

Shakti Lodge

Shakti Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Shakti Lodge is a residential care home providing personal and nursing care to 19 older people, some of whom were living with dementia. The service can support up to 26 people.

People's experience of using this service:

People could not be assured that they would receive their medicines as prescribed. This was because there were insufficient checks to identify errors when they occurred so quick action could be taken to address them and keep people safe.

Checks on the quality of the service were not always effective in making the necessary improvements. Records about how much people drank, ate and when personal care was given, were not always accurate. Therefore, it could not be assured people at risk of poor hydration and nutrition were given sufficient amounts and people received personal care when they needed it.

People and their relative said staff knew them well and helped them to feel safe. There were enough staff available to support people when they needed. Checks on staff helped to ensure only staff who understood the values and aims of the service were employed.

Staff received ongoing training and support to ensure they had the necessary skills and knowledge to meet people's individual needs. There were arrangements to make sure there were enough staff available to support people when they needed it.

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.

People had access to health care services in a timely manner and there was strong partnerships working with a range of health care professionals. Mealtimes were social occasions where people sat together.

Staff knew people well and caring relationships had been developed. People were given choices about how they would like to spend their time and there was a programme of activities.

Everyone said the service was well-led and that the registered manager was approachable. The views of people and their relatives were regularly sought and acted on.

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 17 February 2017). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our

planning and decisions about the rating at this inspection.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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 not always safe.
Details are in our safe findings below for each of the domain areas.

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our effective findings below for each of the domain areas.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below for each of the domain areas.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below for each of the domain areas.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below for each of the domain areas.

Requires Improvement ●

Shakti 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and an inspection manager.

Service and service type:

Shakti Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The 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:

The inspection was unannounced.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, a senior care worker, a care

worker, housekeeper and cook. We joined people for lunch and spent time in the lounge observing people's care and support.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at the staff supervision and training programme and three staff recruitment files. We also saw a variety of records relating to the management of the service, such as health and safety, audits, compliments and complaints.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We looked at the results of the 2019 annual survey.

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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Although the service was working towards addressing shortfalls identified in the provider's and pharmacy audits in May and July 19, the management of medicines remained unsafe.
- There were not safe systems for medicines which are at higher risk of misuse and therefore need closer monitoring. Records indicated there should be 10 tablets prescribed to treat one person's stomach ulcers, but there were only 9 in stock. Staff did not know whether or not the person had received the one unaccounted for tablet. They also did not understand their roles and responsibilities around the management of medicines which are at higher risk of misuse and therefore need closer monitoring. The providers programme of medicines checks and audits had been discontinued in April 19 due to staff changes. Therefore the discrepancy had not been identified and acted on in a timely manner. There was also the potential risk that additional medicines errors had occurred and not been identified, due to the lack of adequate checks.
- We found the medicines trolley unlocked and unattended in the upstairs corridor. The staff member administering medicines said the trolley had been left whilst they entered a person's room to give them their medicines. Some people, including those living with dementia, were nearby in their bedrooms. There was a risk people could accidentally ingest unattended medicines. We brought this potential risk to the attention of the staff member and registered manager.
- There was an inconsistency in practice when people had been prescribed topical creams. Guidance was not available for everyone on how often and to which part of the body their cream should be applied. Staff knew where to apply people's creams but there was a risk that this information was not available for new or agency staff to follow.

There were not safe systems for the management of medicines which put people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection we recommended the provider reviewed protocols for the use of 'homely remedies'. At this inspection, people had access to non-prescribed pain such as cough mixture and pain relief if they had a headache.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff understood their responsibilities to keep people safe from abuse.
- Staff had received training in safeguarding and knew what constituted abuse and poor practice. They knew how to whistle-blow (tell someone if they had concerns) and to report any concerns to external agencies, if they were not acted upon.

- Safeguarding concerns had been reported to the local safeguarding team in line with Kent and Medway safeguarding policy and procedures.
- People and their relatives said staff made sure people were safe and looked after. One person told us, "Yes I'm safe. I live here. I like it here". A relative said, "The staff phone you about things that happen. He had an accident and they let me know. It is reassuring".

