

Kimbolton Lodge Limited

# Kimbolton Lodge

## Inspection report

1 Kimbolton Road  
Bedford  
Bedfordshire  
MK40 2NT

Tel: 01234355918

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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

This inspection took place on 13 April 2017 and was unannounced.

Kimbolton Lodge is a care home registered to provide nursing or residential care for up to 36 people. At the time of our inspection there were 33 people using the service.

The service has a registered manager. 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 and associated Regulations about how the service is run.

People felt safe. Staff had been provided with training to enable them to recognise signs and symptoms of abuse and they knew how to report any concerns. People had risk assessments in place to enable them to maintain their independence and keep them safe. Adequate staff with the appropriate skill mix were available to support people with their needs. Effective recruitment procedures were in place to ensure suitable staff were employed to work with people using the service.

Systems were in place to ensure that medicines were managed safely. This ensured that people received their medicines at the prescribed times.

Staff received appropriate training, supervision and support to enable them to carry out their roles and responsibilities effectively. People's consent to care and treatment was sought in line with the principles of the Mental Capacity Act (MCA) 2005 legislation.

People were able to make choices about the food and drink they had and to maintain a healthy and balanced diet. If required, staff supported people to access a variety of health professionals including the dentist, optician, chiropodist, dietician and the speech and language therapist.

People and their relatives commented positively about the standard of the care provided. Staff provided care and support in a meaningful manner; and knew about people's preferences and personal histories. People's views were listened to and they were actively encouraged to be involved in their care and support. Staff ensured that people's privacy and dignity was upheld. Any information about people was respected and treated confidentially.

People's needs were assessed before coming to live at the service and the care plans reflected how their needs were to be met. People were supported to take part in meaningful activities and pursue hobbies and interests. There was a complaints procedure in place to enable people to raise complaints.

There was a culture of openness, transparency and inclusion at the service amongst staff and people using the service. A variety of quality audits were carried out, which were used to drive continuous improvement.

## 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

Systems were in place to ensure that people were protected from avoidable harm and abuse.

Risk management plans were in place to protect and promote people's safety.

There was a robust recruitment process in place to ensure that safe recruitment practices were being followed. Sufficient staffing numbers were in place to meet people's needs.

Systems were in place to ensure that people's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective

Staff had undertaken a variety of training to keep their skills up to date and had been provided with regular supervision.

People's consent to care and treatment was sought.

People could make choices about their food and drink and staff provided support when required.

People had access to health care professionals if required, to maintain their health and well-being.

### Is the service caring?

Good ●

The service was caring.

People were happy with the care provided and had good relationships with staff. People were treated with kindness and compassion by staff.

Arrangements were in place for people to express their views.

People had the privacy they needed and were treated with

dignity and respect.

### **Is the service responsive?**

**Good** ●

The service was responsive

People received care that met their assessed needs. Care and support plans were personalised and reflected people's individual requirements.

People were at the centre of the care provided. They were encouraged and supported to take part in a wide range of activities of their choosing that met their social needs.

Information about how to make a complaint was accessible to people and records demonstrated that complaints had been addressed promptly and appropriately.

### **Is the service well-led?**

**Good** ●

The service was well-led

The service was led by a registered manager who had vision and values that were shared by staff, for the development of the service.

Staff said the management of the service had an open culture and were confident that their opinions were respected.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

The registered manager and provider recognised the importance of regularly monitoring the quality of the service provided to people.

# Kimbolton 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 13 April 2017 and was unannounced. It was carried out by one inspector 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.

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. We checked the information we held about this service and the service provider.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received.

During our inspection, we observed how staff interacted and engaged with people who used the service, in particular people living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people who used the service and observed the way in which staff interacted with them. As some people were unable to express themselves fully due to their complex needs, we also spoke with four relatives of people using the service. In addition we had discussions with eight members of staff from different departments. These included the registered manager, five care staff, the activities co-ordinator and the chef.

