

Kimbolton Lodge Limited

Kimbolton Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 27 October 2016 was unannounced.

We carried out an unannounced comprehensive inspection of this service on 04 August 2016. Breaches of legal requirements were found. As a result we undertook a focused inspection on 27 October 2016 to follow up on whether action had been taken to deal with the breach.

You can read a summary of our findings from both inspections below.

Following our previous comprehensive inspection, on 04 August 2016 we found that people were not always protected against the risks associated with unsafe or unsuitable premises. Some areas of the service had not been maintained to a safe standard and repairs had not been carried out in a timely manner. This meant that areas of risk that may be hazardous to people's safety and health had not always been identified and rectified as soon as possible.

This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also saw that recruitment procedures needed to be strengthened to ensure only suitable staff were employed by the service. We observed that some employment checks for a small number of staff had not been obtained.

This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In addition there were insufficient numbers of suitably qualified, competent, skilled and experienced staff providing care or treatment to people. People's needs were therefore not met in a timely manner because of the impact that this had.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found there were inconsistencies with the recording and administration of medicines. Records were not always fully completed and we found that people did not always receive their medicines as prescribed.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Quality assurance and health and safety checks had not been undertaken consistently and had not therefore effectively checked the care and welfare of people using the service.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider submitted an action plan to tell us how they would meet these regulations and the timescale they intended to have met them by. We carried out this inspection on 27 October 2016 to see if the provider had made the necessary improvements to meet the breaches of regulation. During this inspection we found that the provider had implemented systems that had improved the provision of service.

Kimbolton Lodge is registered to provide nursing or residential care for up to 36 people. On the day of our visit, there were 33 people using the service.

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.

Significant improvements had been made to the premises to ensure the service was compliant with fire safety and health and safety requirements. In addition we saw that risk assessments in relation to the premises had been reviewed and updated and environmental audits and checks were being undertaken of the service on a monthly basis.

Improvements had been made to the recruitment process to ensure only staff who were suitable to work at the service were employed. All staff files examined contained all the necessary employment checks required.

Staffing levels and the deployment of staff had been improved and there were sufficient numbers of staff to meet people's needs in a timely manner.

Systems for the safe administration of medication had been improved to ensure people received their medicines safely. Staff had received training in the safe administration of medicines to ensure they were competent to administer people's medicines.

Improvements had been made to the quality assurance systems, which had been completed and were being used to good effect and to continuously improve on the quality of the care provided.

We could not improve the overall rating for this service from inadequate to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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

People were protected against the risks associated with unsafe or unsuitable premises.

Recruitment practices were robust to ensure that staff members were suitable to work at the service.

There were sufficient numbers of suitable staff employed to meet people's needs.

There were systems in place to ensure medicines were managed safely.

We could not improve the rating for safe, from inadequate to good, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

The service was well-led

There was good management and leadership at the service, which inspired staff to provide a quality service.

There were effective quality assurance systems at the service to drive improvements at the service.

We could not improve the rating for well-led from requires improvement to good, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This focused inspection took place on 27 October 2016 and was unannounced. The inspection was undertaken by one inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding team.

As part of this inspection we spent time with people who used the service talking with them and observing support, this helped us understand their experience of using the service. During our inspection, we observed how staff interacted and engaged with people who used the service during individual tasks and activities. 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 spoke with five people who used the service and two relatives. In addition, we spoke with five staff members and this included the registered manager, the maintenance person and three care staff.

We also examined eight staff files, the medication administration record sheets for five people, two weeks of the staff rota and other records relating to the management of the service, such as quality auditing records.

Is the service safe?

Our findings

During our previous inspection on 04 August 2016 we found that people were not protected against the risks associated with unsafe or unsuitable premises. We saw that requirements made by the fire authority and following a health and safety audit had not been addressed. This meant that areas of risk that may be hazardous to people's safety and health had not been identified and rectified as soon as possible.

This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made.

