# K Lodge Limited

# K Lodge

## Inspection report

50 North End
Higham Ferrers
Rushden
Northamptonshire
NN10 8JB

Tel: 01933315321
Website: www.klodge.co.uk

Date of inspection visit:
15 November 2018

Date of publication:
17 January 2019

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| 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? | Good |

# Summary of findings

## Overall summary

This comprehensive inspection was carried out on 15 November 2018. The inspection visit was unannounced.

K Lodge is a residential care home situated in Rushden, Northamptonshire. The home provides accommodation and personal care for up to 40 older and younger adults, including people with learning and physical disabilities and people living with dementia. On the day of our inspection 32 people were using the service.

At the last Care Quality Commission (CQC) inspection, the service was rated Good in all domains.

At this inspection we found the ratings under 'Safe' had changed to requires improvement. The overall rating remains Good.

Policies and procedures were in place for controlling the risks of infection. However, arrangements for keeping the home in a clean and hygienic state did not always follow best practice infection control guidance. At weekends care staff were required to attend to cleaning and laundry tasks. This had the potential to overstretch care staff, and negatively impact the quality of care provided for people and diminish standards of hygiene throughout the service. Following the inspection, the provider arranged for housekeeping staff to work weekends and confirmed they were recruiting an additional member of care staff to ensure sufficient cover was provided during evenings and weekends. The changes to the staffing arrangements now need embedding into practice.

People were encouraged to personalise their bedrooms. There was an on-going programme of refurbishment of the premises including the replacement of worn fittings and furnishings. The service provided care for people living with advanced dementia and visual impairments. The environment lacked features to help people negotiate the environment, to aid remaining capacity, and enable people to independently orientate themselves around the building.

We have made a recommendation about the provider seeking information on creating dementia friendly environments, based on current best practice.

Since the last inspection a new registered manager had been appointed and their application to register with the Care Quality Commission was completed in September 2018. 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.

Staff received training to enable them to recognise signs and symptoms of abuse and they knew how to report abuse. People had risk assessments in place that were regularly reviewed. Accidents and incidents

were closely monitored and when things had gone wrong lessons were learned and communicated to staff to further improve people's safety and welfare. People's medicines were safely managed.

Effective recruitment processes were practiced, and staff received induction training and on-going training. The staff received support through regular supervision meetings and team meetings.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people. People were supported to maintain good health and nutrition.

People had positive relationships with staff. The staff were caring and treated people with respect, kindness and courtesy. They knew people well, and where people had the capacity they are involved in the planning of their care and support.

Care plans were developed with people and their families, to identify what support they required and how they wanted their care to be provided. People participate in activities to keep them active and entertained. People knew how to complain and there was a complaints procedure in place which was accessible to all. The provider took prompt action to address any concerns and make improvements to the service as and when required.

The provider was aware of the legal requirement to display the rating from the last inspection. It is a legal requirement that a provider's latest CQC inspection rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We saw the rating from the last inspection was displayed within the service and on the provider website.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

Robust systems were not in place to ensure housekeeping staff were deployed throughout the week to maintain infection control standards at the service.

Following the inspection, the provider arranged for housekeeping staff to work weekends. They also confirmed they were recruiting an additional member of care staff to work evenings and weekends. These changes to staffing arrangements now need embedding into practice.

### Is the service effective?

**Good**

The service remains Good.

### Is the service caring?

**Good**

The service remains Good.

### Is the service responsive?

**Good**

The service remains Good.

### Is the service well-led?

**Good**

The service remains Good.

# K 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 checked 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.

We carried out our unannounced inspection visit of K Lodge on 15 November 2018.

The inspection team consisted of two inspectors 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. The expert on this inspection had personal experience of a loved one receiving care.

In preparation for this inspection we reviewed previous inspection reports and notifications we had received from the provider. Notifications tell us about important events and incidents that had taken place in the service, which the provider is required to tell us by law. We reviewed the information we held regarding safeguarding concerns and communicated with the local authority to gain their feedback from quality monitoring visits carried out at the service. We used this information to focus our inspection.

We spoke with six people who used the service and four relatives. We spoke with four staff, the provider, a company director, the registered manager, and the care manager.

