

Kilkee Lodge Care Home Limited







Kilkee Lodge Residential Home

Inspection report

Coggeshall Road
Braintree
Essex
CM7 9ED
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Website: n/a

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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	

Overall summary

This was an unannounced inspection which took place on the 13 October 2015. Kilkee Lodge Residential Home provides accommodation for up to 80 people who require nursing or personal care. At the time of the inspection there were 70 people living at the service.

Kilkee Lodge Residential Home had an experienced registered manager in place. 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.

Summary of findings

There were sufficient staff working at the service throughout the 24 hour period to meet people's needs.

People told us they felt safe living at the service. Systems were in place to ensure people's care was delivered in a safe way, for example all staff had been training in how to safeguard people from abuse.

Care plans and risk assessments had been written to minimise the risk to people when care was being delivered.

Equipment in the service had regular service checks and audits had been completed to ensure the environment and the care provided were safe.

Safe recruitment methods and checks were carried out to minimise the risk of employing staff that were not suitable to work within the service. There were sufficient numbers of staff to meet the individual needs of people. Staff had received training and knew about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard (DoLS). Staff received on-going training, supervision and an appraisal.

People's nutrition needs were assessed which were reflected in their care plans and how to support people to have enough to eat and drink while taking into account their preferences.

People's chosen lifestyle and interests were maintained and supported by staff that cared for and about them. Staff were kind and gentle and encouraging when speaking to people. People were encouraged to make decisions and choices about how they spent their time. Care plans were being reviewed to ensure they reflected people's choices.

Relatives meetings were held and questionnaires were sent to people and their relatives to gain feedback on how the service was run. Responses were positive. Staff spoke positively about working at the service and the management were supportive

An assessment of the persons needs was carried out prior to them coming to the service to ensure the service could provide a service to them. Complaints were dealt with effectively and staff knew how to deal with complaints.

Quality audits were carried out and information acted upon to promote an open and honest culture in the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were trained and understood how to safeguard people from abuse.

Regular checks of the care provided and the equipment used in the home minimised the risk of unsafe care.

The service had a robust recruitment procedure.

Good



Is the service effective?

The service was effective.

The staff understood the Mental Capacity Act 2005 and how this impacted on the care provided to people. Staff had acted in the best interest of people who were unable to make decisions for themselves.

Staff were supported to provide good care and their competency checked by management to ensure they met the required standard.

Staff were knowledgeable about people's nutrition and needs and acted accordingly to provide people with choices of food and drink.

Good



Is the service caring?

The service was caring.

Each person had a care plan and had been consulted about how care was to be provided to them.

People told us the staff and the organisation was caring. They told us they were treated with respect and their dignity maintained.

Staff spoke positively about the people living in the home and showed knowledge of people's past lives and current needs.

Good



Is the service responsive?

The service was responsive.

People's care needs were assessed and changes recorded appropriately in their care plans.

There was a complaints policy and procedure which has been implemented when a complaint had been raised to resolve the matter.

Good



Is the service well-led?

The service was well led.

People and staff told us the home was well managed.

There was a clear ethos of caring and respect within the service which reflected the statement of purpose.

Good



Summary of findings

Audits and checks were carried out to ensure safe practices within the home. Staff told us they would be happy for a loved one to be cared for in the home.

Kilkee Lodge Residential Home

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 October 2015 and was unannounced. It was carried out by two inspectors and an expert by experience. An expert by experience has personal experience of using or caring for someone who uses this type of care service. Our expert had expertise in older people's services.

Before the inspection we checked the information that we held about the service and the service provider including notifications regarding any issues or changes made to the service since the last inspection.

We spoke with ten people who lived at the service, three relatives and a visiting professional. We observed how care was provided to people, how they reacted and interacted with staff and their environment. 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 six staff members including the manager, deputy manager, chef and three care staff.

We reviewed a range of records about people's care and how the home was managed. These included care records for five people and 20 people's medicine administration record (MAR) sheets. We also looked at records relating to the management of the service. These included four staff training records, quality assurance audits, minutes of meetings with people and staff, findings from questionnaires that the provider had sent to people, menus and incident reports.

Is the service safe?

