Kilkhampton Lodge Limited

Kilkhampton Lodge

Inspection report

Kilkhampton Road
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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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection at Kilkhampton Lodge on 3 July 2018. The previous inspection took place on 22 June 2017. At that time we found risk assessments did not consistently guide staff on how they could protect people from identified risks. Some people were subject to restrictive practices. The best interest process had not been followed to help ensure the least restrictive options had been identified. Decisions regarding restrictive practices were not regularly reviewed.

At this inspection we found improvements had been made in all the areas identified at the previous inspection. This meant the service had met all the outstanding legal requirements from the last inspection and is now rated as Good.

Kilkhampton Lodge provides care and accommodation for up to eight people with complex needs who have a learning disability and/or mental health conditions. At the time of the inspection eight people were living at the service.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service requires a registered manager and there was one in post. 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.

People were comfortable and at ease with staff and within their environment. Staff were supportive and caring in their approach. They spent time chatting to people and checking on their well-being. Activities provided were varied and met people's individual preferences and interests. People were able to go on spontaneous trips out as well as taking part in planned activities.

There was a stable staff team in place and staff retention was very good. Staff told us they were well supported and worked together as a team. Roles and responsibilities were clearly defined and understood by all. Systems for communicating about changes in people's needs were effective.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Where relevant,

best interest processes had been followed to help ensure any restrictive practices were necessary, proportionate and the least restrictive option.

Care plans were detailed and informative. Staff recorded information about how people spent their time and their health and emotional well-being on a computerised system. This could be accessed by the senior management team as necessary. Some people had specific aspects of their care and well-being monitored. Records were not always sufficiently detailed and we have made a recommendation about this in the report.

There were effective quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly by the registered manager and staff. Relatives and people's views about how the service was operated were sought out.

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. Risk assessments were individualised and gave staff clear guidance on how to support people.

Staffing levels ensured people were able to be supported according to their needs and preferences.

Systems for the management of medicines were robust.

Is the service effective?

Good

The service was Effective. People were supported in line with legislation laid down in the Mental Capacity act (2005) and associated Deprivation of Liberty Safeguards.

Staff were well supported by an effective training programme and regular supervision.

The premises were arranged to enable people to have privacy and independence.

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Good

The service remained Good.

Is the service well-led?

Good

The service remained Good.

Kilkhampton 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 3 July 2018 and was unannounced. The inspection was carried out by one adult social care inspector and a specialist advisor. The advisor had experience of working with people with complex needs.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

We looked around the premises and observed staff interactions with people. We spoke with four people living at the service, a visiting relative, the provider/owner, the registered manager, the deputy manager and six other members of staff. We looked at detailed care records for three individuals, staff training records, staff files and other records relating to the running of the service. We also spoke with three external healthcare professionals to hear their views of the service.

Good

Is the service safe?

Our findings

At our previous inspection we found risk assessments were generic and there was limited guidance for staff on how they could minimise the risk. Therefore, the safe section of the report was rated as requires improvement.

We checked the actions taken by the provider since the last inspection. Individual risk assessments were in place which identified any risks to the person and gave guidance for staff to help them manage the risks. For example, one person was at risk due to poor nutrition. Assessments had been developed to inform staff on how to help the person stay well. This included information on how to monitor the persons intake and how they could be encouraged to eat healthily.

We found the service was now meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The rating of the safe section had improved to Good.

One person had moved into the service in December. They had a previous history of risky behaviour and this was known to the registered manager and staff. Several days before the inspection the person's behaviour in this specific area had started to increase. There was no risk assessment in place for staff to refer to in respect of this. We discussed this with the management team. They told us this was the first time, since moving to the service, that the person had acted in this way. An external healthcare professional had visited the previous day and spoken with the person about their actions and they had reached an agreement with the person about what they could do safely. We were concerned the behaviour was starting to escalate putting the person at risk and possibly negatively influencing other people. The registered manager told us they would be contacting the external professional again to notify them of the escalation. They assured us they were working with staff to develop strategies to support the person appropriately. In addition, they agreed to try and identify training for staff to help them understand the person's specific needs in this particular area. An external healthcare professional told us; "In my communication and meetings with Kilkhampton Lodge we are constantly risk assessing and altering care plans to respond in innovative and person-centred ways to provide the least restrictive alternative to hospital or secure placements." We concluded the management team were taking action to support the person according to their needs and keep them safe.