We looked at records in relation to the care of four people using the service, including monitoring records, such as food and fluid records, repositioning charts, and risk assessments relating to falls, pressure area care, nutrition and hydration. We looked at four staff recruitment files, staff training and supervision records and other records relating to the management oversight of the service, including internal quality audits.

Requires Improvement

# Is the service safe?

## Our findings

At the last inspection 'Safe' was rated 'Good', at this inspection the rating had changed to 'Requires Improvement'.

The arrangements for allocating housekeeping staff did not always follow infection control best practice guidance in keeping the home in a clean and hygienic state. The housekeeping and laundry staff worked Monday to Friday within the hours of 9am to 2pm. In the absence of housekeeping and laundry staff, staff attended to cleaning, and laundry tasks. A member of staff said, "I really enjoy working here, but it can get very busy, we could do with an extra member of staff in the evenings."

Some people using the service had episodes of incontinence, accidents and spillages that required prompt attention by staff, to keep the home clean and control the risks of the spread of infection. A relative commented, "Occasionally there is a strong smell coming from the toilet downstairs." We noted during a tour of the service a ground floor communal toilet that had a large pool of urine on the floor, we brought this to the attention of the registered manager who arranged for it to be cleaned.

We found some bedrooms and communal areas of the home had unpleasant odours, which stemmed from carpets that had been soiled. The registered manager said the carpets were regularly cleaned, but due to accidents and spillages they were soon spoiled again. In efforts to freshen the air and eliminate unpleasant odours, gel air fresheners and odour neutralizers were used throughout the home, but many of the containers were empty and ineffective. We spoke with the provider about replacing carpets in areas that encounter high incidents of incontinence, with suitable flooring, that could be easily cleaned and disinfected. Following the inspection, the provider confirmed they had started a programme of replacing bedroom carpets with hard flooring and three bedrooms had been completed.

All staff received training on infection controls. But in the absence of housekeeping staff there was no clear definition of specific roles and responsibilities for maintaining cleaning and laundry standards at the service. This had the potential to overstretch care staff, and negatively impact the quality of care people received and the cleanliness of the environment.

Following the inspection, the provider confirmed they had increased the housekeeping staff hours to ensure a housekeeping member of staff was allocated to work at weekends. They also confirmed they were recruiting an additional member of care staff to ensure sufficient cover was provided during evenings and weekends.

Policies and procedures were in place for controlling the risks of infection, include the safe handling and disposal of clinical waste, dealing with spillages, the provision of protective clothing and hand washing. We saw staff followed these procedures when going about their duties. One person said, "The staff wear uniforms and when serving dinner, they wear gloves and aprons. I think it's a new thing they have to wear them now."

People's care records were stored electronically, but at times there were delays in entering important information onto the electronic system. For example, a member of staff said they had assisted a person to eat and drink at the start of their shift at 7am, however at 10am the support they had provided had not been entered onto the system. The member of staff said the delay was caused due to the laptop being charged in another part of the building. We were aware that prior to the inspection safeguarding concerns had been raised by paramedics, due to staff not having information readily available to evidence when people had been repositioned and given food and fluids.

We recommended (as an additional backup), staff used hard copy monitoring charts to record 'in real time' when providing care for people with high dependency needs, which could then be entered onto the electronic care monitoring system. The provider took on board our recommendation and immediately put in place food and fluid and repositioning monitoring charts, for all people with high dependency needs.

Staff were employed at the service following appropriate recruitment procedures. Records showed new staff had undergone the necessary employments checks before they commenced working at the service.

People had individualised risk assessments in place, which covered risks such as, falls, moving and handling, tissue viability and nutrition. For example, one person at risk of falls had bedrails fitted to their bed. The person said having the equipment in place made them feel safe and reassured them they could not fall out of bed. The person was also at risk of developing pressure area ulcers and had a pressure area risk assessment in place. The person said, "I get sore sometimes, and my heels ache, but the staff look after this." Staff told us, and records showed that the risk assessments were reviewed on a regular basis and updated in response to changes in people's needs.

Systems were in place to review accidents and incidents. The service had a falls policy in place, and people at high risk of falls were referred to the falls advisory service and their advice and guidance was followed. Lessons were learned from accidents and near misses and improvements to safety were made and kept under review. For example, in response to allegations of neglect the provider had introduced a 'Thought for the Day' initiative, for staff to reflect on situations that could constitute potential neglect and how these can be avoided.