We looked at six people's care files to see if their records were accurate and reflected their needs. We reviewed eight staff recruitment files, staff duty rotas, training records and further records relating to the

management of the service, including quality audits in order to ensure that robust quality monitoring systems were in place.

## Is the service safe?

### Our findings

People using the service were protected from abuse and avoidable harm. People told us they felt safe living at the service. One person said, "At home in the night I used to be frightened that I would have a fall going to toilet or to fetch a glass of water. They look after me so well here. I was so relieved they offered me a place," Relatives we spoke with also told us they felt their family members were safe at the service. One relative told us, "I have peace of mind and I know [name of relative] is in safe hands."

Staff told us they had been provided with safeguarding training. They were able to explain how they would recognise and report abuse. One staff member explained, "I would without question report any concerns I have to the manager." The registered manager told us that safeguarding was regularly discussed with staff during supervision and staff meetings. This demonstrated that systems were in place to make staff aware of how to report safeguarding incidents in a consistent manner.

Information about how to report safeguarding alerts and whistleblowing concerns was displayed in the nurses' station; and was accessible to all staff. We saw evidence that the provider had submitted safeguarding alerts to the local safeguarding team to be investigated. The outcome from investigations was discussed with staff as lessons learnt and to minimise the risk of occurrence. We saw training certificates, which confirmed that staff had undertaken safeguarding training.

Risk management plans were in place to promote people's safety and to maintain their independence. One person said, "They [meaning staff] will wait and encourage me to do as much as I can, if I am a bit slow in the morning they never let me out of their sight."

Staff told us how risks to people were assessed to promote their safety and to protect them from harm. They described the processes used to manage identifiable risks to individuals such as, malnutrition, moving and handling, falls and skin integrity. One staff member told us, "[Name of person] is at risk of falling. We have a risk assessment in place, which includes guidance for staff to promote their safety."

We saw that people had individual risk assessments in place with information relating to the level of risk to them. The assessments were clear and had been reviewed on a monthly basis or as and when their needs changed. Accidents and incidents were recorded and monitored. The registered manager reviewed all accidents and incidents on a monthly basis. This was to ensure they had been reported and managed appropriately.

People told us there were enough staff on duty to meet their needs. One person said, "There is plenty of staff, I never wait too long if I have to ring, even in the night. They quickly come. If they need to do something while I wait, they tell me and they do come back." A relative told us, "They have good staffing here. There is always someone around."

Staff confirmed that the staffing numbers were sufficient at the time of the inspection. They told us that rotas were flexible if the needs of people changed for any reason. One staff member said, "There is always

enough staff to care for the people we look after. We are lucky; our staffing numbers are good."

The registered manager told us there were sufficient numbers of suitable staff employed to keep people safe and to meet their needs. She said she used a dependency assessment tool to assess people's needs and determine how many staff were needed. We checked the rota for the current and following three weeks and found that it reflected the numbers stated by the registered manager. Our observations demonstrated that staff responded to people's call bells in a timely manner and there were enough staff to meet people's needs swiftly.

There were arrangements in place to ensure safe recruitment practices were followed. The registered manager told us that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate had been obtained. We looked at a sample of staff records and found that the required documentation was in place.

People told us that they received their medicines at the prescribed times. One person told us, "I take my own pills but sometimes I do need a strong painkiller. I ring and the nurse brings it to me, even in the middle of night. I don't have to worry. It's so comforting in my age not to have to worry about it."

Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. One staff member said, "The training is very thorough."

An electronic Medication Administration Record (MAR) system was in place which supported staff to administer medicines at the prescribed time and prompted them to make a record. One nurse told us, "It's a brilliant system. You can't make any mistakes." Records we examined were consistent with the stock of medicines remaining. When a person did not want to take a dose of medicine, the dose was stored separately and clearly documented. The registered manager told us, and training records confirmed that staff had received training on the safe use of the electronic system and the safe administration of medicines. We saw evidence that regular auditing of medicines were carried out to ensure that any errors could be rectified and dealt with in a timely manner.



