

Kimbolton Lodge Limited

Kimbolton Lodge

Inspection report

1 Kimbolton Road
Bedford
MK40 2NT
Tel: 01234 355918

Date of inspection visit: 24 November 2014
Date of publication: 18/02/2015

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

Kimbolton Lodge is registered to provide accommodation and support for up to 35 older people who may require nursing or residential care. On the day of our visit, there were 30 people living in the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our last inspection on 27 August 2014, we found that the service had breached regulations in respect of

suitability of staff. We found that some people were cared for by staff that could not demonstrate they had received the necessary training to deliver care and treatment safely to an appropriate standard. Following this inspection, the provider sent us an action plan in September 2014 to tell us the improvements they were going to make.

During our inspection on 24 November 2014, which was unannounced, we reviewed whether these actions had been completed. We looked at the previous non-compliance and found that suitable action had been taken to ensure compliance had been achieved.

Summary of findings

People told us they felt safe and we found that the systems in place to protect people from the risk of harm were suitable. Staff knew how to recognise and respond to abuse correctly.

We found the staff knew what to do if they had any concerns about people's welfare. Staff had received training on safeguarding adults, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). They also knew how to manage risks to promote people's safety, balanced with their right to take risks

Staff working in the home understood the needs of the people who lived in the home and we saw that care was provided with kindness and compassion. People and their families told us they were happy with their care.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

The provider had a robust recruitment process in place. Records we looked at confirmed that staff started work in the home after all recruitment checks had been satisfactorily completed. Staff we spoke with told us that they had not been offered employment until these checks had been confirmed.

The registered manager was accessible and approachable and led the service in a positive and constructive manner.

Staff, people who used the service and relatives told us that they felt able to speak with the manager and provided positive feedback on the service which the registered manager told us would be used to drive future improvements.

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?

This service was safe.

Staff could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

The service had effective systems to manage risks to people's care without restricting their activities within the home.

There were sufficient numbers of staff to meet people's needs. Recruitment systems were in place to ensure staff were suitable to work with people.

Systems in place for the management of medicines ensured they were handled safely and held securely at the home.

Good



Is the service effective?

This service was effective.

Staff received on-going support and relevant training to ensure they carried out their roles effectively.

People were provided with a choice of food and refreshments and were given support to eat and drink where this was needed.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity.

Arrangements were in place to request additional health support to help maintain people's well-being.

Good



Is the service caring?

This service was caring.

Staff were kind and compassionate and treated people and their families with dignity and respect.

People told us that they made choices about how they wanted to be supported and that staff listened to what they had to say.

People were treated with respect and dignity and the staff respected people's right to privacy. There were spaces where people could go if they wished to be alone.

Good



Is the service responsive?

This service was responsive.

Staff communicated with other professionals to make sure that people were admitted and discharged in a coordinated way.

People had their needs reviewed on a regular basis to take account of any changes that had occurred.

People who used the service were supported to take part in a range of activities in the home which were organised in accordance with people's preferences.

Good



Summary of findings

Systems were in place so that people could raise concerns or issues about the service.

Is the service well-led?

This service was well led.

The service had a registered manager who worked in conjunction with another manager. We found that the shared workload worked effectively within the home and enabled specific areas to be worked on to improve service delivery.

There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations.

People and their relatives were able to comment on the service provided to influence service delivery.

Good



Kimbolton Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 November 2014 and was unannounced. The visit was undertaken by a team of three inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection. From this information, before our visit, we also contacted two professionals to consult with them about their experiences of the service provided to people who used the service.

We checked the information we held about the service and the provider. We saw that no recent concerns had been raised and that we had received information about events that the provider was required to inform us about by law.

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 also observed how the staff interacted with the people who used the service and how people were supported during their breakfast and lunch and during individual tasks and activities.

We spoke with seven people who used the service and three relatives. We also spoke with the registered manager and four members of care staff and one nurse.

We looked at four people's care records, further records relating to the management of the service, including quality audits and also looked at the staff recruitment process.

Is the service safe?

Our findings

People and their relatives told us that they had no concerns about their safety and said that staff made them feel very safe and secure. Their reasons ranged from the calm atmosphere within the home, staff availability and the speed to which staff attended to people's needs. People told us that this made them feel protected. One person told us, "I cannot fault it; you can quote me on that. The staff make you feel very safe." A relative we spoke with talked positively about the service and how secure it was, and told us they were involved in decisions to keep their family member safe and free from harm. People explained to us that staff took great efforts to keep them safe and that they had no concerns about their safety within the home.