The registered manager told us that they had followed their action plan and work had been completed to address all areas identified at the previous inspection as needing action.

Requirements made at the previous inspection by the local fire authority had been addressed or were in the process of being completed. Records showed that the fire risk assessment had been reviewed and updated. A full survey of fire doors had been completed to ensure they conform to British fire standards. In addition we saw that work was in process and almost completed to ensure the windows within the area of the external escape route were fire resisting and fixed shut. Staff training records demonstrated that sufficient numbers of staff had been trained as fire wardens to carry out the preventative and protective measures in relation to fire safety. In addition a fire evacuation had been completed and a further one was being planned so that all staff could be involved. This meant that staff were appropriately trained if there was a fire at the service. We undertook a walk around the premises and saw that all the necessary work had been completed.

We found during this visit that areas identified as needing action following a health and safety audit had been addressed. For example we saw that signage for fire exits was in place in all areas of the service. The maintenance person showed us the fire plan for the service and we saw this had been reviewed and updated. This meant that the provider had taken safety seriously and had completed work to address areas of concern to make the service safe.

We saw that risk assessments in relation to the premises had been reviewed and updated. These included gas safety, group outings, hairdressing activities, handling, storage and disposal of healthcare waste and laundry safety. This meant that risks had been identified and steps had been put in place to reduce the potential for harm.

We found that environmental audits and checks were being undertaken of the service on a monthly basis. We saw that where areas had been identified to be in need of attention, an action plan had been put in place and we saw that concerns had been addressed.

During our previous inspection on 04 August 2016 we found that people had not always been recruited

safely into the service. Some files did not contain proof of identification and there was a lack of information about whether people were physically or mentally fit to carry out their roles and responsibilities. There were no up to date photographs in all the files we looked at and one person had commenced work with a negative reference and before their DBS had been checked by the service.

This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made. Arrangements were in place to ensure safe recruitment practices were followed.

One staff member said, "Everything was checked before I could start working, references and my PIN number."

The registered manager told us that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate had been obtained.

We looked at eight staff files. These were for six staff new to the service and two staff files that we looked at during the previous inspection where we found areas of concern. All files we examined confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, references, job descriptions, evidence of up to date registration with the Nursing and Midwifery Council and Home Office Indefinite Leave to Remain forms in staff files to show that staff were suitable to work with vulnerable people.

During our previous inspection on 04 August 2016 we found that staffing levels were not sufficient to meet people's care and support needs appropriately. We observed that people did not always receive the care they needed in a timely way.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made.

People told us that staffing levels were sufficient to meet their needs. One person said, "The care staff always come if I ring my buzzer." Another person told us, "I think there's enough staff. They are rushed sometimes but I think it's okay." Relatives also confirmed there were sufficient staff and that their family members received the care they needed. One commented, "I think things have improved lately. It's a lot calmer and the staff don't seem as rushed."

Staff confirmed that the staffing numbers were adequate; and enabled them to support people safely and told us they did not feel under pressure or rushed when carrying out their roles. One staff member said, "We have a good staff team now and it's improved how we work. I don't feel under pressure to get the job done." A second staff member told us, "Staffing is better and it's not as manic."

The registered manager told us, "If people's needs change I can make sure additional staffing is provided to

ensure people are kept safe and their needs are met."

The registered manager told us there were sufficient numbers of suitable staff employed to keep people safe and to meet their needs. She informed us that staffing numbers consisted of one nurse and eight care staff during the morning. This was reduced to one nurse and six care staff in the afternoon. It was reduced at night to one nurse and three care staff. We checked the rota for the current and following week and found that it reflected the numbers stated by the registered manager.

Our observations demonstrated that staff responded to people in a timely manner. The service had introduced a silent page system so that when people pressed their call bell there were no loud call bells ringing. Instead of going to look at a panel to see who had pressed their call bell the staff member could respond directly. Staff we spoke with said they felt this had helped them to respond to people in a more timely manner. We found that there were sufficient numbers of staff to ensure people's needs were met in a timely manner.