Our findings

People told us they felt safe in the home. One person said. "I like to take my exercise, I only go as far as I can, I feel confident because the rails are there for extra support and there is always a member of staff around to call on if I need them". Another person told us. "When I was at home, any little noise, particularly during the night, made me anxious. Now, when I wake up, the first thing I think is 'I'm alright.'"

Staff had received training in how to safeguard people from abuse. They were able to describe how they put the training into practice with their knowledge of indicators of abuse and who to report concerns to. They were also aware of how to report concerns directly to the local authority if there was a need to do so. A member of staff told us. "I thought the training was good because it covered not just physical abuse, which was the first one that came to mind."

Risks related to the care people received, the environment and staff had been assessed. We saw that in the care plans information had been recorded regarding risks to people and the actions staff were to take to reduce the risk. This included for people on bed-rest, turning charts to inform staff and record when the person was moved to reduce the risk of pressure sores.

There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and fire extinguishers and fire equipment had been regularly serviced. There was an emergency evacuation plan in place. We saw all lifting equipment within the service had been regularly tested and serviced.

There were sufficient numbers of staff on duty to keep people safe and meet their care needs. The manager had assessed the minimum staffing levels required to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Documentation showed how people's needs were assessed and how staff numbers were calculated. Staff rotas showed the required number of staff were available to support people this was verified by our observations during the

inspection. The manager told us that the call bells were set to change tone if it was not answered within 2 minutes and during our inspection we were not aware of any change of tone.

Call bells were available to people in their rooms or communal areas and were accessible to people. Where people were unable to use their call bell staff made regular visits to their rooms to check on their wellbeing. One person told us. "Staff look in on us every half an hour, even during the night, and if I am awake they will bring me a cup of tea. I just have to press the call bell and they are there, within about half a minute, day or night".

The service operated safe recruitment procedures. Staff files contained Disclosure and Barring Service (DBS) checks, references including two from previous employers and application forms. The DBS is designed to help employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with adults. Identification documents and information regarding health checks had also been recorded.

One person told us. "If I need pain relief I just have to ask for it." Staff who were responsible for administering medicines had received training. We checked the controlled medicines and saw that they had been booked into the service appropriately and the records were accurate. We checked the medicines administration records for 20 people and found all were signed appropriately. We observed people being given their medicines. Staff ensured the drug trolley was locked between administering medicines to keep the medicines safe.

The service was clean and tidy and people commented upon how hard the cleaning team worked. Staff had attended infection control training. We saw they applied this training when using protective equipment such as gloves and aprons when supporting people with personal care and eating and drinking. This was because it reduces the risk of cross infection.

Is the service effective?

Our findings

One person told us. “The staff know what they are doing, the deputy manager inspires confidence.” A relative told us. My [relative] has received good care since coming here because the staff know about the condition and have acted to help them.”

People told us they thought the staff were well trained and knew how to meet their needs. The management of the service reviewed the training provided and who had attended monthly. This was to ensure enough training was provided and staff were attending. Each new staff member completed an induction. This included areas such as infection control, person centred care and communication with people. It also covered areas such as their duty of care and their roles. Should staff require additional support, the senior staff carried out 1:1 support with the staff member to assist them with their learning.

Staff told us they received support from the provider through induction and supervision, records verified this. Competency checks were carried out by the deputy manager. They told us they worked alongside staff regularly so they were in contact with the people using the service and to assess the skills and competency of staff. Training was provided to staff in areas such as, equality and diversity and moving and handling to enable staff to have the skills to care for people safely and appropriately.

During this inspection we found staff had received training in the Mental Capacity Act 2005. . The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. They showed an understanding of the act in their discussions with us. Where individuals lacked the mental capacity to make decisions for themselves people and professionals who played a role in the person's life had contributed to the best interest decision making process We discussed with the registered manager how the Deprivation of Liberty Safeguards (DoLS) were implemented. This is a process by which a provider must seek appropriate authorisation to restrict a person's freedoms for the purposes of care and treatment. A DoLS application had been appropriately made and records were in order. There were no unauthorised restrictions placed on people who lived in the home. Doors were unlocked apart from storage areas where harmful substances were stored.