## Is the service effective?

### Our findings

People received effective care from staff that had knowledge and skills in working with them. One person told us, "Since the new manager took over the staff have become more professional and you can see the difference. They [meaning staff] seem to have more medical education. They just feel so professional and they know their stuff. It's much improved."

Staff told us that they knew how to support people as individuals and recognise their specific needs. One staff member said, "We know the signs that one person shows when he is becoming anxious. We then know how to respond to make him feel better." We saw that this information was recorded in detail within the persons care plan so that all staff could understand the positive strategies in place.

A staff member told us that they had received induction training when they first started. This was followed by shadowing experienced staff within the service. They told us, "The induction was very helpful. I was especially grateful that I was able to shadow staff so I could get to know people."

Records showed that all staff received induction training, as well as on-going training which was kept up to date. We saw the induction training covered essential subjects such as, safeguarding, dementia awareness, moving and handling, health and safety, food hygiene, first aid and fire awareness. Staff were also provided with regular training updates and were expected to complete the Care Certificate during their probationary period. (The Care Certificate is the new minimum standards that should be covered as part of the induction training for new care workers).

The service had a supervision and appraisal system in place. Staff told us they received regular supervision, spot checks and an annual appraisal of their performance. One staff member commented, "We get regular supervisions. The support for staff here is very good. The manager has an open door policy so we can always discuss things any time." Within the staff files there was evidence to confirm that staff were provided with regular supervision and an annual appraisal. This demonstrated that staff were provided with support to develop and review their practice.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We saw evidence within people's care plans that mental capacity assessments had been carried out along with best interests meetings when required. We saw records that staff had undertaken training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and found that

they had a good understanding of the act and people's capacity to consent.

People told us they enjoyed the food provided for them. One person commented, "The food is excellent. There is a new cook who had a great idea, so we now have once a month specialities from different countries to try. We have had an Italian evening, Spanish and Mexican." A relative informed us, "My [name of relative] needs light and blended food. She was really poorly over this winter, but thanks to the care here they picked her up and she can now eat normal food. She even had a piece of her birthday cake."

We spoke with one of the chefs who demonstrated a good understanding of people's dietary needs and food preferences. We observed that the registered manager ate lunch with people so she could, "catch up on stories" and also talk with them about the quality of the food.

We observed people's care records contained details of their dietary likes and dislikes. If people had difficulty with food and fluid intake they were closely monitored. If needed people had access to the Speech and Language Therapist (SALT) and the dietician via the GP. Within the care plans we examined we saw that there was information on people's dietary needs, which included food allergies. This demonstrated that staff were fully aware of people's food preferences and any allergies that they may have. Records demonstrated that people were weighed as needed and nutritional screening was reviewed monthly or when changes occurred.

People told us that they regularly saw health professionals as required. One person said, "If I feel poorly the staff are quick to get the doctor." We reviewed people's care plans and saw evidence of regular health appointments and check-ups. We also saw that staff recorded such information in people's care records so that the information was handed over to other staff.

## Is the service caring?

### Our findings

People told us they were treated with kindness and compassion in their day-to-day care. One person said, "The staff are very kind. They always ask if there is anything they can do for me." Another person told us, "We are very lucky here. The staff are wonderful." A relative commented, "I am very impressed by the staff. They are kind and patient. They show so much compassion towards [name of relative]."

People told us that the staff knew them well and the relationship between them and the staff was positive and caring. One person commented, "I have only been here for a short time but the staff have been absolutely marvellous."

Staff told us they knew people really well and felt this was because there was consistency in the staff team. They told us they were able to spend time getting to know people's likes, dislikes and personal histories. One staff member commented, "We have the time to get to know people. The manager encourages us to spend time with people." Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported.