People told us they were happy living at Kilkhampton Lodge and felt safe in their environment. Comments included; "If I had any worries I would go to staff or the 'boss' and they would do something." An external healthcare professional told us; "I feel the clients are in safe hands when they are there."

Sometimes people could become anxious or distressed which could lead to them behaving in a way which could put them, or others, at risk. Staff had received training on how to support people at these times. The training was given by the deputy manager who completed annual refresher courses to enable them to deliver this training. Staff told us they were confident supporting people and rarely had to restrain people.

Staffing levels were appropriate and people were supported according to their needs and preferences. Rotas for the week preceding the inspection showed staffing levels had been consistently maintained. As

well as care staff the provider employed a full-time maintenance worker and two part-time administrative staff. There were no vacancies at the time of the inspection. An external healthcare professional told us; "The staffing levels are excellent."

When new staff were recruited they completed a number of pre-employment checks. This included Disclosure and Barring Service (DBS) checks and supplying suitable references. This meant people were protected from the risk of being supported by staff who were not suitable to work in the care sector.

A safeguarding policy and information on how to report any concerns, was easily available to staff. Safeguarding training was included in the induction process for new staff, and was refreshed regularly. Safeguarding issues were also discussed in supervisions and staff meetings. Staff told us they would be confident raising any concerns both within the organisation and outside if they felt that was necessary.

There was an equality and diversity policy in place and staff received training in this area. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

The premises were clean and well maintained. Cleaning equipment was available and any potentially hazardous products were securely stored. Staff had completed infection control and food hygiene training. Cleaning schedules were in place so staff were aware of their responsibilities. People were encouraged to take part in cleaning tasks.

Fire drills were held regularly and Personal Emergency Evacuation Plans had been developed for each person. These documents provided staff and emergency service personnel with detailed guidance on the support each person would require to leave the building in an emergency. All firefighting equipment had been serviced to ensure it was ready for use. Water temperatures were checked regularly to ensure these were within a safe range.

Medicines were stored securely in a locked cabinet. There were arrangements in place for any medicines which needed to be stored at lower temperatures or have stricter controls in place in line with legislation. All staff had received training to enable them to administer medicine. Some people had prescribed medicines to use 'as required' to help them when they were anxious or distressed. There were protocols in place for staff to follow when administering these medicines. This helped ensure a consistent approach. Medicine Administration Records (MAR) were well organised and clear. We checked medicines in stock for one person and the amounts tallied with the records.

People's monies were secured securely and individually. Records of expenditure and accompanying receipts were kept and these were audited regularly. We checked the money held for two people and saw the amounts tallied with the records.

People and staff's confidential information was protected. Records were stored securely in the office and on password protected computers. They were up to date, accurate and complete.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our previous inspection we found the best interest process was not being followed when people were subject to restrictive practices. Decisions to implement restrictive practices were not regularly reviewed.

At this inspection we found mental capacity assessments were completed appropriately and before submitting DoLS applications. Three people had DoLS authorisations in place and these were renewed as required. Decisions to introduce restrictive practices were taken in line with the best interest process and involved relevant professionals and family members. Any restrictive practices had been reviewed monthly with external healthcare professionals to check they were still relevant, necessary and proportionate.

We found the service was now meeting the requirements of Regulations 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The rating of the effective section had improved to Good.

People's needs were assessed holistically to help ensure their physical, mental health and social needs were known and recorded in a range of care plans. For example, one person had periods of low moods. This was recorded and there was guidance for staff on how to support the person during these times. There was evidence relevant external professionals were involved in developing care plans.

Technology was used to help keep people safe while allowing them privacy and autonomy. Audio monitors were used so staff would be aware if people became unwell without having to be with them all the time. It had been identified that one person may have been having 'absence' seizures and a best interest decision had been taken to use a camera at limited times during the day, for a short period of time, to try and identify if anything was triggering these events.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. Staff had an induction when they started employment with the organisation which involved them completing the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. There was also a period of shadowing more experienced staff.

Training identified as necessary for the service was updated regularly. This included safeguarding, the Mental Capacity Act and associated DoLS and mental health. Additional training could be provided to

enable staff to meet people's specific needs. For example, training on eating disorders was being provided for the whole staff team. Staff told us the training was well delivered and relevant. One commented; "The training is absolutely fantastic." An external healthcare professional commented; "Kilkhampton Lodge care for residents with complex needs and are very skilled, experienced and motivated to provide person centred care."