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed including developing pressure ulcers, malnutrition and falling. Basic guidance was available to staff, so they knew how to support people in the right way.
- Assessing risk was not seen as a barrier to people's right to enjoyment. A group of people had taken a trip to the seaside after all potential risks had been identified and minimised as far as possible.
- Regular checks were made on the environment and equipment to make sure it was safe and fit for purpose. Electrical and gas appliances were maintained, and fire equipment regularly serviced.
- A fire risk assessment by an external contractor had highlighted a number of recommended works to improve fire safety. The provider had requested a visit from Kent Fire and Rescue for advice on the best way forward and which actions to prioritise.

Staffing and recruitment

- Staffing levels were assessed and reviewed according to the number of people living at the service and their individual needs.
- There were enough staff available to support people in their home. Staff supported people when needed it. In the afternoon staff sat next to people to have a chat.
- Existing staff usually covered situations when care staff were not able to work. There was minimal use of agency staff, so people received consistent care.
- Checks on new staff included obtaining a person's work references, identity, employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Learning lessons when things go wrong

- Accidents and incidents were recorded, monitored and analysed, so action could be taken to reduce the chance of the same things from happening again.
- A graph was made of all pressure ulcers, falls and urinary tract infections, to give a clear picture of any increases that needed further investigation. In addition, each person had a falls tracker in their care records.
- Lessons learned from these events were shared with the staff team.

Preventing and controlling infection

- Staff followed a cleaning schedule to make sure the service was clean and free from unpleasant odours. The housekeeper took immediate action to address an unpleasant smell in the upstairs corridor when it was brought to their attention.
- Staff were trained in the prevention and control of infections and had access to personal protective equipment.
- The provider's laundry procedures were followed to help prevent the spread of infection.

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.

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Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, social, emotional, cultural and religious needs were assessed before they moved to the service, so the provider could be confident they could be met by the staff team.
- Assessment were undertaken in line with best practice and included the use of nationally recognised tools for identifying and monitoring people's skin condition, nutrition and hydration.

Staff support: induction, training, skills and experience

- The provider inducted staff and provided an ongoing training programme using a mixture of face to face and e-learning. The areas covered included moving people safely, supporting people living with dementia and nutrition. The registered manager monitored all staff training and took action to make sure staff kept up to date with their knowledge and learning.
- A senior member of staff had led a staff moving and handling training session in the lounge. Feedback from people was that this had helped them be less anxious in using the equipment. This was because people had seen staff using equipment and been able to ask questions that were worrying them.
- Staff said they were well supported by the registered manager. They said they could approach them at any time and also attended formal supervision sessions. An annual appraisal framework had been developed which was due to roll out in November. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

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

- For people who had been assessed as at risk of poor nutrition, a record was kept of how much they ate and drank, and their weight was monitored. Where there were significant changes in people's weights or eating patterns, referrals were made to the dietician or speech and language therapist, via their doctor.
- A rolling menu was devised based on surveys of people's likes and dislikes. The cook knew about people's food choices and specialist diet and provided foods accordingly.
- At lunchtime staff checked that everyone had something to eat. People were supported to eat independently by being provided with adapted plates. Where people required more support, staff sat next to them to provide it. Lunchtime was a social occasion where people and their family members could sit and eat together. People were not rushed and able to eat at their own pace.
- People and their relatives were satisfied with the quality and quantity of food provided. A relative told us, "The food is good. He often has seconds".

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- People's health care needs were identified and monitored by staff. People were supported to access health care services such as their doctor when they were needed. One person described how staff had looked after them when they had not felt very well. Where staff accompanied people to medical appointments a record made of any advice given.
- People's oral health care needs had been assessed and appointments made with the dentist. A community dentist had visited the service in August for people who were not able to or would find it confusing to travel to a dental surgery.
- Feedback from health care professionals was very positive. One professional commented, "They do not hesitate to contact us should they feel that a patient may be deteriorating in health. They are eager to learn and embrace the challenges in situations that may be unfamiliar to them".