One person told us. “The food is lovely home cooked, with a roast every Wednesday and Sunday. I don't eat eggs, chef knows that and they will always do something different for me. They bring you what you want’. Another person told us. “The food is really good, if you don't want what's on, they will always make you something different. The other day I said I fancied an omelette, so they made me one.” People's nutritional needs had been assessed and care plans reflected how people's needs were to be met. Risks to people associated with inadequate intake of food and drink had been assessed and where appropriate people's weight was monitored regularly. Each person we saw had water and juice easily available to them as were snacks and fruit. Drinks and snacks were also regularly offered by staff .

A Staff member told us. “We have set times for meals, but if that's not suitable then residents can have their meals when they want. If they want a late breakfast, we will also make them a late lunch. If they are used to having their main meal at night then they can have a lighter meal for lunch and the main meal at tea time. If they are out for an appointment we will make a meal for them when they return.” A relative confirmed that the staff were accommodating and they thought the standard of the meals was very good.

People's weight was monitored regularly. We saw that people on bed-rest had fluid and food charts and information had been recorded so that the staff knew that people were receiving sufficient nutrients. Where people required more specialist support the dietetic team and speech and language therapists had been consulted and their advice was acted upon.

We spoke with a visiting professional. They informed us the service contacted them appropriately, in particular the staff were good at recognising if a person deteriorated and sought their advice quickly and effectively. They had attended meetings with families and staff members to support people and also provided training to the service staff.

We saw that the care records also showed the service had worked effectively with other health and social care services to ensure people's care needs were met. Each person had their own GP, Optician and Dentist.

Is the service caring?

Our findings

People told us the staff knew them, their needs and provided good care. One person told us. "All the carers and staff are very good. No matter what you ask them to do, it is done." Another person told us. "I consider myself very fortunate to be here and the care is wonderful, I can't fault anybody, I really can't. They are kind people. It is a happy home and they make it fun, they are kind, caring and humorous."

People's opinions were sought and staff reacted positively to their wishes. For example, one person told us they could choose what time they got up each day. Another told us. "They (staff) listen to you." They went on to describe how they were cared for in the way they wanted to be cared for. They described how they valued the fact that they were treated with respect and dignity.

Staff were able to talk about the individual needs of the people. One staff member saw it as their role to care for people as they would like to be cared for. They described how they showed respect to people by relating to the individual needs and opinions of people and acting on them. During our inspection a person became very distressed and they immediately received support from a member of staff. The staff member sat quietly with them listening intently to the problem and stayed with them until they felt composed.

Another staff member told us of the importance of communicating with people, and how this should be respectful. Another staff member told us it was important for people to have clean clothes and dress as they wished. The service provided regular opportunities for people to have their hair and nails attended to.

Minutes of a recent resident's meetings recorded the views of people living at the service. A staff member told us. "We try to stop and have chats, we try to really get to know our residents." Another member of staff informed us that an important part of their role was to talk to people about their life stories.

People's privacy was respected; they told us they were able to spend time on their own if they chose to. Before staff entered people's rooms they knocked on the door and waited for a response, even when the door was open. One person told us. "Whenever they can, they come in and talk. My key worker pops in often a lovely young person, but incredibly caring for their age." The person also informed us they had been asked if they would be alright with having a male carer. They said this was fine and considered if thoughtful of the service to have asked.

People were involved in the planning and delivery of their care. Records showed people had been consulted about how they wished their care to be provided. The service had undertaken work to write each person care plan so that it was personalised and included people's wishes. Staff knew people's preferences and wishes and knew how to support people in their preferred way and this was now becoming reflected in the respective care plans. Where people had not been able to consent to their care, relevant other individuals had been consulted. Relatives were also invited to meetings with the registered manager to discuss the care being provided and any changes being made to the service.

Is the service responsive?

Our findings

While we were talking with a person, we asked them if they thought the service was responsive and understanding of them? A short time later a staff member came to see how the person was and when invited came into the room. They noticed that although the bed had been made, the pillows had been placed on the outside of the cover. They put them under the cover, and said. "I know that's how you like them to be, nice and tidy and under the cover." The person thanked the carer and said to us 'That is how they are all the time, I feel really taken notice of and cared for, I think that is an eye for detail and responsive.'