Staff told us how they strived to keep people safe, through their actions. We found that staff were able to explain the procedure for raising and reporting safeguarding alerts and other incidents. They told us that they would report their concerns to the registered manager but would then escalate them to the local authority or CQC, if they felt that appropriate action had not been taken. We saw that the safeguarding policy and procedure contained contact details for the local authority and was easily accessible to staff.

We were aware that there had been a recent safeguarding concern at the service and found that the registered manager had taken appropriate action to address these. On the morning of our inspection, the registered manager had met with the staff concerned to gather information and discuss the issues that had taken place, so that the risk of them occurring again was reduced. Staff told us that they always got feedback from the registered manager when safeguarding matters occurred, so that lessons could be learned. They also told us that they had received safeguarding training which gave them a sound knowledge of how they could keep people safe. It was evident that the provider had taken reasonable steps to identify abuse and prevent this from happening within the home.

Staff also understood their right to share any concerns about the care at the home. All the staff we spoke with were aware of the provider's whistleblowing policy and they told us they would confidently report any concerns in accordance with the policy.

People told us that they had no concerns about the care they received from staff because they they were well treated and felt that staff had created a home where risks were well managed. Staff were aware that risk assessments were in place for people and that these identified the risk of falls, poor nutrition and pressure damage. The registered manager told us that appropriate arrangements were in place for managing risks and reducing the risk of harm to people.

Staff confirmed that risk assessments were reflective of people's current needs and guided them as to the care people needed to keep them safe. We saw that one person was prone to falls and measures had been put in place to reduce the risks of them falling. Staff told us that they felt they were doing everything they could do to protect this person and minimise potential risk factors. We saw that this person had appropriate pressure equipment in place and that staff maintained regular checks on them to ensure they remained safe. We found that individual risk assessments had been completed and updated on a regular basis, for risks including falls, manual handling and nutrition. It was evident that the guidance within the risk assessments was followed by the staff and those changes in people's health conditions were shared with other healthcare professionals involved in the monitoring of people's care to ensure that they were kept safe.

The registered manager told us that plans were in place for responding to any emergencies or untoward events. Contingency plans were in place for emergency situations, such as the outbreak of fire. We saw that regular fire drills took place to ensure the staff were familiar with the fire procedures and understood their roles when responding to fire emergencies. Health and safety audits were also routinely carried out on the premises and equipment to ensure that this remained safe for people's use.

People told us that there was enough staff on duty to meet people's needs safely. One person said, "I have no worries about the number of staff, I always know where they are." Another person told us, "I know they are busy looking after us, but I would say there are enough of them here." Staff agreed that the number of staff on duty enabled them to meet people's needs. The registered manager told us that decisions about staffing levels were based upon people's needs and dependency levels; for example, if people's needs changed then there was the flexibility to have additional staff on duty. We found where extra cover was

Is the service safe?

required, for example in the event of unforeseen sickness, agency staff would be used. The registered manager said that agency staff that were familiar with people were used to ensure consistency of care. We found that systems were in place to manage and monitor staffing levels within the home and to ensure that sufficient staff were on duty to keep people safe.

We discussed the recruitment process with staff and found that the necessary staff recruitment and selection processes were in place to keep people safe. We found that appropriate checks were undertaken before new staff began work. The staff files included written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. Where any issues were identified, staff told us that they had taken steps to complete a risk assessment of the situation to ensure that people were safe to work with people who used the service.

People told us that they received their medicines on time and we observed that when required, additional medication was given, for example, to relieve pain. We reviewed the medicines administration records (MAR) charts for four people who used the service and found that these reconciled with the amount of stock left in the home.

The MAR charts for these people had been signed by staff when people had their medicines. Where required, risk assessments had been undertaken to ensure medicines were administered when appropriate. We looked at the medication systems and found that medicines were stored safely and securely, and the records indicated staff were administering medicines to people as prescribed.

The registered manager told us that staff had been trained in the safe handling, administration and disposal of medicines so that they could reduce the risks to people. We observed staff while they administered medicines to two people. They followed the correct medicines administration protocols when giving people their medicines and ensured that people were comfortable in taking their medicines. Staff demonstrated through their actions they were managing people's medicines safely.

The registered manager also told us that controlled drugs were stored in a locked cupboard and a controlled medicine book was maintained. We found that these medicines were appropriately stored with audit checks and administration confirmed by two staff. This meant that controlled medicines were stored, checked and administered securely to ensure they were kept and used safely.

Is the service effective?