People told us they felt safe. Staff told us, and records showed, they received safeguarding training and knew how to protect people from the risks of abuse. One member of staff said, "If I had any safeguarding concerns I would not hesitate to report them to the manager, I know they would be dealt with properly." Records showed the manager had reported safeguarding matters appropriately to the safeguarding authority and the Care Quality Commission.

We saw that routine fire system tests and fire drills were carried out and people had personal emergency evacuation plans in place. We also saw that checks to the water, gas and electrical systems were completed as scheduled.

Appropriate support was provided for people whose behaviour challenged them and others. We observed staff effectively deal with a situation where a person was becoming increasingly agitated with another person using the service. A member of staff spent 30 minutes with the person reassuring them, and this helped the person to settle easing any further distress. It was obvious the member of staff knew the person well and was aware of how to effectively communicate with the person.

The provider ensured staff followed the proper and safe use of medicines. One person said, "I have a tablet every morning, they [staff] put the tablet in my hand and watch me take it." The registered manager was

knowledgeable about the medicines people were prescribed, they told us the provider had recently changed over to a new pharmacy to supply the medicines. Staff had received medicines update training to familiarise themselves with the new medicines system. We saw that people's medicines were recorded and stored appropriately.

Good

# Is the service effective?

## Our findings

At the last inspection 'Effective' was rated 'Good', at this inspection the rating remained Good.

People's needs were assessed before moving into the service. Staff had a good knowledge and understanding of the people they supported and had the skills, knowledge and experience to deliver effective care and support. Staff told us, and records showed, they were provided with appropriate support and training to enable them to carry out their roles. One member of staff said, "I feel well supported, If I need any help I can approach the manager at any time." Another member of staff said, "I love working here, I feel very well supported." Records showed staff had regular opportunities to discuss their development needs and the needs of the service during one to one and team meetings.

People were supported to eat and drink enough to maintain a balanced diet. The meals were home made using fresh ingredients. One person said, "I am very pleased with the food, we have a good variety and it's hot." Another person said, "My favourite is chips, eggs and beans, I also like the burgers, bangers and mash, sausage and eggs. You can have anything you like; the sandwiches are very good. We have big meals and nice roasts at the weekend and sometimes in the week."

We observed staff provided people with support and encouragement to eat the lunchtime meal and many people had second helpings. The electronic care records showed when specialist advice had been sought from other health professionals, such as the dietician and speech and language therapist. Although for one person there was a slight delay in staff recording on the electronic system when they had provided the person with a drink. This was due to the laptop not being readily available. The provider confirmed they would ensure staff used paper records as a backup, to record 'in real time' when they gave people food and fluids and the record could then be entered onto the electronic care monitoring system.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was able to demonstrate they worked within the principles of the MCA and DoLS, and where appropriate DoLS authorisations had been requested. Records showed that people had been involved in assessments to determine their ability to make specific decisions and choices. Throughout the inspection, we observed staff asked people's consent before providing their care and support.

People were supported to live healthier lives and have access to healthcare services and receive ongoing healthcare support. A relative commented their family member had almost passed away in hospital, and said, "Since they returned back here, [Name] has taken on a new lease of life." We saw that visits by health professionals were documented within people's care records. Another relative said, "We always get a phone call immediately if [Name of person] has a fall. "

People were encouraged to personalise their bedrooms. There was an on-going programme of refurbishment of the premises including the replacement of worn fittings and furnishings. The service

provided care for people living with advanced dementia and people with visual impairments. The environment required features to be added, such as appropriate signage to aid remaining capacity, and enable people to independently orientate themselves around the building.

We recommend the provider seeks guidance to assist them on creating dementia friendly environments, based on current best practice.

Good

# Is the service caring?

## Our findings

At the last inspection 'Caring' was rated 'Good', at this inspection the rating remained Good.

People were treated with kindness, respect and compassion. A relative said, [Staff name] is very caring and we have a laugh with her. One person said, "I like the young girls, [Naming three staff], I also like [Naming two male staff]." They also said a new male member of staff had a lovely personality.

All the relatives we spoke with said they were able to come in and visit without any restrictions, and they found the home had a friendly and welcoming atmosphere.

