London Residential Healthcare Limited

# Kings Lodge Nursing Home

**Inspection report**

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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

Kings Lodge Nursing Home is registered to provide accommodation and nursing care for up to 77 people. The service supports people who have nursing needs, older people and those living with dementia. On the day of our visit 71 people were living at the home.

At our last inspection to the service in September 2014 we made two compliance actions. We found the service did not have sufficient staff to support people effectively and records were not maintained securely. We asked the provider to take action and the provider sent us an action plan which told us what action they would be taking and said this would be completed by December 2014.At this inspection we found appropriate action had been taken and the provider was now meeting the requirements of those regulations.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

# Summary of findings

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.

People told us they felt safe. Relatives told us they had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of harm. Risk assessments were in place to help keep people safe and these gave information for staff on the identified risk and guidance to mitigate the risks.

People were supported to take their medicines as directed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely. The provider's medicines policy was up to date.

Safe recruitment practices were followed. Recruitment procedures ensured only those suitable to work in care were employed. There were sufficient numbers of staff on duty to keep people safe and meet their needs.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. There were three people living at the home who were currently subject to DoLS. We found the registered manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS. People were generally able to make day to day decisions for themselves. The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

Staff had undertaken training to ensure that they were able to meet people's needs. The provider supported staff to obtain recognised qualifications such as National Vocational Qualifications (NVQ) or Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. All staff completed an induction before working unsupervised. Staff had completed mandatory training and were encouraged to undertake specialist training from accredited trainers.

People received enough to eat and drink. People spoke positively of the food and the choice they were offered. We were told "the food is good, there is always a choice".

People who were at risk were weighed on a monthly basis and referrals or advice were sought from suitable professionals where people were identified as being at risk.

Each person had a plan of care which was person centred and provided staff with the information they needed to support people. Staff received regular supervision including observations undertaken by a senior member of staff as they carried out their duties. Monitoring of staff performance was also undertaken through staff appraisals.

People's privacy and dignity was respected and staff had a caring attitude towards people. We saw staff smiling and laughing with people and offering support. There was a good rapport between people and staff.

Staff were knowledgeable about people's health needs and knew how to respond if they observed a change in their well-being. Staff were kept up to date about people in their care by attending regular handover meetings at the beginning of each shift. The home was well supported by a range of health professionals.

The registered manager welcomed feedback on any aspect of the service. The staff team said communication between all staff was good and they always felt able to make suggestions; they confirmed management were open and approachable.

The registered manager acted in accordance with the registration regulations and sent us notifications to inform us of any important events that took place in the home of which we needed to be aware.

The provider had a policy and procedure for quality assurance. The registered manager was visible and the area manager visited the home regularly. The registered manager operated an open door policy for both staff and people using the service and their relatives. Weekly and monthly checks were carried out to help monitor the quality of the service provided. There were regular residents' meetings and people's feedback was sought on the quality of the service provided. There was a complaints policy and people knew how to make a complaint if necessary.

Relatives spoke positively of the registered manager and told us they were very happy with the way the home was managed.

# 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.

There were policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Risks to people were assessed and guidance recorded so staff knew how to reduce risks to people.

Sufficient numbers of staff were provided to meet people's needs.

People received their medicines safely.

Good

**Is the service effective?**
The service was effective.

Staff were trained in a number of relevant areas and received regular supervision.

People's capacity to consent to care and treatment was assessed and staff were aware of the principles and procedures as set out in the Mental Capacity Act 2005 Code of Practice.

People were supported to have a balanced and nutritious diet and specific dietary needs were catered for.

Health care needs were monitored. Staff liaised with health care services so people's health was assessed and treatment arranged where needed.

Good

**Is the service caring?**
The service was caring.

People told us they were treated well by staff and always treated with dignity and respect. Relatives said they were very happy with the care and support provided.

We observed care staff supporting people throughout our visit. We saw staff treated people well and with kindness. People's privacy was respected. People and staff got on well together

Staff understood people's needs and provided support the way people preferred.

Good

**Is the service responsive?**
The service was responsive.

Each person had an individual plan of care and these gave staff the information they needed to provide support to people.