During our previous inspection on 04 August 2016 we found that systems in place to manage people's medicines safely were not consistently followed. Medication Administration Records (MAR) were not always completed accurately and people's medicines were not always reviewed as necessary.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made.

People told us that they received their medicines when they expected them. One person told us, "I get my tablets okay." A relative said, "I don't have any worries about [name of relative] getting her medicines as she should."

Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. One said, "Our training is very thorough. We have had three training sessions and on this new system."

We found there were suitable arrangements in place to record when medicines were received into the service, given to people and disposed of. There was a current medicines policy in place, and staff had signed to confirm they had read it. An electronic Medication Administration Record (MAR) system had been implemented since our previous inspection which supported staff to administer medicines at the prescribed time and prompted them to make a record. A senior care assistant explained the system to us and demonstrated how it worked. He said, "It's a very safe system. You can't make any errors." The records we looked at were consistent with the stock of medicines remaining. When a person did not want to take a dose of medicine, the dose was stored separately and clearly documented.

The manager told us, and training records confirmed that staff had received recent training on the safe use of the new system and the safe administration of medicines.

We saw evidence that regular auditing of medicines were carried out to ensure that any errors could be rectified and dealt with in a timely manner.

Is the service well-led?

Our findings

During our previous inspection on 04 August 2016 we found that we found that the provider did not effectively monitor the quality of people's care and health and safety aspects of the service.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made.

There was a registered manager at the service. People and their family members were aware of who the manager was and were able to see them when required. One person commented, "You can go to [name of registered manager] if you have any worries." Another person told us, "Yes I know who the manager is. They visit me in my room every day." One relative told us, "I come to the home regularly and I know who the manager is."

The registered manager told us that the service operated a resident of the day initiative. This ensured that people using the service were made to feel special. All staff working at the service had an input in ensuring that people were made to feel special and valued.

Staff told us that the registered manager worked openly with them and was receptive to their comments or concerns. One member of staff commented, "The manager is very good and I like the improvements she's made." Another staff member told us the registered manager had an open-door approach so they could approach them to share any ideas or concerns they may have. They commented, "I feel that the manager is very supportive of the staff and wants the best for the home."

Staff told us that the culture and atmosphere at the service had improved and one staff member said, "I feel more supported now than I have done in the past." Another staff member told us, "Things are so much better. The staff team is better and we are working better as a team. Its made a big difference." Staff we spoke with confirmed that they understood their rights to share any concerns about the care at the service and told us if they had any issues they could raise them and felt they would be listened to. One member of staff commented, "I would be more than comfortable raising any concerns. I know they would be taken seriously and dealt with properly." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures.

We found that improvements had been made to all areas of the service that we identified as requiring improvement at the previous inspection. For example we found that improvements had been made to the deployment of staff at the service and we found that the staffing structure had been reviewed to ensure the skill mix of staff was appropriate to meet people's needs. In addition we saw that recruitment practices had been improved to ensure staff were recruited safely to the service. A new electronic medication system had been implemented at the service so that people received their medicines safely. We also saw that improvements had been made to the environment to ensure people were protected against the risks

associated with unsafe or unsuitable premises. This demonstrated that the provider took seriously the need to drive improvements at the service.

Quality audits relating to medication, accidents and incidents, care plans, Infection control and the environment had been fully implemented since our previous inspection. These had been analysed and areas requiring attention were supported with action plans to demonstrate how continuous improvements would be made.

People and their relatives told us they were regularly asked to provide feedback on the quality of the care provided. One relative said, "I do come to the relatives' meetings but not all the time. It gives you the opportunity to have a say." We saw that work was in progress for the annual surveys to be sent to people and their relatives. We saw evidence that people were regularly asked to comment on the quality of the care provided. This was carried out via monthly meetings with people who use the service and their relatives. We also saw that work was in progress for the annual surveys to be sent to people and their relatives.

The registered manager told us that she was aware of his responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely way.