K Lodge Limited

K Lodge

Inspection report

50 North End
Higham Ferrers
Rushden
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

K Lodge is registered to provide accommodation and personal care for up to 34 people. The home is situated in a residential area of Higham Ferrers, near Rushden, Northamptonshire. At the time of our inspection the service was providing support to 29 people, with a range of needs.

The inspection was unannounced and took place on 11 August 2015.

The registered manager of the service had left the day before our inspection. A new general manager had been appointed and we were advised that plans were in place for someone to register with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People felt safe because of the care and support they received from staff.

Staff were knowledgeable about the risks of abuse and knew how to respond appropriately to any safeguarding concerns to ensure people's safety and welfare.

Risk assessments identified hazards which people may face and provided guidance to staff to manage any risk of harm.

People were cared for by sufficient numbers of well trained staff who were recruited into their roles safely. Staff had undergone appropriate checks before commencing their employment.

Suitable arrangements were in place for the safe administration and management of medicines.

Staff received on-going training and supervision which enabled them to provide appropriate care to people.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) codes of practice.

Mealtimes were relaxed and the food served was nutritious; people had a variety of choice and were given support when required.

People were supported to see health and social care professionals as and when required and prompt medical attention was sought in response to sudden illness.

People were happy with the care they received and told us that staff were kind and caring and listened to them.

Staff understood people's privacy and dignity needs. They knocked on people's doors before entering rooms and asked people discreetly if they needed to go to the bathroom.

Members of staff were able to describe to us the individual needs of people in their care and worked hard to ensure they received their preferences, choices and wellbeing.

People's care plans were based upon their individual needs and wishes. Care plans contained detailed information on people's health needs, preferences and personal history.

People were encouraged to raise any concerns they had about the quality of the service they received, complaints were taken seriously and responded to appropriately.

Quality assurance systems were carried out to assess and monitor the quality of the service. The views of people living at the home and their representatives were sought.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were knowledgeable about the risks of abuse and knew how to respond appropriately to any safeguarding concerns to ensure people's safety and welfare.

Guidance within risk assessments enhanced staff's ability to provide safe care.

There was sufficient staff to meet people's needs. We found that staff had been recruited following a robust recruitment process.

Suitable arrangements were in place for the safe administration and management of medicines.

Good

Is the service effective?
The service was effective.

Staff received regular training that was relevant to their roles. They were also supported with on-going supervision and appraisal of their work.

Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS.)

People were supported to have a nutritious and balanced diet.

People received the support of health and social care professionals and prompt medical attention was sought in response to sudden illness.

Good

Is the service caring?
The service was caring.

People felt staff treated them with kindness and supported them as individuals, giving person centred care.

People were involved in planning their care.

People's privacy and dignity were respected. Staff respected people's personal space and always asked permission to enter their rooms.

Good

Is the service responsive?
The service was responsive.

Care plans contained up-to-date information on people's care needs and preferences.

People participated in a variety of activities within the service.

People were aware of how to make a complaint.

Good

Is the service well-led?
The service was well led.

The service was led by a manager, who offered on-going support to staff and people.

Good

Summary of findings

Regular quality monitoring was carried out to assess the quality of the service provided and identify improvements.

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 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 11 August 2015 and was unannounced.

The inspection was undertaken by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority and one healthcare professional, to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during meal times, individual tasks and activities.

We spoke with eight people who used the service. We also spoke with the provider, the manager five carers and a member of kitchen staff.

We looked at seven people's care records to see if they were accurate and reflected their needs. We reviewed five staff recruitment files, staff duty rotas and training records. We also looked at further records relating to the management of the service, including quality audits, in order to ensure that robust quality monitoring systems were in place.

Good

Is the service safe?

Our findings

People felt safe and secure within the service. One person told us, "I do feel safe as I know they will look after me." This feeling was echoed by other people that we spoke with during our inspection.