People's needs were assessed and reviewed. Care plans were individualised and reflected people's preferences.

There was a regular programme of activities for people.

Good

# Summary of findings

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|---|---|
| The service had a complaints procedure and people knew what to do if they wished to raise a concern. | |
| **Is the service well-led?**<br>The service was well led.<br>There was a registered manager in post who promoted an open culture. Staff told us they were well supported by the registered manager.<br>There were management systems in place to make sure a good quality of service was sustained.<br>People and relatives told us the registered manager and staff were approachable and they could speak with them at any time. They would take time to listen to their views. | Good |

# Kings Lodge Nursing Home

**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 inspection took place on 20 and 27 January 2016 and was unannounced, which meant the staff and provider did not know we would be visiting. On the first day of the inspection an inspector, an inspection manager, a specialist nurse advisor and an expert by experience conducted the inspection. The expert by experience carried out interviews to ask people and their relatives, what they thought of the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background in dementia care. The second day of the inspection was carried out by an inspector and a pharmacist inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. It asks what the service does well and what improvements it intends to make. We reviewed the PIR and previous inspection reports before the inspection. We also looked at notifications sent to us by the provider. A notification is information about important events which the service is required to tell us about by law.

Some people were unable to share their experiences of life at Kings Lodge Nursing Home due to living with dementia. We did however talk with people and obtain their views as much as possible. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

During the inspection we spoke with 22 people and 12 relatives. We talked with six members of care staff, a senior member of care staff, three registered nurses, the maintenance person, two domestic staff, the cook, two activities co-ordinators, the provider's area manager and the registered manager. We also spoke with three health care professionals who had involvement with the service to gather information about the home.

During our inspection we observed how staff interacted with people and how they supported them in the communal areas of the home. We looked at plans of care for eight people and also looked at risk assessments, incident records and medicines records. We looked at recruitment records for three members of staff. We also looked at staff training records and a range of records relating to the management of the service such as activities, menus, accidents and complaints as well as quality audits and policies and procedures.

Good

# Is the service safe?

## Our findings

People felt safe at the home. People we spoke with said that they felt safe and would speak to staff if they were worried or unhappy about anything. Comments from people included, "I'm not frightened of anything or anyone and I should soon tell them if I was," "I can say anything to any of them" and, "I'm safe as houses here." One person commented "Oh yes, I feel quite safe here." All relatives we spoke with were very happy with the care and had no concerns about their loved ones' safety. One relative said, "Safety is fine. At night time the staff move (named person) bed to ensure she has access to her call bell which makes her feel safe." People said they felt there were enough staff. One person, for example, commented, "They are pretty quick to respond when needed".

Staff were trained in procedures for reporting any suspected abuse or concerns. Staff said they would report any concerns to their line manager and knew how to access safeguarding procedures in the home. There were details of the procedures for staff to follow on the notice board in the staff office on each floor. These contained guidance on reporting such concerns to the local authority safeguarding team. The service had policies and procedures regarding the safeguarding of adults, including a copy of the local authority safeguarding procedures. Staff showed an understanding of safeguarding, were able to describe the different types of abuse, how they would recognise the signs and what to do if they were concerned about someone's safety. This meant people were protected by knowledgeable staff. One staff member told us "Safeguarding is about protecting vulnerable people." The staff member confidently stated the potential types of abuse and explained how they would escalate any form of abuse observed and would follow it up.

Risk assessments were contained in people's plans of care. Where a risk had been identified there was information on how the risk could be reduced. These gave staff the guidance they needed to help keep people safe. For example, one person had a risk assessment in place for mobility. The risk assessment informed staff that the person had poor mobility and used a walking stick to assist with moving around the home. Staff were asked to ensure the person used their walking stick at all times. If they intended to move any great distance a wheelchair was to be used. This reduced the risk of falling and helped the person stay safe. Other risk assessments included the use of bed rails, malnutrition, behaviour and the risk of pressure areas developing on people's skin. The risks of pressure areas developing were assessed using a Waterlow score assessment tool. This used a scoring system and where a risk was identified there was a record of the intervention needed to prevent pressure areas developing. This included the use of specialist equipment such as pressure relieving air flow mattresses and air cushions as well as how often people's pressure areas needed to be checked.