Our findings

At our last inspection on 27 August 2014, we found that the service had breached regulations in respect of suitability of staff. Some people were cared for by staff that could not demonstrate they had received the necessary training to deliver care and treatment safely to an appropriate standard. Following this inspection, the provider sent us an action plan in September 2014 to tell us the improvements they were going to make.

During this inspection, we reviewed whether these actions had been completed. We found that suitable action had been taken to ensure that all staff had been appropriately trained.

The registered manager told us that all new staff had been provided with induction training. We observed that one new member of staff was shadowing a more experienced staff member during our inspection. Staff told us that their induction training included manual handling training and safeguarding and gave them the opportunity to get to know people's needs through reviewing their care plans and risk assessments. This was so that they understood the expectations upon them and so they were equipped with the necessary skills to carry out their role.

Staff told us they received on-going training in a variety of subjects that supported them to meet people's specific and individual care needs. One member of staff said, "If there is a course that we think might help us, we get the support we need to do this." Staff said that if they did not attend training courses, then this would be dealt with through the disciplinary procedures in place. We found that staff were provided with specific training to meet the needs of people who used the service; this included, dementia care, management of pressure area care and nutrition and hydration. Records confirmed that copies of staff training certificates were held on staff files.

Staff told us that they received on-going support from the registered manager and effective supervision and appraisal. They told us they felt supported by senior management and met regularly with their supervisors. They told us supervision meetings gave them the opportunity to discuss their development and learning needs. We were told that supervisions were split and that one senior member of staff completed the ancillary staff, whilst the registered manager undertook the care and

nursing staff. This system was said to work well. We saw evidence of supervision meetings and staff meetings which staff said helped them to remain aware of any changes in people's conditions or changes in best practice.

People told us that they were happy with the care they received and that staff knew how to look after them properly. One person told us, "All my needs are met here; there is nothing they do not do for me." It was evident that people felt staff knew what they were doing and acted accordingly to ensure their needs were met and were based upon good practice.

Staff were able to explain to us what people's care needs were and through our discussions, demonstrated a good understanding of people's food choices and preferences for activities. We observed that staff attended to people's needs and knew their likes and dislikes, needs and preferences. It was evident that staff knew what people wanted and worked hard to ensure they got this.

The registered manager told us they were aware that over time, some people may not always have the mental capacity to consent to specific decisions relating to their care. We saw that where mental capacity assessments were required for specific decisions, such as ensuring people's finances were kept safe, that these had been completed by the registered manager. We found they had been discussed with appropriate people in accordance with relevant guidance.

We discussed with the registered manager regarding the provider's responsibility to ensure Deprivation of Liberty Safeguards (DoLS) were in place for people who used the service, should they be needed. It was evident that the manager knew how to make an application for consideration to deprive a person of their liberty (DoLS) should this be required. During our inspection we found no evidence that people were being deprived of their liberty.

People told us that the food they received was very good. One person said, "The food is always good, really lovely. We always have a good choice and if we don't want what is on offer, then we can have what we want. It is no bother at all." The registered manager told us that staff closely monitored the food and fluid intake for people assessed at risk of poor nutritional intake. We saw that nutritional guidance was sought when required from relevant healthcare

Is the service effective?

professionals in response to significant changes in people's nutritional intake. For example, advice including fortified diets or pureed food was provided for people and food supplements were given to people as prescribed.

We spoke with catering staff and found they had a good awareness of people's dietary needs and could ensure an appropriate, nutritionally balanced diet was provided to people. They told us, "I know the people very well, what they do and do not like. I do not offer a second choice at lunch, if they do not want the main, I ask them what they would like and prepare that for them. For example, the other day someone did not want the roast, they asked for bacon and eggs, so that is what they had." People with individual requirements detailed within their care records, received a suitable diet and we found that staff were aware of people's specific dietary needs and requirements so they received the best possible care.

As part of our visit, we carried out observations over the breakfast and lunch time period. We saw people were provided with protective clothing if required, and there were condiments on each table for people to use. Food was freshly cooked and contained fresh vegetables and meat and the portion sizes appropriate to people's appetites. Meal times were relaxed and people were supported to

move to the dining areas or could choose to eat in their bedroom at a time of their choice. Staff were available if people wanted support, extra food or drinks and we found that people ate at their own pace and were not rushed to finish their meal, being given time to ensure the meal time was sociable. After the meal we observed that people stayed at the tables and talked with others, enjoying the company and conversation.

