Kathleens Lodge Rest Home Ltd

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Inspection report

416 Upper Shoreham Road
Shoreham By Sea
West Sussex
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Tel: 01273452905

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26 October 2017

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Ratings

Overall rating for this service	Good
Is the service safe?	Good

Summary of findings

Overall summary

This unannounced inspection was carried out on 26 October 2017.

Kathleens Lodge Rest Home Ltd provides residential care for up to 20 older people who may be living with dementia. The home is located in a residential area of Shoreham By Sea, East Sussex. At the time of this inspection there were 20 people living at the home.

We carried out an unannounced comprehensive inspection of this service on 19 August 2016 where it was awarded a rating of 'Good' in all domains and overall.

Since the inspection on 19 August 2016 we have received anonymous concerns in relation to staffing and the routines of the home impacting on people's choices. These included times of rising and personal care. As a result we undertook this focused inspection to look into these concerns to check if people's needs were being managed safely. This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kathleens Lodge Rest Home Ltd on our website at www.cqc.org.uk.

During our inspection the registered manager was present. 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.

Sufficient numbers of staff were allocated to shifts in order to meet people's needs safely. Staff understood people's individual needs and preferences and we observed these were respected. People were seen getting up and spending time in areas of the home of their choosing. They also received different levels of assistance with personal care in line with the contents of their personalised care plans.

There was a very relaxed and calm atmosphere in the home and it was apparent that people felt safe and at ease in the presence of staff. Staff understood their responsibilities to protect people from harm and abuse.

People's rights to freedom of movement were respected and risks to their wellbeing managed. The registered manager had changed the ordering and collection procedures to minimise the risk to people of not receiving their medicines safely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe. Safeguarding procedures were in place that offered protection to people.

Medicines were managed safely.

Risks were assessed and managed safely, with care plans and risk assessments providing information and guidance to staff.

There were enough staff on duty to support people and to safely meet their needs.

Kathleens Lodge Rest Home Ltd

Detailed findings

Background to this inspection

We undertook this unannounced focused inspection on 26 October 2017. We inspected the service against one of the five questions we ask about services: is the service safe?

This inspection was carried out due to information of concern about staffing and the routines of the home impacting on people's choices. These included times of rising and personal care. The inspection was undertaken by one inspector who arrived at the home at 6 am.

Prior to the inspection we reviewed the information we held about the service. This included statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection. Due to this being a focused inspection we did not ask the provider to complete 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.

During the visit we spoke with six people who lived at the home, the registered manager, two care staff, one activity person and an administrator.

We spent time observing the care and support that people received during the morning in the communal areas of the home. We also reviewed a range of records about people's care and how the home was managed. These included three people's care records. We also looked at staff rotas, communication books and night and day staff records. After the inspection the registered manager also sent us additional information.

Good

Is the service safe?

Our findings

We had received anonymous concerns that people were being woke up early in the mornings against their will so that night staff could assist people with personal care. We had also been informed that people who required two staff to assist them only received support from one member of staff, that staffing levels were not being maintained in line with people's assessed needs and that as a result people were not receiving support with their personal care needs.

People who were able told us that they felt safe. One person said, "Yes, oh yes." We observed that people appeared happy in the company of staff. Staff were observed holding people's hands and checking that they were happy. People smiled in response and there was a calm and relaxed atmosphere throughout our inspection.

Sufficient numbers of staff were deployed to safely meet people's needs. When we arrived at the home there were two night staff on duty caring for 20 people. Both had worked at the home for a number of years and were able to explain the individual needs of people. Staff said that the numbers of staff allocated on shift were sufficient to meet people's needs and preferences. Our observations and examination of records confirmed this. Of the 20 people who lived at the home, 17 were still asleep when we arrived at 6 o'clock in the morning. One person was asleep in the lounge. Staff explained that this was the person's normal routine and preference; that they usually choose to sleep during the day and spend most of the night awake or dozing in the lounge. At 7.20am the person woke and came and told us, "I'm off to bed now, going to get my head down." The person appeared happy to do this and declined a cup of tea that was offered.