West Sussex Fire & Rescue Service completed a routine audit of the service on 13/1/2016 and found that 'no significant issues were identified' but suggested a review of the provider's fire risk assessment should be undertaken. We saw that this had been carried out and there was an up to date fire risk assessment for the building. Each person had a personal evacuation plan which recorded any specific actions required in the event of an evacuation. These were kept securely in the entrance hall of the home but were readily available for staff or the emergency services as required. The registered manager told us about the contingency plans that were in place should the home be uninhabitable due to an unforeseen emergency such as total power failure, fire or flood. These plans included the arrangements for overnight accommodation and staff support to help ensure people were kept safe.

There was a maintenance log which staff or relatives could document any maintenance areas for attention including light bulbs not working, electrical issues or premises concerns.. The maintenance person recorded when these were attended to. The registered manager said there was a maintenance person on site Monday to Friday and someone on call at the weekends. Staff, relatives and residents said the building was kept clean and well-maintained and any maintenance issues were dealt with swiftly. We looked at the gas safety certificate for the home and In 2014 and 2015 a "Warning Notice" was issued by the gas engineer. We checked with the registered manager and he was able to show us documentary evidence from a qualified gas engineer that the issue had been rectified and the gas installation was deemed to be safe.

Good

# Is the service safe?

At our last inspection to the service in September 2014 we made a compliance action regarding a breach of Regulation related to sufficient staffing numbers. At this inspection we found that improvements had been made and they were now complying with requirements.

People and staff said there were enough staff working at the home. The home was arranged over three floors and the rooms were organised by dependency from people with most dependent nursing needs on the ground floor (28 beds) and the lowest residential needs on the 2nd floor (17 beds). The middle floor was for people living with dementia and nursing needs (32 beds). Staffing was therefore deployed according to dependency and numbers of people living on each floor. On the ground floor there was a minimum of one registered nurse and five members of care staff on duty throughout the day. At night one registered nurse and two members of care staff were on duty. On the first floor there was a registered nurse and six members of care staff on duty throughout the day. At night one registered nurse and three members of care staff were on duty. On the second floor there was a senior member of care staff and two members of care staff on duty throughout the day. At night there was a senior and one member of care staff on duty. Therefore there was a mix of numbers of staff and skills to meet people's needs on each floor.

The staffing rota for the previous four weeks confirmed these staffing levels were maintained.

In addition to care staff the provider employed domestic, kitchen, activities, maintenance, administrative and reception staff who worked flexibly throughout the week. Observations showed there were sufficient care staff with the necessary skills to support people. None of the staff appeared rushed and the atmosphere on all three floors of the home was relaxed and calm. People told us that staff responded quickly to them. One person said, "I don't often need to ring for anyone, but they are always quick if I do," The registered manager told us that the required staffing levels were assessed on a regular basis using a dependency tool to assess people's needs and to calculate the number of staff required to ensure that there were adequate numbers of staff to meet the needs of the people using the service Staff told us they felt there were sufficient staff but they were working to capacity. They said that staff sickness at short notice presented problems at times. One staff member said, "Usually staffing is okay except when last-minute sickness occurs". We spoke with the registered manager about this and he said he would normally get other staff to cover for sickness and agency staff would be used as a last resport to ensure there were sufficient staff on duty.

Appropriate recruitment checks were carried out before staff commenced employment. Recruitment checks included completion of an application form which included details of work/education history, proof of identification and eligibility to work in the UK. Disclosure and Barring Service (DBS) checks were also carried out. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. The provider carried out checks to ensure nurses were registered with the Nursing and Midwifery Council (NMC) and that they were appropriately registered. Staff did not start work at the home until all recruitment checks had been completed.

The service had an up to date medicines policy to inform practice and the provider had appropriate arrangements in place to manage people's medicines safely. Staff were aware of this policy and it provided guidance about obtaining, safe storage, administration and disposal of medicines.