Staff demonstrated an understanding of the signs they would look for, and explained the action they would take if they thought someone was at risk of abuse. One staff member said, "If there was a safeguarding issue I would go straight to the team leader or manager. We need to treat people like they are in their own home and keep them safe." Staff told us that the manager would act appropriately to address any issues they identified. The manager told us that they worked hard to maintain a secure environment for people and wanted to make sure they were kept safe. We found that the provider had policies and procedures in place to protect vulnerable people from harm or abuse and that staff worked in accordance with these processes. Records confirmed that staff had received training in safeguarding vulnerable adults from abuse and that this training was kept up to date so that staff knowledge remained current. Telephone numbers of external agencies who could offer support and assistance were displayed within the service.

There were risk management plans in place to promote and protect people's safety. One person told us, "I see them making sure that things are safe before they use them." The manager told us that risk assessments were updated on a monthly basis so as to take account of any changes within people's needs. In this way they could be assured that staff would provide care which took account of people's risks. We found that people had risk assessments which identified hazards they may face, for example, in moving and handling, nutrition and falls and skin integrity. These offered guidance to staff to manage potential risk of harm. Any identified risks were monitored on a regular basis. Where risks had been identified, guidance was given within care records to advise staff on how risks could be minimised.

People told us there was enough staff on duty. One person told us, "Yes, there are enough of them about. They have the time to talk with us and do what they need to." Staff confirmed that there were enough of them to meet people's needs safely. One staff member said, "There are enough of us, staffing is not a problem here. If we are short then we help out and cover extra shifts. It is better for the people that way." The manager also told us that the service did not use agency staff as staff had agreed they would rather work extra shifts, if this was needed as it offered people better consistency of care. Records showed that when people's needs changed then additional staff would be used. We found that the staff ratio was flexible and reviewed on a regular basis. Our observations confirmed that the number of staff on duty was sufficient to support people safely.

Staff told us they had been recruited into their roles safely. One staff member said, "I was not allowed to start until my DBS was back." The manager confirmed that no new staff member could start until all relevant checks had been completed. Records confirmed that two references were taken and staff were subject to checks on their suitability to work before commencing their employment.

People were supported to take their medicines safely. One person said, "They are good at making sure I get my tablets." Staff told us that it was important to make sure medication was administered correctly. We observed a medication round and saw that they took time to explain to people what they were taking and to make sure they did not require any additional medication. We looked at Medication Administration Record (MAR) charts and noted that there were no gaps or omissions. The correct codes had been used and when medication had not been administered, the reasons were recorded. Medicines for daily use were stored in trollies, which were secured to the walls of the room. We saw procedures were in place to dispose of medicines appropriately and safely. An effective ordering system was in place and all medicines were within their expiry dates. We found there were suitable arrangements for the safe storage, management and disposal of people's medicines.

Good

Is the service effective?

Our findings

People received care from staff that had been provided with a knowledge base through on-going training and development. One person said, "I think they know what they are doing, they don't seem to have any problems with things." Our observations confirmed that staff used their knowledge to ensure that care was delivered appropriately, for example, when undertaking manual handling.

New staff received support and training to perform their roles and meet people's needs. One staff member told us they had received an induction at the start of their employment, even though they had previous care experience. They felt this was useful and had benefitted them by enabling them to get to know people and their care needs, before being expected to deliver care independently. Both staff and the manager told us that there was no set period of time for the induction process, which meant it could be extended to enable staff to feel more confident, should this be required. Records showed that new staff shadowed more experienced members of staff and received core training as part of their induction process.

Staff had access to regular training, both face to face and via e-learning, which they told us was useful in helping them keep up to date. One staff member said, "The training has 100% given me the knowledge to look after people. We get regular updates which is good. Our training is kept up to date." We were also told, "I am booked on for some training which I am looking forward to. The dementia training really helped a lot, to understand what people are going through." Staff told us they undertook a variety of training, which included first aid, infection control, safeguarding and mental capacity. Records showed that staff were encouraged to complete further qualifications, such as Qualification Credit Framework (QCF) Level 2 and 3. Training records confirmed that staff had received appropriate training to meet people's assessed needs.

Staff felt well supported by the manager and provider. One member staff said, "Supervisions are useful. We can talk about things that it can be hard to discuss at other times." Staff told us they received regular supervision sessions which took place every two months. Records detailed that staff supervision was taking place.