Supervision meetings were held which gave staff an opportunity to discuss working practices and raise any concerns or training needs. There was also a system of annual appraisals in place for all staff. A member of staff told us; "Supervisions are a learning tool. You can see where you are and where The Lodge wants you to be."

People were able to make decisions about what they ate and drank. They were encouraged to be involved in meal preparation and planning. Fresh fruit was readily available and people were supported to have varied and healthy diets.

People were supported to access external healthcare services for regular check-ups. For example, they attended GP, dentist and optician appointments. Where people found attending medical appointments difficult to cope with arrangements were made for professionals to see them at the service. Hospital passports had been developed to share with other healthcare professionals if people needed to access external services. An external healthcare professional commented; "My opinions are sought and I always feel listened to, they [staff] appreciate advice and input and act in the best interests of their clients in my opinion."

Each person had their own private living accommodation which included a lounge and kitchen area. There was also a shared lounge and kitchen so people could spend time together socialising if they preferred.

Good

Is the service caring?

Our findings

People appeared comfortable in their environment. Most people were out for part of the day and staff chatted to them about what they had been doing and what their plans were.

Staff told us they enjoyed their work and were positive and enthusiastic when talking with us. Comments included; "I've built a good relationship with [Person's name] and it has been built on their terms and not what I think it should be." An external healthcare professional told us; "One of my clients returned to Kilkhampton Lodge following a three year period of time in treatment in a specialist out of county hospital and during that time [Registered manager's name] maintained contact and visited regularly, a level of emotional support and personal commitment that is rarely found within services."

The atmosphere at Kilkhampton Lodge was busy with people coming and going throughout the day. People told us they were able to make individual choices about how they spent their time. During the inspection visit people went out to the local village, on walks and to an art and crafts group.

People were valued. Information in care plans was positive with sections on people's strengths and abilities. The registered manager had high expectations for people and they shared this approach with the staff team. For example, they said of one person; "If they are supported they can do anything." Accomplishments were celebrated even when these appeared small. Comments included: "[Person's name] is getting there, bit by bit" and "We are slowly encouraging [Person's name] on their terms."

Staff knew people well and understood what would make them anxious and distressed. They used this knowledge to de-escalate any potential difficult situations. For example, one person became agitated if they had to wait for meals and routines were important to them. Staff made sure a meal was waiting for them when they returned from a morning trip out. Another person would become anxious if a planned trip out was delayed. A quick check list for staff to refer to was outside the persons accommodation so staff could quickly make sure they had all they needed before telling the person they were ready to leave.

Staff were aware of people's communication needs and styles. Information was provided in easy read formats. Some people used pictures and photographs to help them make meaningful choices. One person benefitted from the use of Intensive Interaction, a practical approach to interacting with people with learning disabilities who do not find it easy communicating or being social. Staff had received advice and guidance on using this technique from external healthcare professionals.

Care plans contained information about people's histories and backgrounds. This information is important as it can help staff gain an understanding of the events which have made people who they are. The registered manager spoke with us about balancing the need to protect people's privacy and personal information with making sure staff had an understanding of people's needs. They told us; "I could have written lots about [Person's name] but they wouldn't want that."

Staff were able to work with everyone living at Kilkhampton Lodge. They were matched with people at the

beginning of the shift according to people's plans for the day. This meant the management team were able to take account of staff strengths and interests when arranging the shift.

Staff recognised the importance of family and personal relationships and worked to support them. The registered manager told us they had regular phone and email contact with families according to their preferences. This meant they were able to keep them up to date with any changes in people's health or social needs.

Bedrooms and people's individual living areas were personalised and reflected people's tastes and interests. Staff always knocked on people's doors and waited for a response before entering.

Good

Is the service responsive?

Our findings

Care plans outlined people's needs across a range of areas including their health and emotional well-being as well as their medical needs. There was information about what was important to and for people and their likes and dislikes. There were detailed descriptions of people's routines and how they liked to be supported. The descriptions included information about what people could do for themselves and what they needed support with. The plans were relevant and up to date.

The registered manager had developed accessible versions of the care plans which were well laid out using pictures and bullet points to make them more user friendly. These were available in paper format. The more detailed care plans were developed and kept electronically. Staff were able to access these and record daily notes on hand held electronic tablets. The daily notes were entered at key points throughout the day.

Any significant incidents were also recorded on behaviour charts. These required staff to describe the circumstances leading up to an event and any possible triggers. This meant any patterns or trends could be recognised and strategies put in place to minimise the risk of the situation reoccurring.

