

K Lodge Limited

K Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service.

K Lodge is a residential care home, providing personal or nursing care for up to 40 people, some of whom are living with dementia care needs. At the time of inspection, 35 people were living at the service.

People's experience of using this service and what we found.

The cleanliness of the kitchen was poor. We identified unclean kitchen cupboards, flooring and cleaning equipment. Food had not always been appropriately stored.

Some windows in the home did not have the appropriate window restrictors fitted. A fire risk assessment had not been undertaken by a competent professional.

Risk assessments for flammable creams were not in place. Medication audits were not in place to monitor systems and processes relating to the safety of medicines.

A security risk was identified in the detached part of the home known as Garden Villa. This building was left unlocked throughout the day and night exposing people to risk.

Audits and checks were not robust and had not always picked up errors, or actioned improvements.

Staffing levels were sufficient, and the skill mix of staff had been considered. Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

The service was following good practice infection prevention and control guidance in relation to COVID-19.

Staff treated people with kindness, dignity and respect. We observed positive interactions between people and staff, and feedback from people about staff relationships were good.

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 Requires Improvement (published 4 November 2020) The service remains rated requires improvement.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/sustained, and the provider was still in breach of regulations.

Why we inspected

We received concerns in relation to person centred care and people's preferred times they wished to rise in the mornings. As a result, we undertook a focused inspection to review the key questions of safe and well-

led only. We found no evidence during this inspection that people were at risk of harm from this concern.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. Requires improvement. This is based on the findings at this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for K Lodge on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safety, quality and governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report..

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.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below

Requires Improvement ●

K 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

K 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

This inspection was unannounced.

What we did before 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 four people who used the service about their experience of the care provided. We also spoke with one relative of a person using the service five members of care staff, the deputy manager and the registered manager.

We reviewed a range of records. This included five people's care records, medication records, staff recruitment information and audits.

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 requires improvement. At this inspection this key question has remained the same. 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.

Preventing and controlling infection

- Effective systems were not in place to monitor the effectiveness of the kitchen cleaning procedures and schedules.
- We found unclean work surfaces, unclean kitchen floor, kitchen cupboards with built up dirt and stains, unclean wall tiles and unclean cleaning equipment and chipped crockery.
- Food stored in the fridge did not always contain an opened or use by date. Food that was placed in container for use at a later date was not labelled with the contents or a use by date.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure effective food hygiene measures were in place. This placed people at risk of harm. This was a continued breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised this with the registered manager on the day of the inspection and they took immediate action. Initial cleaning was undertaken, and an external contractor was commissioned to undertake deep cleaning of the kitchen.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Assessing risk, safety monitoring and management. Using medicines safely.

- People who were assessed as requiring a call bell did not always have one. For example, one person who required a call bell and who was unable to call for assistance because they lived in the detached part of the building did not have one. Care notes completed by the staff at the time of inspection stated, call bell in place. The care records were electronic notes and were automatically generated once a box had been ticked

that care had been given as per the care plan. There was concerns about the validity of the care notes.

- Not all window restrictors met the guidance as set out by the Health and Safety Executive. Seventy windows required new restrictors to ensure compliance with the guidance. Guidance states window restrictors should only be able to be disengaged using a special tool or key.
- A fire risk assessment had not been undertaken by a trained and competent person.
- The detached annex part of the home known as Garden Villa was unlocked twenty-four hours a day. Risks had not been identified or considered to the safety and security of the people living in this part of the building. People were at risk of harm from intruders and the building was vulnerable to theft and/or damage.
- Risk assessments were not in place for flammable creams which posed a fire risk. Fridge and room temperature records for the medicine room were not consistently recorded. Medication audits were not in place to give the registered manager oversight of medicine records and processes.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure risks were identified and managed to keep people safe from harm. This placed people at risk of harm. This was a continued breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and registered manager took immediate action. Window restrictors were ordered on the day of the inspection and fitted by the following day. A call bell was immediately installed in the person's bedroom who was at risk. The provider commissioned a fire risk assessment to be completed by trained and competent professionals. The Garden Villa was immediately locked as a safety measure until further discussions could take place with people living in the building relating to access and security.

- People we spoke with felt safe within the home and with the staff. Staff were trained in how to keep people safe from abuse and recognised the signs that might indicate a person was being abused. They knew how to report concerns to the registered manager, provider, and external agencies if necessary.
- The provider had systems in place to safeguard people from abuse including safeguarding and whistleblowing policies and procedures.

Staffing and recruitment

- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There were enough staff deployed to provide people with their care at regular planned times.
- People received care from a regular group of staff who knew people well. One relative told us, "Staff know [person] and us as a family really well, [person] is cared for really well".

Learning lessons when things go wrong

- The provider had responded to concerns identified during the previous inspection regarding staff recruitment, risk assessments for people and medicine recording. We saw the improvements had been sustained.

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 requires improvement. At this inspection this key question has remained the same.

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

- The provider had failed to implement effective governance systems or processes to assess, monitor or drive improvement in the quality and safety of the care being provided. Systems to monitor cleaning, safe food hygiene and quality and safety were weak. Audits were not robust. The registered manager had not identified the issues we found during inspection.
- The registered manager did not complete robust audits of kitchen cleaning schedules, environmental risks or medication procedures. This meant opportunities to identify risks and gaps in the safety and quality of the service were missed. This placed people at risk of harm.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety and oversight was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager fulfilled their legal obligations to notify the Care Quality Commission of serious incidents involving people living at the home.
- The management team were open and honest during our inspection. When areas for improvement were identified by the inspection team, they took immediate action to rectify the concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were knowledgeable about the people they supported and demonstrated that they worked hard to achieve good outcomes for people. One person said, "The staff go above and beyond for us every day. They always ask me if I want to join in things that are going on. I don't like going out in the garden much but they [staff] still ask me to make sure I'm included."
- Staff were supported by the registered manager. Staff told us, "The manager is great, we get on very well, very supportive of all the team," and another said, "The manager is always available, we can call out of hours and they always respond."
- Staff told us they enjoyed working at the service. One staff member told us, "I love my job, we are all like

one big family."

- The registered manager was aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Resident meetings had been held by the registered manager and there were plenty of opportunities for relatives and professional's to provide feedback. We saw feedback from residents and relatives was recorded and was positive about the services provided.
- Team meetings were used to share information with staff and allow staff to feedback. We saw minutes of meetings to confirm these took place, and staff told us they were comfortable to speak up within this forum.
- People were able to feedback formally via surveys and questionnaires. The registered manager was in the process of engaging with people and relatives to discuss ideas and any concerns.
- Relatives had been updated on a regular basis throughout the COVID-19 pandemic on their loved one's care.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were either not in place or robust enough to ensure effective food hygiene measures were in place.</p> <p>Systems were either not in place or not robust enough to ensure environmental risks were identified.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to implement effective governance systems or processes to assess, monitor or drive improvement in the quality and safety of the care being provided.</p>

The enforcement action we took:

We issued a warning notice with a date to achieve compliance with regulations.