Another person told us. "Residents receive a regular newsletter, and there are residents meetings." They also informed us originally they had a room on the first floor but found it too hot up there they told the manager who arranged for them to move downstairs.

People told us they were included in the planning of their care, and could make decisions and choices about how it was delivered. For example taking a bath or a shower. Prior to moving to the service an assessment of each person's needs was completed. From this a care plan was written and any risks were identified and were appropriate assessment were written. This was to ensure where appropriate people's needs were identified and the risks involved in their care were minimised. People or their representatives gave consent to the care being provided. We saw one person had signed each part of their care plan to indicate their agreement with the contents.

Care plans and risk assessments were reviewed and updated regularly. We examined records and spoke with

people about the care they received. What they told us was compatible with the information in the care plans. Where people had specific needs due to physical or mental health concerns, the appropriate care had been sought from health care professionals and was provided.

It was clear from talking to staff they knew about the life histories of the people they were caring for, their likes and dislikes. A member of staff told us. "The deputy manager has always been very clear with us, this is a home of the people living here and staff must respect that." They spoke about people being able to make choices and being as independent as possible. Another staff member told us it was important that people felt comfortable. A relatives told us. "We visit regularly but at all sorts of times and that is never a problem for the staff, they are responsive and make us feel at home."

All the people we spoke to said that they felt comfortable mentioning any little requests or issues to staff, and that they would approach the manager if necessary. People told us they knew how to complain but they had not had any need to do so. Staff told us what they would do when a complaint was raised and would try to resolve the concern. Records showed eight complaints had been received in the last year. The manager told us about the policy and procedure regarding complaints. In the first instance staff tried to resolve the issue there and then, but if they could not or the person wished then a complaint would be recorded. We saw at the time of the inspection most complaints had been resolved but those outstanding were in progress as per the procedure. This meant that the manager was working with those involved with raising the complaint to resolve the matter to all people's satisfaction.

Is the service well-led?

Our findings

People told us they felt the service was well managed and well led. They told us the care provided was good and their needs were met. A member of staff told us, “I love working here, they are a really friendly bunch and it works well because the deputy manager is so hands on, they are everywhere and always help you.”

We saw that the service had a statement of purpose and the manager informed us that was the starting point for the care delivery.

Questionnaires had been sent to people and their relatives for feedback on the quality of the care provided in the service. The questions covered areas commencing with first impressions of the service, quality of care and attentiveness of the staff, and responses were positive. The information had been used to update the welcome pack.

A detailed quality audit had been carried out in November 2014 and the findings acted upon, for example work upon the care plans. The manager intended to repeat the audit in November 2015. The manager informed us that they felt well supported by the directors who visited the service regularly and were available by phone as required. The manager also felt they were supported by their staff in particular the deputy manager and the senior staff provided an on-call support when not on duty to support the staff managing the service at that time.

Staff described the registered manager as a good manager who was encouraging and supportive of the staff. They told us there was not a blame culture in the service but one of

learning from experiences. One staff member told us they found the staff meetings which were held every few months useful, this was because they received good feedback from the management. They also thought that the supervision, annual appraisal and training encouraged staff to develop their skills.

One person told us, “The acid test is would I be happy for my relatives to be cared for here and yes I would.” Another person said they enjoyed working at the service because it was busy sometimes too busy but you probably could not always avoid that and the management were responsive to help in those times. They considered the service was well organised, we have enough time for handovers and we all know what we need to do that shift, as well our keyworker responsibilities.

Audits had been carried out to check the safety of equipment and the effectiveness and accuracy of care plans and associated records. We read audits for safety checks and fire equipment maintenance checks, medication and care plan audits. We saw that actions were taken as a result of the audit. For example more care plan audits being done in the following time period to keep on track with the overall. The manager informed us about the various duties they performed each day and also carried out each week with regard to the management of a large 80 bed service. We discussed with them checks that were made on gas and electrical equipment, while also how although it was a large service. How it was the individuals home and the support that was needed for the staff to keep everything in balance.