any issues which might affect people's care and wellbeing to the rest of the staff team. Staff told us this system made sure they were up to date with any information affecting a person's care and support. Throughout the inspection visit records were being constantly updated and staff shared information between each other when there had been any changes in mood or activity.

Is the service responsive?

Our findings

Focusing on the importance of supporting people to develop and maintain their independence was a clear aim of the service. It was important to the registered manager and staff team that people who lived at Kilkhampton Lodge were supported to be as independent as possible and lived their life as they chose to. For example where people had specific interests they were supported to attend events in the community. One person enjoyed travelling on trains. They regularly used the train service supported by staff. Where a person was being supported to gain life skills ready to move into the community staff were supporting them in meal planning and cooking as well as financial budgeting. In some instances people's choices might need to be restricted due to risk factors. This was reflected in the care documentation.

The registered manager and staff were very knowledgeable about people's needs and how to respond to them. Decisions about any new admissions were carefully managed by balancing the needs of the person with the needs of the people already living at Kilkhampton Lodge. A staff member said, "It is really important we are sure we can meet a person's needs before they come to live here". Staff spoke knowledgeably about how people liked to be supported and what was important to them. For example, one person liked watching live music and was supported by staff to go to concerts. Another person was supported to go out in the car twice a day. Staff supported them to do this and it was identified in the person's care planning documentation. Some people needed one to one support and staff were seen to be available to support them and respond to their needs.

Some people had very complex and specific needs. These were monitored and reviewed regularly to help ensure any changes were identified and responded to. Care documentation contained links to a range of health professionals who provided staff with the necessary guidance and advice. A recent hospital admission had been responded to and managed well. Records for the person showed how staff had responded to an emergency. This included involving a range of health professionals to make sure the person's needs were responded to.

Care plans were person centred identifying what support people required and how they would like this to be provided. Symbols and pictures were used as part of the care planning document to support people's engagement and decision making. Where possible relatives were fully involved in the care planning process and were kept informed of any changes to people's needs through regular reviews. A relative told us, "They (staff) keep us up to date about what's going on with (person's name) and any changes". During the inspection visit we observed staff asking people what they wanted to do. In all instances staff responded to these requests. For example one person wanted to eat lunch in their room, then changed their mind. Staff responded to this and supported the person to move into the dining area with their lunch. Staff told us they usually supported people individually to carry out activities of their choice and did not often do activities as a whole group due to the aim of person centred care being delivered.

The staff team worked well together and information was shared amongst them effectively. When a new shift started there was a verbal handover and daily logs were completed throughout the day. These recorded any changes in people's needs as well as information regarding activities and people's emotional

well-being. Incident records were regularly reviewed to identify any emerging themes.

Activities were person centred. For example care planning identified people's personal choices and identified what they activities they liked to take part in. For some this meant going out every day, for others it meant they needed staff support to develop their interests by gaining confidence. On the day of the inspection visit people were taking part in a number of activities supported by staff. For example going out for a drive and being supported to prepare meals.. One person had their own Motability vehicle and staff were insured to support them to go out in this. There were also four other vehicles for staff to use to support people if they wanted to go out. The number of vehicles available meant people had more options to go out to where they chose rather than as a group. Activities were very flexible and people's choices were acknowledged by staff who understood what people liked to do.

People were protected from the risk of social isolation because the service supported them to have a presence in their local community and access local amenities. People regularly went into the local town. Staff told us they encouraged and supported social interaction where appropriate but acknowledged people were vulnerable and therefore it needed to be effectively managed.

There was a policy and procedure in place for dealing with any complaints. This was made available to people and their families and provided people with information on how to make a complaint. Two people we spoke with told us they would talk to the staff and the manager. People told us they were confident they would be listened too. The relatives we spoke with also confirmed that they had no concerns about the service. On relative told us, "I have never had to make a complaint but think If I needed to I would be listened to by the staff and the manager".

Is the service well-led?

Our findings

Staff told us of the open and supportive culture promoted by the management team at Kilkhampton Lodge. Staff told us they loved working at the service. Comments included, "It's very different to what I had done before but I love working here every day is different and I feel really well supported" and "The support is second to none and we work really well together. Teamwork is very important, so we share information all the time". We observed staff members relate to people in an open and friendly manner. Staff told us they were a strong team and told us they were well supported by management and their colleagues. Staff meetings were held regularly and staff told us they were encouraged to raise issues or concerns they had at any time.

Staff were highly motivated and keen to ensure the care needs of the people they were supporting were met. Staff told us, "It can be a challenge but because of the support we have from the manager and team members as well as good training it all works well". A relative told us, "Whenever we visit we see the good work the staff do. It must be very difficult at times". An external professional told us they had confidence in the organisation describing it as; "It's a service which puts the person first".

Managers recognised how important it was to have a competent skilled staff group. New staff were provided with a range of training reflecting the needs of the people living at the service, so staff understood conditions associated with learning disabilities and mental health issues. The service had introduced the requirements of the new Care Certificate and encouraged staff to professionally develop themselves in their career. The registered manager audited all training staff undertook and identified what was needed through staff support sessions.

There were clear lines of responsibility and accountability within the service. The registered manager oversaw the day to day management of the service and was visible to staff and people using the service on a daily basis. People had assigned key workers with responsibility for reviewing and updating care documentation, organising appointments and co-ordinating care planning. Records showed this worked well and in the best interests of people living at the service.

Staff told us that as well as formal staff meetings, day to day communication was good and any issues were addressed as necessary. Staff told us they used the open communication as an opportunity for them to raise any issues or ideas they may have. They felt confident the registered manager respected and acted on their views. The registered manager was aware of what was happening at the service on a day to day basis, they were always available and also spent time supporting people. There was a clear shared set of values across the staff team. In our conversations with staff they frequently referred to the aim of supporting people to have fulfilled lives. One staff member said, "The most important thing for me is making sure they [people living at the service] have the best possible quality of life. I think we do a good job".

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. A healthcare professional told us they thought the service was well managed and they trusted staff's judgement because they had the skills and knowledge to feedback to them about people's

health needs.

People and their relatives were consulted regularly both formally and informally. People talked together frequently to discuss any plans or changes. Decisions were made individually for example about holidays, choice of activities and meals. There were no group meetings for people living at the service, however they were spoken with and listened to on a daily basis. This showed people living at the service were provided with as much choice and control as possible about how the service was run for them. A recent survey showed relatives were very satisfied with all aspects of how people were care for and how the service was run. Relatives told us they were actively encouraged to approach the manager and staff with any concerns or ideas they might have. Comments included, "One of the nicest places we could ask for", "We are always warmly received. The team share information openly with us" and "Excellent care. (Person's name) gaining so much confidence".

The registered manager oversaw quality assurance systems to drive continuous improvement within the service. Policies and systems audits were carried out regularly by external organisations to ensure all legislation and good practice guidance was current. There were other regular audits for systems including medicines, accidents and incidents and maintenance of the service. The provider made monthly review visits to check on the operation of the service and produced a report. This meant the service was regularly auditing its own systems.