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 with appropriate legal authority. 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.

- People's consent was sought before providing any care. Staff understood that people had capacity to make day to day decisions, but this sometimes fluctuated. At these times staff made decisions in people's best interests, based on their past choices and preferences.
- People's capacity to make specific decisions had been assessed. When people did not have capacity to make specific decisions, meetings were held with relevant professionals and family members, to make a decision in the person's best interest.
- DoLS applications had been made to the local authority to make sure any restrictions on people's freedom were lawful.

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

- Adaptations such as handrails and bath seats were available for people with limited mobility.
- People were provided with a large lounge/dining with views of the garden. In addition, there was a small lounge for people who preferred a quieter setting
- There was a large accessible garden with seating provided. One person told us, "The garden is gorgeous. I sit out there with my daughter".
- One person had no personal effects to personalise their bedroom. Staff found out this person loved aircraft and a picture of the Red Arrows was brought for them, so they could hang it in their room.

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. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness. One person was agitated. A staff member sat with them and talked about things they were interested in. They used touch appropriately to reassure them. Another person told us they were not happy. However, when a staff member came to talk to them they immediately became animated and were clearly pleased to see them.
- Positive relationships had been developed between people and staff. The maintenance man joined a group of men in the lounge and they all sat together to read the newspaper and chat.
- Everyone was positive about how staff communicated with them. One person told us, "The staff make jokes and I think sometimes I make jokes. I like to laugh". A relative said, "Staff are all very kind especially (named staff)". A health care professional told us, "The staff demonstrate care for the patients by talking to them with a kind tone, being patient with them and taking time to listen to them".
- A number of compliments had been received about the kindness of staff. One relative wrote, "She is very lucky to be somewhere so lovely as Shakti and to be around people who care. You are all stars". One relative had written a poem about Shakti Lodge describing it as a 'Great Place' and this was on display.

Respecting and promoting people's privacy, dignity and independence

- Staff had completed a workbook on dignity and respect after an incident. This was to make sure all staff understood these values and how to put them into practice.
- Staff supported people in a way that was respectful and upheld their dignity throughout the inspection. One person asked staff to go to bed soon after lunch. A staff member explained that they had a room booked for them and they would show it to them later. The person was satisfied with this response.
- Staff knew how to maintain people's privacy. Staff approached people and spoke to them quietly when asking if they wanted help to go to the toilet.
- People's independence was promoted so that they were encouraged to do as much as they could for themselves.

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

- People were involved in day to day decisions about their care such as what to wear, what to eat and how to spend their time.
- Service user meetings were held to discuss people's menu choices, activities and trips out. When people had made suggestions, these had been acted on. This included purchasing a dart board and making improvements to the garden.
- Some people had difficulties hearing or making themselves understood through speech. Staff understood

the importance of knowing people well, taking time to listen and speaking clearly to help understand the choices and decisions people made about their care.

Is the service responsive?

Our findings

Our findings - Is the service responsive? = Good

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

- Feedback was that people's needs were responded to. A relative told us, "Staff are always quick when they see that someone needs help". A social care professional said the service were prompt and efficient when people needed care at short notice or in an emergency.
- Progress continued with developing people's care plans, so they contained up to date information about people's care. Information about a person's life history and how their dementia affected their perception and functioning was available to staff. Staff knew people's interests, preferences and any cultural or religious needs so they could support people in a personalised way.
- The activity coordinator provided a structured programme of activities from Tuesday to Saturday including music and games. External entertainers such as singers and therapy dogs visited monthly. A small group of people had visited the seaside for fish and chips. A relative told us, "They had a BBQ the other week. It was good. They had flags up and a singer".
- One person introduced Murphy, an interactive toy cat. Their face lit up in delight when they stroked Murphy, as he responded by purring and moving.

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.

- Key documents such as minutes from residents' meetings, were provided in large print to help people read them.
- Some people were living with dementia. The provider had identified people would benefit from information being provided in picture format. The service user guide and menus were being prioritised for adaption to this format.