We found that staff responded to people who required a GP or healthcare professional visit to monitor their condition. One person said, "Staff always get me the doctor when I need them, there is no worries about that." Another said, "The staff know me very well and can see if I am not right." Staff told us that when they had arranged for people to be seen by external health care professionals; for example the optician or dietician, it was detailed within the care records. If action from appointments was required by staff then this was clearly documented within the communication book, so that staff could ensure this was carried out. We saw that when people's needs changed this was documented within their care records, so that staff were aware of the changes and could provide care that was reflective of people's current needs.

Is the service caring?

Our findings

People told us they were very happy with their care. One person said, "I really like being here, I have no worries about anything. The staff are all so lovely." Another person said, "You cannot get any better." We asked people about the care they received. One person told us, "It is very good, especially when I am poorly." Another person said, "The care is professional, very kind and they give TLC."

Relatives told us about the good care and support their family members received. They told us that the support people received at the service was caring. One said, "It is carried out by people who are kind, considerate and effective." Another relative told us that staff were nice and had a joke with their family member when supporting them. Relatives felt that staff got on well with people.

Staff told us that there were times when they had to think creatively when people were unable to communicate their needs but required care and support. They told us they would find alternative methods to support people to express themselves. For example, the use of paper to write messages. Staff also said they would respond to people's body language and use appropriate gestures as a means of communication. On one occasion a Polish member of staff was used to communicate with somebody who was no longer able to communicate in English. This showed that staff cared about people and took efforts to ensure that appropriate care was given, despite there being potential barriers.

One person told us they liked to spend time in their room. We had asked to speak with them to discuss the care they received, and they told us they would prefer the door to be closed. Staff knocked the door on three occasions to check that this person was alright, because their bedroom door was normally open and they were not used to it being closed. This showed that staff were vigilant to changes and were concerned about people when changes occurred.

People told us that they were supported in a caring manner, with kindness and compassion and we observed that people were relaxed in the presence of staff. For example, one person was helping staff to arrange some blank templates for care plans. They told us that they liked to do this as it made them feel valued and kept them busy

and helped them to remain independent. The same person also invited us to return to the home at any time we were passing by. It was evident that people felt as though Kimbolton Lodge was their home and that they felt relaxed enough to do what they wanted to because of the care and support they received from staff.

People told us that they always felt involved in their care and were supported by staff to make their own decisions. They confirmed that they were enabled to remain independent, for example by collecting crockery after meals. One person said, "This makes me feel wanted and useful." People with told us they were able to choose what time to get up and how to spend their day. We saw that people chose how to spend their time within the home and that staff respected this. We observed that care was made individual because people and their relatives had been involved in relevant decisions.

During our observations we saw lots of positive interactions between staff and people who used the service. There was friendly conversation and we heard lots of laughter. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. We observed that staff were a constant presence in the communal areas, also monitoring those people who remained in their rooms so that care could be delivered when it was needed. When instant support could not be given, staff responded positively and provided an explanation for the delay and ensured they returned as quickly as possible. Call bells were answered swiftly and when asked for assistance, staff completed requests with a smile.

The staff members we spoke with had a clear understanding of the role they played in making sure people's privacy and dignity was respected. Staff told us that they maintained confidentiality at all times, and made sure that they did not discuss people's needs outside of the service or talk about a resident in front of other residents. We observed that staff knocked on people's bedroom doors and bathrooms and waited to be invited in before entering. We also saw staff treating people with dignity and respect and being discreet in relation to personal care needs. When staff entered the lounge area, they would always enquire after people and make sure they had everything they needed.

Is the service responsive?

Our findings

People told us that they felt listened to and that what was important to them was valued by the staff. One person said, "They always listen to what I say." They said they were able to do the things they wanted to do, when they wanted to do them. People told us that staff always met their needs and our observations confirmed that requests were attended to in a timely manner.

People told us that they were asked about their individual preferences, hobbies and interests and any cultural or religious requirements. For example, one person said, "They all know I enjoy my knitting." Another person told us about their previous jobs and that staff encouraged them to maintain some of their abilities, for example, by allowing them to do tasks within the home. People told us were supported to follow their own interests, take part in social activities and maintain relationships with people that mattered to them. Staff told us that people could join in with any activity and that if there was something that people wanted to try, they would try their best to make it happen.

Relatives told us that staff really knew the people who lived in the home which meant that their needs were met effectively. One said that they had previously had some minor issues about the care given to their family member, but that these had been dealt with by the registered manager. They said, "We are more than happy with the care received as it meets their full care needs." Another relative told us that the home was flexible in allowing them to visit at a time that was convenient for them. They said that this meant that they could change the time of their visit to those which they felt best met their relative's needs.