Another person was awake sitting in a chair in their bedroom with the radio playing. This person told us that they were happy to be up early and that they did not want to go to bed. The daily records and care plan for this person confirmed that it was their normal routine to wake between five and six o'clock of a morning. A third person was walking around the building in their nightwear.

One person who lived at the home had very specific preferences regarding times of rising, personal care and meal times that were recorded in their care plan. Staff were able to explain these without referring to records and we observed they were respected and followed. We spent time with this person and they told us about their preferences which included specific times of rising, retiring, eating and drinking and bathing. The information given to us by the person matched what we observed to be provided on the day of our inspection.

Staffing levels consisted of three care staff during the day and two during the night. In addition, during the day ancillary staff were allocated on shift along with the registered manager in order that care staff could focus on supporting people who lived at the home. Individual dependency assessments were reviewed on a weekly basis for each person that lived at the home. The findings from these were then incorporated into the homes overall dependency assessment tool to decide safe staffing levels. Discussions with the registered manager and examination of records confirmed that when shifts needed to be covered either permanent staff or members of the management team covered these with agency staff used as a last resort. This helped

ensure continuity of care for people who lived at the home.

Staff told us that three people required the assistance of two staff. This was either due to moving and handling requirements or due to living with dementia. Records and discussions with staff confirmed that night staff regularly assisted these people with personal care before day staff came on shift at eight o'clock in the morning. This resulted in no staff being present to assist the remaining people who lived at the home. We discussed this with the registered manager who informed us that night staff had been instructed not to do this. Within 24 hours of our inspection we were supplied with evidence that a staff meeting had been arranged and the subject of deployment of staff and assisting people with care needs was to be discussed again. This offered us assurances that the deployment of staff would ensure people received safe care.

Staff had received safeguarding training and were able to explain the correct procedures that should be followed if they thought someone was at risk of harm or being abused. They were able to explain different types of abuse which included neglect, acts of omission, physical and psychological abuse. They were also able to explain how people who displayed behaviours that could be viewed as challenging had the same rights as anyone else to be protected from harm or abuse. One member of staff explained, "Some people have certain behaviours, they may accept your help one day but at other times refuse this. We cannot force someone to do things but if this results in them being at risk we have to report it."

Risks to people were managed so they were protected and their freedom was supported and respected. Although people lived with dementia their freedom was supported. One person was seen entering the kitchen, putting cups in the sink and taking items to the dining area. No one stopped the person from doing this and it was apparent that this was a normal morning routine for the person. Staff explained that the person enjoyed helping with preparing for breakfast and it was obvious by the person's body language that this gave them a sense of purpose.

Daily security checks of the premises and people were completed that helped ensure risks to people were assessed and managed. These included checks on window locks and doors being shut at night. Risk assessments were completed for people that included actions to ensure people received safe care. These included assessments for moving and handling, self-neglect and falls. For one person, who was identified as being at high risk of falls, a profiling bed had been obtained that was set low to the floor and a referral made to the falls prevention team. Staff confirmed that they had received recent moving and handling training and people who needed equipment to transfer from one place to another were provided with this. Systems were in place for monitoring accidents and events to ensure that risks to people were minimised where possible.

Staff told us about one person whose needs had recently changed that resulted in them requiring higher staffing levels when being supported with personal care. The registered manager confirmed that it had been identified the week before our inspection that the person's needs had increased. Despite both staff and the registered manager telling us about the changes in the person's needs the care records for the person did not reflect this. This was not in line with the provider's policy. Within 24 hours of our inspection we received documentary evidence from the registered manager that gave us assurances that action had been taken to offer greater protection to the individual. This included the implementation of a risk assessment and care plan, a staff meeting and a review of the reporting and monitoring procedures in place at the home.

Medicines were managed safely. Since our last inspection the registered manager had notified us of events that had the potential to impact on people's safety and wellbeing. This included issues with obtaining people's medicines due to changes in processes with the supply pharmacy and GP. As a result of this the registered manager had changed the ordering and collection procedures to minimise the risk to people of

not receiving their medicines. This demonstrated a commitment by the registered manager to ensure people received their medicines safely. Since this change there had been no incidents where people did not receive their medicines at the times they required.