We observed one person walked continually up and down the lounge and occasionally try to open the door to the front garden. The care staff responded by walking with the person, talking to them in a calm manner. One member of staff took hold of the persons hands, saying to them, "[Name] your hands are lovely and warm", as they walked along with the person, providing comfort and reassurance.

People were supported to express their views and be actively involved in making decisions about their care, support and treatment as far as possible. Resident and relative's meetings took place, one relative said, "I am told about the meetings, but I am never available to go." We saw that minutes of the meetings were made for people and relatives.

Information was available on advocacy service should people need such support. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive and when they are unable to speak up for themselves the advocate will represent them to ensure any decisions are made in their best interests. At the time of the inspection no people required the use of an advocate as all people were supported by their family members.

People's privacy, dignity and independence was respected and promoted. One person said, "My bed is comfortable, and my clothes are always changed every day." A relative said, "[Name] is always kept clean and there is a very good cleaning lady who irons his shirts, [Name] has lots of shirts it is quite a regime.

Staff understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. People's care records were stored electronically, and password protected.

Good

# Is the service responsive?

## Our findings

At the last inspection 'Responsive' was rated 'Good', at this inspection the rating remained Good.

People received care that met their individual needs. Pre-admission assessments had been carried out for people to identify their needs and make sure the service would be suitable for them. People and their relatives confirmed they were involved in this process. One person said, "I am involved in my care plans I have a care manager who visits me." The provider confirmed that many people using the service were unable to contribute to the design of their care plans effectively, and as such relatives were involved in attending the care review meetings. Records showed that people's care plans were reviewed and updated as required.

People's care plans contained personalised information about their likes, dislikes, personal history and preferences. This meant staff knew about people, their preferences and the specific things they liked. One member of staff said, "We work well as a team, it is important we know about the people and get to know their personalities."

People were supported to follow their interests and take part in social activities. An activity coordinator worked two hours a day, Monday to Friday and at other times the care staff ran activities. One person said, "I joined in an art group recently, we made paper red poppies, it was my first time in an art group. I enjoyed the experience and meeting other people."

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS. They shared information with others when required and gained people's consent to share information.

There was a complaints procedure in place. People and their relatives knew how to make a complaint and felt confident any concerns would be listened to and acted upon as required. The provider had taken appropriate action in response to complaints regarding items of clothing going missing from the laundry. Through using net bags to place small items in, which had reduced the incidents of items going missing to a large extent.

Staff had received end of life training, to ensure people were supported at the end of their life to have a comfortable, dignified and pain-free death. At the time of inspection, no people were on active end of life care pathways, however records showed that discussions had taken place with people and their relatives about their end of life plans, so their wishes could be followed.

Good

# Is the service well-led?

## Our findings

At the last inspection 'Well-Led' was rated 'Good', at this inspection the rating remained Good.

A new registered manager had taken up post in September 2018. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

As the registered manager was new in post, some people we spoke with were unsure who the new registered manager was. Some people confused the registered manager with the 'care manager' who had worked at the service for several years. However, when speaking with staff they were aware of who the registered manager was, saying they felt supported by them and that any concerns or issues they had, were listened to by the registered manager. One member of staff said, "[Name of registered manager] is very approachable, if we bring any concerns to her, she deals with them straight away." Another member of staff said, "We have staff team meetings where we can talk about issues we might have." Records showed the registered manager had raised concerns about people's safety promptly with the safeguarding authority and CQC. This demonstrated they were open and transparent in sharing information in keeping people safe.

The electronic care planning system flagged up when people's care plans and risk assessments were due for review and any areas that required immediate action to be taken. Records showed the registered manager and provider responded to any issues found during the reviews.

People's opinions and views on the service were captured in questionnaires, and actions were created and carried out appropriately and to people's satisfaction. The provider said the next surveys were due to be sent out to people using the service and relatives in April 2019.

The provider was in day to day contact with the service and internal quality audits took place, which covered all aspects of the operation of the service. Following the inspection, the provider took prompt action to address the shortfalls identified in meeting infection control standards at the service.

The registered manager knew of their responsibility to notify CQC of events and incidents in the service. Records showed they had submitted notifications to CQC as required. The registered manager was aware of the legal requirement to display the rating from the last inspection. It is a legal requirement that a provider's latest CQC inspection rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We saw the rating from the last inspection was displayed within the service and on the provider website.