The service was provided over three floors and each floor had its own medicines room. We saw that most medicines were stored securely and kept within their recommended temperature ranges. However, we identified a few recording anomalies within the medicine refrigerator temperature recording. This was pointed out to the registered manager who said he would speak with all staff who were involved with medicines to ensure they understood what was required to maintain accurate records. We also saw that on one floor the storage arrangements for one type of medicine was not secure or compliant with relevant legislation. When we informed the registered manager of this he immediately ordered a replacement cupboard which complied with legislation. On the day following our visit the registered manager informed us in writing that the new cupboard was now in place and had been securely fitted. Therefore we were satisfied that the issue had been rectified.

We saw that information about "when required" and "variable dose" medicines was held within each person's medicines administration record (MAR). We reviewed seven people's MAR who were administered medicines covertly,

Good

# Is the service safe?

that is, without the person's knowledge. These records contained an assessment of people's mental capacity with respect to medicines. There was also information regarding a best interest meeting and specialist pharmaceutical advice to ensure the medicines remained effective whist administered covertly. One resident administered their own medicines following the completion of a risk assessment to confirm they were safe to do so. A member of care staff explained how they applied creams to people as part of their personal care. The member of care staff showed us the records they kept. This included details of the creams applied, together with information about where and when the creams had been applied.

The effectiveness of medicines was appropriately monitored. We reviewed the records for two people each prescribed a different medicine that required blood monitoring. These records contained test results, subsequent scheduled tests and the exact dose to administer. These care plans also contained the signs and symptoms of over and under treatment and supporting actions for staff to take including summoning expert advice. The meant people were protected against the risks associated with medicines.

Good

# Is the service effective?

## Our findings

People told us they were well supported by staff. People said staff were competent and skilled in their roles. One person said, "They make everything tick and know what they're doing". Another said, "They all do their jobs well". People were positive about the food provided. Comments included: "The food is nice – there's always choices," "I love chocolate – there always seems to be a chocolate cake for lunch or tea, so I'm happy! They make lovely cakes," and, "The food is good and the care is good – she (indicating a nearby carer) is a very good girl!" Relatives were also positive about the food provided. One relative said, "The food's good – she eats well here." Another relative said, "The food is very nice, I had dinner with her here once . . . I thoroughly enjoyed it. They ask her what food she wants each day." People told us their health needs were met and felt confident that medical attention would be sought if and when necessary. One person told us the staff involved other health professionals appropriately and kept them informed of this.

We looked at the training provided for staff. Mandatory training topics included: Moving and handling, fire safety, safeguarding, infection control, food hygiene, health and safety, Control of Substances Hazardous to Health (COSHH), medicines (for staff who administered medicines), nutrition, pressure care and first aid. Additional training topics were provided including: challenging behaviours, dementia, end of life care, diabetes, person-centred care, data protection, MCA/DoLS, venepuncture and equality and diversity. This training ensured that staff had the necessary information and skills to understand and meet people's needs. We saw the majority of staff had completed the mandatory training with the exception of first aid training which several staff had not yet completed. However the registered manager told us this training was booked for the following Tuesday. Additional time was needed to ensure all staff had received the additional training topics and this was planned by the registered manager. The registered manager said that much of the training was done in-house and he was a qualified "train-the trainer" in a variety of topics to deliver this. We saw that most of the training was done annually, except for fire training which was at least six monthly. We also saw that specific training was provided for nurse staff. This training included wound management, catheter care, venepuncture end of life care and setting up and using syringe drivers. The training enabled nurse staff to keep their skills up to date.

The registered manager told us he was working with the West Sussex Learning and Development Gateway to seek training opportunities for staff. This is the West Sussex County Council's training and professional development programme through which it is possible to view and book training. The registered manager had also sought the input from the dementia in-reach team to provide support and guidance to the staff team in meeting the needs of people living with dementia.

All new staff members completed an induction when they first started work. The provider had introduced the Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings. Two staff were currently undertaking this. The registered manager showed us their employment terms and conditions, which stated that completion of the Care Certificate within the first six months of employment was a requirement of probation. New staff also had an internal induction checklist which included key information. This was completed through the first six weeks of employment. He said that new staff shadowed experienced staff as an extra/ supernumerary staff member. He showed us on the staff rota how a new member of staff had been added to the rota in this way. Staff confirmed they had a thorough induction to the home and completed mandatory and essential training as well as shadow shifts before they worked unsupervised. This helped to ensure that people were supported by appropriately skilled and trained staff.