People told us that staff gained their consent before providing them with any care and support. One person said, "Yes, they do ask me before helping me." Staff told us they knew it was important to ask people for their consent and that people had the right to refuse or accept their support. Our observations confirmed that staff obtained people's consent before assisting them with personal care or supporting them to transfer. Where people refused, we saw that their decisions were respected.

We found that the service was meeting the requirements of the Mental Capacity Act 2005 (MCA). The manager had a working knowledge of the MCA 2005 and the Deprivation of Liberty Safeguards (DoLS) and the steps that should be followed to protect people's best interests. We found that, when appropriate, people had been involved in best interest decisions and mental capacity assessments, to ensure that their wishes had been represented. The manager told us that DoLS had been applied for, for people who lacked capacity to ensure they received the care and treatment they needed. We saw the relevant paperwork to confirm this.

People enjoyed the food they were provided with. One person told us, "Yes its good food, I'm happy to ask for an alternative if I don't like it." Staff spoke with us about how they ensured people got food that they liked and we saw that although a menu plan was used; that this did not have to be adhered to. People could have alternative meals if they wished to, based upon their preferences whilst being mindful of any specific dietary requirements they might have. We observed people having lunch and found that the meal time was relaxed. People chatted with each other and were encouraged to eat at their own pace. Staff supported and assisted people when required to eat their meal. We also observed people requesting and being provided with snacks throughout the day. Hot and cold drinks were regularly offered and also provided at peoples' request.

Staff told us they ensured that people attended any medical appointments they may have, to ensure that their needs were fully met. The manager told us that the service had a good working relationship with the local GP and district nursing team. The manager also told us that if staff were concerned about a person, they would support them by contacting a GP. Where people had seen healthcare professionals and the advice had an impact upon the care, care records had been reviewed to ensure that they met

Good

Is the service effective?

people's assessed needs. Records showed people who used the service were supported to access health and welfare services provided by external professionals such as chiropody, optician, and dental services.

Good

Is the service caring?

Our findings

People were happy with the care they were provided with. One person said, “They are all so nice to me.” Another person told us, “Yes, they look after us really very well.” One person said, “Yes, the staff are friendly and we all get on, it’s like one big family.” A comment taken from a relative questionnaire stated, “We are very pleased with the way in which people are cared for.” People told us that staff were friendly, kind and compassionate.

We found that there was a homely and welcoming atmosphere within the home during our visit. This was as a result of the respectful attitude that staff exhibited towards people when supporting them. Staff took time to greet people and engage with them on each occasion they entered the communal areas. We observed that staff spent time interacting with people and addressed them by their name. When communicating with people, staff got down to their level and maintained good eye contact. They took time to ensure that people understood what was happening, for example, during hoist transfers or when being given medication. We saw that staff provided people with reassurance by holding their hands, showing that they were aware of people's emotional needs. Positive and caring relationships were developed with people who used the service. Support was provided in a kind, calm and relaxed way and people were at ease in the presence of staff.

Staff were knowledgeable about the people they supported and were aware of their preferences and interests, as well as their health and support needs. Staff told us that any changes in people’s needs were passed on to care staff through communication books and daily handovers. This enabled them to provide an individual and person centred service.

People felt involved and supported in planning and making decisions about their care and treatment. One person said, “I do have a choice.” Staff told us that they always tried to communicate with people in a way that they could understand; for example using simple words when people were confused and language that people could understand. This meant that people were supported to be involved in their care and treatment.

We saw that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. Staff said that they would try to promote people’s choices and only offer assistance if the person needed it, to help promote their independence. It was evident that staff respected people's privacy and dignity and worked hard to maintain this.

We spoke to the manager about the availability of advocacy services and found that the home had previously used the services of an advocate for people. We saw that the home had available information on how to access the services of an advocate should this be required.

There were several communal areas within the home and people had their own bedrooms which they were free to access at any time. We saw that people had been encouraged to bring in their own items to personalise their rooms. There was also space within the home where people could entertain their visitors. One person said, “Yes, they come and go whenever they like, my daughter comes to see me and takes me out regularly.” People were encouraged to maintain relationships with friends and family.

Good

Is the service responsive?