Improving care quality in response to complaints or concerns

- People and their relatives felt confident to speak with the registered manager or staff if they had any concerns or complaints. A relative told us, "I have no concerns, but I would go to the manager if I did. She is very approachable". Everyone was asked if they had any suggestions or concerns at regular resident and relative meetings.

- The provider's complaints policy was followed if any complaints were received. This ensured that people's concerns were looked into and the complainant was informed of any actions taken in relation to their concerns.
- There was an overview of complaints, so any patterns or trends could be identified and addressed.

End of life care and support

- The provider understood the importance of working closely with healthcare professionals, so people experienced a comfortable, dignified and pain-free death.
 - The registered manager participated in multi-disciplinary meetings as requested to discuss future plans for people at the end of their lives. A professional from this team told us, "The service work towards hospital admission avoidance and increasing their knowledge of disease management through supported working".
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- There had been limited consultation with people about their wishes at the end of their lives. This was intended to provide a clear plan which set out where people would like to live in their last days and any important things and people they would like to be around them. The registered manager acknowledged this was an area where improvement was needed.

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 now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality checks and audits were not always effective in identifying shortfalls in the quality of care. Medicines audits had been discontinued due to a change in staffing and therefore had not identified errors found at this inspection. After the inspection, the registered manager told us that medicines audits had been reinstated and took place on a more regularly to minimise the risk of errors reoccurring. However, these improvements were only made after they had been brought to the provider's attention.
- The provider had identified improvements were required in record keeping, but these remained an issue at the inspection. Food and fluid charts used to alert staff when people had not eaten or drunk enough to remain healthy were inconsistently completed. Fluid charts did not guide staff how much people needed to drink each day nor was there a total of how much a person had drunk each day. Food charts were not consistently completed. On the day of the inspection, staff did not complete records of how much people ate for lunch until late in the afternoon. Therefore, these records may not be accurate as they were not contemporaneous, but reliant on staff's memory of how much people ate.
- Care notes were not always accurate as two men had not received a shave and relatives confirmed this had happened on a number of occasions. The importance of providing a shave to everyone who needed support had been discussed at staff meetings. Staff said that sometimes people did not want a shave, but care notes did not evidence when people had been offered and declined assistance.

There were not effective systems to assess, monitor and improve the quality and safety of the service, nor to maintain accurate records of people's care and treatment. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths. They kept up to date with guidance and advice through accessing the providers policies and attending registered managers conferences. They ensured best practice was disseminated to the staff team.
- The provider had developed an improvement plan which set out changes implemented to improve the quality of care. For example, after poor performance in a fire drill, staff had undertaken additional fire training which was more comprehensive.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Everyone told us the registered manager was approachable and cared about the people who used the service. She was a visible presence and knew people and their relatives well.
- A health professional told us, "The home manager is always approachable, and will share her knowledge gained with staff. She has led with a passion to ensure high standards are met".
- The provider understood the Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support.
- Relatives said the service was well-led and that they would recommend it to others.

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

- There were regular meetings with people and their relatives where people were asked for their views about the service and how it could improve, and these were acted on. People had asked to go on a trip out and some people had visited the seaside.
- Staff said they felt supported and listened to. They said they could approach the registered manager at any time about anything that was worrying them.
- People and staff completed an annual survey in October 2018. Feedback was mostly positive and where any shortfalls had been identified, an action plan had been developed to address them. For example, resident and relative meetings were planned for different days and times so as many people as possible could attend.

Working in partnership with others

- The provider worked in partnership with other social and health care professionals such as GP's, community nurses and the mental health team. Feedback from health care professionals was that good working relationships had been established.
- There were links with external entertainers and local churches. The provider had identified that further relationships with the community would benefit people. This had been discussed at resident and relatives' meetings and was part of the service improvement plan.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the safe management of medicines. Regulation 12 (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure there were effective systems to assess, monitor and improve the quality and safety of the service and to maintain accurate records of people's care and treatment. Regulation 17 (a) (c)