The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The registered manager said 75-80% of staff had achieved a National Vocational Qualification at Level 2 in health and social care. This is a work based qualification which recognises the skills and knowledge a person needs to provide care in the health and social care sector. The candidate needs to demonstrate and prove their competency in their work. He said this was something that staff were encouraged to complete and this was supported by what staff told us.

Staff received regular supervisions from their line manager. The registered manger supervised senior staff who in turn

provided supervision for other staff. Supervision records demonstrated a review of multiple areas/issues were discussed including: Review of work performance, future work targets agreed, training, support and development needs, self-declaration of health and criminal history changes. The registered manager explained the majority of staff had received their routine supervision in the past two months the only exception being staff who had not worked due to sickness. This ensured staff received appropriate support and supervision of their skills to ensure they were able to effectively peform their duties and meet people's needs.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. We saw that DoLS applications had been made for 43 people at the time of our inspection, three had been approved. The remainder were being assessed by the local authority on a priority basis. People's care plans contained an assessment where any care or support regarded as restricting their liberty was carried out. These included the use of bed rails to prevent people falling out of bed. However we observed several doors had stair gates across the doorway. Some were latched and others were open. The registered manager told us these were used to stop people entering other people's bedrooms. After discussion with the registered manager it was agreed that the stair gates were not intended to restrict movement but to prevent other people going into their rooms. This arrangement should be recorded in each person's care records together with a risk assessment as these could be a falls hazard if a person tried to climb over them. We saw that on the second day of our inspection these had been put in place.

Where appropriate people's capacity to consent to care and treatment was assessed. The assessments showed whether people had capacity to make specific decisions about their care. Staff confirmed they had received training in the MCA and DoLS and this helped them to ensure they acted in accordance with the legal requirements. Staff understood the principle that people should be deemed to have capacity unless assessments showed they did not. The registered manager told us people had capacity to make day to day decisions regarding their care and support. The registered manager told us that the capacity assessments had been carried out due to people's diagnosis of dementia and it was important to establish if they had capacity to make decisions. We saw that where people had been deemed to lack capacity best interest meetings had been carried out. Best interest meetings involved the person concerned together with relevant professionals and relatives to make a decision on the person's behalf in their best interest.

Care plans had information about people's ability to make decisions about their care, treatment and support. We saw people had signed consent forms for staff to provide support to them and also for having their photographs used. We observed staff spoke with people and gained their consent before providing support or assistance.

People were consulted about their food preferences. Staff told us that menus and people's choices of food were regularly discussed during residents' meetings and we saw the minutes of a recent residents' meeting which confirmed this. We observed the lunch period on all three floors. Meals were served from a portable plug-in trolley with lidded compartments so the food would be served hot. The food appeared appetising and smelled appealing. On the top floor 14 people were sat down to lunch and three people had their meals in a chair in the lounge area. People were offered a choice of toad in the hole or cauliflower cheese followed by rice pudding or apricot crumble. People had chosen their meal the day before. However staff told us that if anyone changed their mind they could have a different choice and if the choices on offer were not to their liking an alternative could be provided. The cook told us there were always extra portions sent up to each floor in case people changed their minds. Staff offered support to people as required. We saw one person was being assisted to eat by a member of care staff, there were other people at the table, and all were chatting between themselves. We also observed one person being very patiently supported

to eat. There was lots of gentle encouragement, and patience. It had taken nearly an hour for this person to eat their meal at their own pace, but they had eaten well and seemed content.

People were offered more of any of the courses if they wished. There was friendly chat and joking between staff and people at the service about the meal and people were encouraged to eat as much as they wanted. The atmosphere was relaxed and pleasant and people ate well.