People talked of enjoying the activities and entertainment provided at the service. There was information on display of up and coming events, including outside entertainers visiting the service. On the day of our inspection we observed people knitting and making pompom snow men for Christmas decorations. We found that the activity coordinator was responsive to suggestions for new craft ideas and that people were keen to engage with them about this.

The staff told us they were informed when any changes had occurred to people's needs, to ensure people were

supported in the way they had chosen. Staff told us that communication about changes was vital to the smooth running of the home and we found that this was cascaded to staff in handovers and through the communication book. This meant that staff could respond appropriately to any changes, either in people's needs or the way in which the service was delivered.

People told us that they were asked for their views about how they wanted their support to be provided. They said that their care plans were regularly reviewed and updated as and when their needs changed. We looked at four people's care records and found that pre admission assessments had been carried prior to people being admitted to the service. On admission to the service people's needs were reassessed to identify any changing needs to ensure the right care was provided.

Staff told us that people could speak to the registered manager or staff any time of day to express their needs or wishes. One staff member explained that there was a regular residents meeting but said that, "Staff are willing to listen any time so people don't have to wait until the meeting." Staff told us that they communicated with people using the service as well as their families to provide a service which met people's needs.

People and their relatives told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us, "I don't have any problems or concerns, but if I did I know I would be listened to." Relatives told us that they had made complaints in the past and that they were dealt with straight away and had been dealt with fairly. The registered manager told us that they used complaints to make the service better for everybody and to drive future improvements.

Information about how to raise complaints was displayed on notice boards throughout the service. We saw that where complaints had been lodged, there was clear information about the investigation that had been undertaken. Letters had been sent to the complainants detailing any action taken and demonstrating how changes had been made. The systems in place ensured that people knew how to make a complaint and could be assured their complaints were acted on appropriately.

Is the service well-led?

Our findings

We spoke with people who were able to tell us who the managers of Kimbolton Lodge were and that they would often stop for a chat. One person said, “They will listen to the opinions of the residents of the home whether they like it or not!” People said that they knew who their named staff member was and would see them regularly to build a relationship with them.

The people we spoke with were positive about the quality of the service they received. They confirmed they were asked for feedback on their experience of using the service. We saw that people had been asked to complete satisfaction questionnaires and the provider used the information gained from the feedback to identify further improvements to the service.

The staff we spoke with told us they felt valued and confirmed that the registered manager and senior staff provided them with support and advice. One member of staff said, “I feel very supported, the manager is very approachable. I enjoy coming to work. I have been here for a long time so it must be ok.” Staff we spoke with told us they were informed of any changes occurring within the home, which meant they received up to date information and were kept well informed by the registered manager.

The staff confirmed that regular staff meetings took place, at which they discussed the needs of people who used the service and shared ideas for any improvements to the service. We saw that minutes of staff meetings were available to demonstrate the meetings took place.

The registered manager told us that all incidents and accidents were recorded and reviewed to ensure risks to people were reduced. We found that records were maintained when incidents took place and where appropriate, these were reported to relevant people. Where patterns emerged, for example, if medication was not given to a person, we found that the manager had analysed the available information to determine if there was a reason and then took action to address the situation.

Staff told us that there were processes in place to monitor the quality of the care provided and the service given. We

were told that this included fire equipment testing, water temperatures, catering audits and care plans. These audits were evaluated and, where required, action plans were in place to drive improvements. Where any improvement was required, action was taken and this demonstrated that the provider had suitable systems to assess and monitor the service provided.

The registered manager was very knowledgeable about the service and told us that they were aware of their management responsibilities and had tried to prioritise the areas they had identified to work on. They said that they had concentrated on areas that had a direct impact to the care that people received, such as care plans, before they would work their way through other areas. The registered manager showed us that where appropriate, action plans were produced with the involvement of staff. It was evident that the service acted on recommendations to drive improvement.

The registered manager had systems in place to monitor the quality of the service, these included weekly, monthly and annual audits covering a variety of areas. We saw that care plans, medication, staff supervision and health and safety audits were undertaken. We were told that quality assurance monitoring audits were also carried out by a senior manager from within the organisation; these concentrated on checks to people’s care records, staff records and the general environment within the home. Areas identified for improvement were recorded and action plans were put in place with realistic timescales for completion.

The registered manager confirmed that, where any concerns were identified, this was discussed with people who used the service and improvements made. We saw that the provider sought feedback from the staff and people who used the service and the people we spoke with and their relatives confirmed they had been consulted about the quality of service provision. It was evident that the registered manager was keen to improve the service, so that the home could provide an effective and quality service for people.