One person's care plan was less informative than others. We discussed this with the registered manager who told us the person had not lived at the service for as long as other people and they did not know them as well. They told us; "We are still getting to know them."

Care plans contained information on how people communicated and how they could be supported to understand any information provided. This meant the service was identifying and recording people's needs when accessing information in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Any changes in needs or how care and support was delivered were recorded and care plans updated accordingly. Staff had handovers between shifts to help ensure they were up to date with people's needs. Communication books were also used to record information. Staff told us they were kept well informed of any change in people's needs.

Some people were having aspects of their care monitored and recorded. Not all of the records were detailed enough to be meaningful. For instance, one person was at risk due to poor nutritional intake and staff were recording what they ate. One record stated they had eaten fish and chips. There was no information about the size of the portion they had consumed. This meant staff would not be able to assess if they were eating enough to stay healthy. Other monitoring records had not been completed consistently. Therefore information was not sufficiently detailed to give a complete picture of that area of the person's well-being.

We recommend the service seek advice and guidance about the effective use of monitoring records.

Most people were able to go out independently and often went to the local village. Staff were able to go with

them if this was requested. Other people needed support to access the community and this was provided. One person commented; "I'm always busy."

Staff worked to try and identify new activities for people as well as help them to keep up with established pastimes. One person enjoyed swimming and staff had recently identified a different swimming pool for them to use which they hoped would suit their needs better and also provide a change to their routine. Another person had been horse riding the day before the inspection and this had been successful. The registered manager told us the person had been riding in the past but not for a long time. There were plenty of vehicles available to enable people to go out on trips individually according to their preferences. A member of staff commented; "Everyone has different interests and different days out."

One person had recently become more reclusive and reluctant to engage in activities. They had frequent visits from external healthcare professionals, family and a local member of the clergy. This helped protect the person from becoming socially isolated.

The service had a policy and procedure in place for dealing with any concerns or complaints. There was an easy read version available for those who needed it.

People's wishes in respect of their end of life were recorded. One person was receiving end of life care. They had voiced a wish to stay at Kilkhampton Lodge and the registered manager was working with external healthcare professionals to try and achieve this. A relative told us they believed staff were doing; "A wonderful job in a hard situation."

Good

Is the service well-led?

Our findings

The service requires a registered manager and there was one in post at the time of the inspection. 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.

There were clear lines of responsibility and accountability within the service. The registered manager oversaw the day to day management of the service and was visible to staff and people on a daily basis. They were supported by a deputy manager and senior team leaders.

All the management team had a clear set of responsibilities. For example, the deputy manager had oversight of training and staff supervisions. A senior team leader oversaw the rotas and another was responsible for medicine audits. People had assigned key workers with responsibility for reviewing and updating care documentation, organising appointments and coordinating care planning.

Staff were unanimously positive about the management of the service. A member of staff commented; "There's a good management structure, they all work well together but also they work well with us support workers." The provider was active within the service and visited regularly. They carried out monthly audits when they would audit specific areas of the service as well as looking at any maintenance issues and speaking with staff. They told us; "It is very important that they [staff] have another avenue to raise anything." A member of staff commented; "[Providers name] will seek you out and ask you directly if there's anything you're worried about."

Staff meetings were held regularly and these were an opportunity for staff to raise any concerns or suggestions. As well as meetings for the full staff team, senior team meetings were held. This helped ensure the meetings were relevant to those attending. The registered manager told us the meetings were well attended.

Staff turnover was low and most had worked at the service for several years. Staff told us they worked well together as a team and felt valued. Comments included; "We're good as a team, we work well together" and "There's a good team spirit." An external healthcare professional commented; "There is clearly a positive "can do" approach and the staff team appear motivated, well led and caring."

Systems to monitor and check the quality of the service and to identify areas for improvement were effective. For example, audits of incidents had enabled the management team to identify one person had a higher level of incidents at a particular point in the day. They had reorganised the person's routine and the level of incidents had subsequently dropped.

The computerised care planning system enabled monthly reports to be generated giving an overview of the care and support people had received. Manager reports were produced daily so the whole management

team were aware of any issues affecting the service.

People, their relatives and external healthcare professionals were asked for their views of the service annually through a formal survey. We looked at some completed questionnaires and saw these were positive. Any suggestions had been addressed. For example, one relative had requested to be more involved in multi-disciplinary discussions and this had been organised.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place in relation to staff. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. For example, making reasonable adjustments to enable staff to complete training. One member of staff told us; "I have been supported to work beyond retirement age because that's what I wanted."