Our findings

People told us they received the care they needed to meet their needs. One person told us that staff kept them updated at all times to make sure they had the right information so that they could make decisions about their care. The manager told us that people and their relatives were given appropriate information and the opportunity to see if the service was right for them before they moved in. The manager also told us that they provided people and their families with information about the service when they were admitted.

Staff and the manager told us that care plans needed to be kept up to date so they remained reflective of people's current needs. We found that the service used electronic care plans and that the system flagged up when reviews were due or if evaluations had not taken place. Staff considered that the system was easy to use and meant that records were an accurate record of the care that had been delivered. People's likes, dislikes and preferences for how care was to be carried out were assessed at the time of admission and reviewed on a regular basis. Each care file included individual care plans for areas including personal hygiene, mobility, nutrition, communication and pressure care. People's care plans were reviewed regularly, which ensured their choices and views were recorded and remained relevant to the needs of the person.

The manager advised of plans to implement a more robust life history section within the care records, which would remain in people's bedrooms and could be accessed by all staff. This would mean that greater emphasis could be given to people's likes and dislikes and would enable staff to provide more improved person centred care.

People told us that they enjoyed the activities on offer within the service. They advised that they had the choice to participate or not. One person said, "I enjoy joining in sometimes, but when I want to watch, I can do that as well." The manager and staff told us that the service employed two activity coordinators to ensure that people received adequate stimulation. They were responsible for planning activities but in their absence, staff would provide activities, such as bowling or bingo. We observed an activity session and found that staff engaged with a group of people as a whole and focused on their responses, making each person feel valued.

People we spoke with were aware of the formal complaints procedure in the home, and told us they would tell a member of staff if they had anything to complain about. One person told us that they had no current concerns but said, "I would tell staff directly if I did, and speak to other residents about it too." People told us the manager listened to their views and addressed any concerns. We saw there was an effective complaints system in place that enabled improvements to be made and that the manager responded appropriately to complaints. Copies of the complaints policy were displayed throughout the home and were made available for people and their relatives when required.

Good

Is the service well-led?

Our findings

Both people and staff told us that the management of the service was good. One person said, "I know who is in charge. I get on well with them." Staff agreed that the manager's accessibility made for good working conditions. One member of staff said, "I love working here, everything about it. The manager is approachable and the staff team all work together." Staff said they had a good relationship with the manager who was helpful and understanding.

Although the registered manager had recently left the service, staff did not feel that this would impact upon the way in which the service was run. We were told that an application was in the process of being submitted for another staff member to become registered manager of the service. They had been involved with the service for some time, which meant there would be a smooth transition for both people and staff.

The service was organised which enabled staff to respond to people's needs in a proactive and planned way. Throughout our inspection visit we observed staff working well as a team, providing care in structured and caring manner. Staff told us that there was positive leadership in place, which encouraged an open culture for staff to work in and meant that staff were fully aware of their roles and responsibilities. None of the staff we spoke with had any issues or concerns about how the service was being run and were positive describing ways in which they hoped to improve the delivery of care in the future.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify trends in order to reduce the risk of any further incidents. We saw that relevant issues were discussed at staff meetings and that learning from incidents took place. Records showed regular staff meetings were held for all staff and the minutes showed the manager openly discussed issues and concerns.

The people we spoke with were positive about the service they received. People who used the service and their relatives had been asked for feedback on their experience of care delivery and any ways in which improvements could be made. They told us that this took place in the form of care reviews and meetings. We asked the manager how they assessed and monitored the quality of the service provided within the home and saw records of annual satisfaction surveys for people who used the service and their relatives. These records showed generally positive responses. We were told that the results would be analysed to identify any possible improvements that could be made to the service.

The manager told us that they wanted to provide good quality care. It was evident they were continually working to improve the service provided and to ensure that the people were content with the care they received. In order to ensure that this took place, we saw they worked closely with staff, to achieve good quality care.

We saw a variety of audits were carried out on areas which included health and safety, infection control, and medication. Where areas for improvement were required we saw that action plans would be formulated. There were systems in place to monitor the quality of the care provided and areas identified for improvement were recorded. This meant the service continued to review matters in order to improve the quality of service being provided.