We observed good interactions between people and staff who consistently took care to ask permission before assisting them. There was a high level of engagement between people and staff. This resulted in people feeling empowered to express their views. It was evident that staff had the skills and experience to manage situations as they arose and provided care to a high standard. For example, we saw that one person using the service became distressed at lunch time. The staff member approached the person, knelt down beside them and spoke with them calmly until they had resolved the issue. This was carried out with sensitivity and patience and resulted in the person becoming calm and happy. This showed that staff supported people to communicate their needs and respected their wishes.

People were supported to make choices on aspects of their daily routine; their daytime activities or their food preferences. One person told us, "They always ask me what I would like to eat." Staff told us and we observed that they consulted people about their daily routines and activities. Care was focussed on each person's wishes and needs rather than being task orientated and routine led. Records seen confirmed that people and their relatives were involved in the care planning process to ensure that the care provided met their individual needs.

People told us that staff were always respectful towards them and promoted their privacy and dignity. One person told us, "They always treat me with dignity. I feel they respect me and my family." A relative said, "I visit every day and I always see them treating people with respect."

Staff told us that people's privacy and dignity was promoted and they were able to demonstrate how they supported people to uphold their dignity. One staff member said, "I always treat people how I would want my grandma to be treated."

We observed staff treating people with respect and maintaining their privacy. We saw that some people

wanted to stay in their rooms and keep their doors open. The open doors were screened with decorated and interesting screens to allow the sounds and hustle of the service while preserving the privacy of each individual. We saw that staff knocked on people's doors before entering and found that interactions between people and staff were respectful.

People felt assured that information about them was treated confidentially and respected by staff. One relative told us, "The staff are very good and don't gossip about anyone." Staff told us that the service had a confidentiality policy which was discussed with them at their induction and they had signed an agreement to adhere to it. One staff member said, "Sometimes confidentiality is discussed at supervision and staff meetings."

We saw evidence that the service shared information about people on a need to know basis and with their agreement. We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to maintain confidentiality.

## Is the service responsive?

### Our findings

People told us that they received person centred care that met their needs. They said that the staff were 'excellent', 'reliable', and 'compassionate'. One person told us, "When I came here I had a lot of health issues. I really wanted to lose weight. I was seen by dietician and they designed a programme which everyone here helped me to stick to. I'm feeling great now." A relative commented, "If the night shift wasn't so responsive and diligent, [name of relative] wouldn't be with us now. Thanks to them she is still alive today."

People told us that staff included them in the decisions about their care and were always asking if they wanted anything done differently or if their care could be improved in any way. Relatives we spoke with echoed these sentiments and one relative said, "It's all the little things that make the difference."

Before people moved to the service they and their families participated in an assessment to ensure their needs would be met. Information from the assessment was used to ensure people received the care and support they needed; and to enhance their independence and to make them feel valued. One staff member told us, "We try to get as much information as we can. The more we know the better for everyone."

We saw that people had care plans and risk assessments for each area of their life that covered likes and dislikes, personal history, health care needs, emotional support, social skills support and day to day support with living skills. Each person had a role in putting these plans together and each person had a named member of staff to help them review this regularly.

The provider had a 'resident of the day' initiative for a different person each day, every month. Whilst every day is special for every person at the service, the 'resident of the day' initiative makes a day in a month extra special for each person. People who had been the 'resident of the day' told us they enjoyed their extra special day. Staff told us this initiative helped them to understand what people needed to improve their life and that could make a positive difference to them. For example, the different heads of departments visited the person and discussed what they liked and didn't like about their care. The 'resident of the day' ensured caring and housekeeping staff were involved in creating an environment to promote each person's wellbeing and quality of life.

People were supported to follow their hobbies and interests. One person said, "The activities here are very good, there is always something going on." Another person told us, "I enjoy going for little outings with the staff. They always have enough time for me. I'm very happy here."

The service employed an activities co-ordinator to support with activities, who helped people enjoy their chosen interests in a group or as a one to one support. They told us they had been trained to provide suitable physical exercises for people and were also looking at starting a mother and toddler group at the service where people using the service would be involved. A relative said, "The activities here are brilliant. Really very good."

We saw that one to one activities were also provided to people who were cared for in bed to provide companionship and reduce social isolation. The activity coordinator said, "I spend time with people on a one to one level, sometimes doing a relaxing hand massage or painting their nails."

On the day of our inspection we saw an exercise class taking place and in the afternoon people were making Easter bonnets. The service had an activity programme, which enabled people to participate in activities outside and inside the service. Entertainers regularly visited the service to perform. We saw there were pictures displayed at the service of activities that people had participated in. These related to day trips, birthday celebrations and theme events such as summer barbecues, Christmas and Easter parties.

People we spoke with felt that they would be listened to if they had a complaint or concern. One person said "I don't have any complaints, but if I did I would tell the manager about it and they would help me." A relative said, "No complaints whatsoever; everything is really good here."

The registered manager told us that complaints were used to improve on the quality of the care provided. We saw a copy of the service's complaints procedure was displayed on the notice board. We looked at the complaints record and found that action had been taken to investigate and respond to complaints that had been made.

## Is the service well-led?

### Our findings

People, relatives and staff expressed confidence in how the service was being run. One person said, "The manager is very good. You can go to [name of registered manager] with anything and she will sort it out for you." A relative told us, "[Name of registered manager] door is always open. I have had some worries and she is happy to discuss and help."

Staff told us the registered manager was an excellent role model and led by example. One staff member told us, "[Name of registered manager] is the best manager we have ever had. She has made a lot of improvements." Another member of staff said, "She has an open door policy. She is always encouraging the staff and she gets the best from them. I feel well supported and valued by the manager." This demonstrated that people and staff had confidence in the manager's leadership and management skills.

Staff were positive about the service. They felt they were well trained and supported and were committed to the care and development of people who used the service. They felt that the registered manager was supportive of them and worked with them to ensure people received the care that they needed and issues were appropriately addressed. It was evident that there was transparency between the registered manager and the staff team.

Staff were confident if they raised concerns in relation to poor practice they would be listened to. One staff member told us, "I would be more than comfortable raising any concerns. I know that any concerns I raise would be taken seriously and dealt with properly." Staff told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. They were confident that concerns raised would be addressed and investigated in line with the provider's procedures.

Staff felt that communication within the staff team was good and kept them up to date with changes at the service. One member of staff told us, "There is very good communication with all members of the team. The manager shares everything with us and that means we feel valued and included." We were told there was a daily 'heads of departments' meeting to catch up on events over the last 24 hours, and how they impacted on people. We joined one of these meetings and found that all heads of departments participate in problem solving and decision making during the meeting. Action points were raised and delegated to individuals to act on.

The registered manager told us that she was aware of, and kept the day-to-day culture of the service under review. She said, "I visit people daily and I also eat lunch with people weekly to catch up on events." We saw evidence that staff practice was kept under review and their behaviour and attitudes were monitored to ensure that people received quality care.

We observed the service had strong links with the local community. For example, people were supported by staff to visit the local church and go on shopping trips as part of their planned social activities. Children from the local schools visited the service at Christmas to sing carols and also helped with various activities taking place at the service. The local vicar was known to people and conducted a regular church service. This

showed people were seen as part of the local community.

The registered manager and provider were committed to providing all round high quality care. We saw that the service had a five star Food Standards Agency (FSA) hygiene rating. Five is the highest rating awarded by the FSA. This showed that the service demonstrated very good hygiene standards.

The registered manager told us that the service operated a resident of the day initiative. This ensured that people using the service were made to feel special. All staff working at the service had an input in ensuring that people were made to feel special and valued.

We found systems were in place to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC) as required. We saw evidence that accidents and incidents were recorded and analysed. Any identified trends had measures put in place to minimise the risk of occurrence.

The registered manager told us that the service had systems in place to monitor the quality of the care provided. We saw regular audits were undertaken. These included medicines, infection control, health and safety, care records, accidents and incidents, night checks, pressure care and well-being. The audits were completed regularly to ensure the effectiveness and quality of the care provided.