We saw that a list of people's dietary needs, allergies and food preferences was displayed in the kitchen to ensure that the cook was aware of people's needs and choices when preparing the meals. We saw from records that everyone was weighed on a monthly basis and staff monitored and recorded the food and fluid intake of people who had been identified as at risk. We observed one person who had thickened fluids as they were deemed to be at risk of choking on thin liquids. Staff were able to describe the Speech And Language Therapist (SALT) assessment criteria. Care staff were confident and knowledgeable about the amount of thickener required.

People's health was monitored regularly and support was sought promptly when required. During the inspection we observed that one person was receiving an assessment by an occupational therapist. Each person had a health file which contained a West Sussex Hospital Trust health booklet 'Knowing Me' This had information about the person and their life as well as a health assessment with information about the person's life story. This information helped to ensure people received consistent effective support. People were registered with a GP and staff arranged regular health checks with GPs, specialist healthcare professionals, dentists and opticians and this helped people to stay healthy. A record of all healthcare appointments was kept and this included a record of any treatment of medicines prescribed together with details of any follow up appointments. These helped people to maintain good health.

We toured the home and on the whole the building appeared clean and well-maintained although we noted some areas where the carpets were stained and worn and a few places where there appeared to be water staining from previous leaks which had been repaired.

The registered manager told us there were no current plans for any major refurbishment but said they were planning to convert one of the staff training rooms into a cinema for people. He showed us the projector he had purchased for the room. Efforts were made to make the environment homely, vibrant and conducive to the needs of people living with dementia. We saw that there was a hairdressing salon with 1950s theme décor and there was also a "Pub" on the ground floor which had been decorated in traditional pub style. People could go and get a drink from the pub and also obtain snacks such as crisps or chocolate. There were also "mobile pubs" created from old medicines trolleys. The registered manager said these were taken around the home for people who could not access the ground floor pub. Each floor had its own dining room and lounge area and on the 2nd floor there was a small library area dedicated for quiet space or reading. Therefore offering many choices for people to spend their time. Garden access was from the ground floor with raised flower beds to encourage people's participation with gardening in nicer weather. There was also a chicken coop where pet chickens were kept.

Décor of the home encouraged visual stimulation and reminiscence. Many bedroom doors had the person's photograph and name displayed to help orientate people who may be living with dementia. Some of the décor was decorated to look like a residential street or a beach. There was bunting in one area to look like a street fete and there were images of a post box and telephone box. There were photos and newspaper headlines of historical events displayed on the walls. Domestic lighting and window décor was designed to look more homely and less institutional. We saw a number of bedrooms during the day, and noted some people's rooms were decorated sparsely but other people had many personal effects and furniture that they had chosen to bring to make their space more comfortable and personal. The degree of personalisation made it clear that most residents had made themselves very much 'at home', and different personalities and styles could be seen.

Good

# Is the service caring?

## Our findings

People were happy with the care and support they received. People gave us very positive feedback regarding the caring nature of staff at the home. Comments from people included: "I feel the staff are extra kind to me," "The care here is excellent", "The girls are very sweet – they help me walk down the corridor with a hand on my shoulder; that's all I need," "The staff are marvellous. I've got a lovely room, too," and "This [place] is really marvellous. Everybody's pleasant – all the staff are very nice and helpful." Relatives also made positive comments which included, "Mum came from an awful place, but my sister or I come and see her nearly every day, and it's like a luxury hotel! The rooms are beautiful, and she's happy here, and settled," "I would recommend this place and I have done. It's very special," "Since the new manager has been here, it's really improved," and," There are some tremendously understanding and respectful staff. A great atmosphere".

We saw that people were treated with kindness and compassion and staff related to people in a courteous and friendly manner, explaining what they were doing and giving reassurance if required.

Staff were able to tell us about the people they cared for, what time they liked to get up, whether they liked to join in activities and their preferences in respect of food. Most staff knew about people's families and their interests. They showed an understanding of confidentiality and

understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in the home's communication book which was a confidential document or discussed at staff handover meetings which were conducted in private.

Staff knocked on people's doors and waited for a response before entering. One staff member told us "We make sure we knock on doors and wait to be asked in before entering and we close the curtains and doors during personal care". We observed staff took time to explain to people what they were doing and did not rush people, they allowed them time to take in the information and respected whatever decision they made. We observed consistent kind and respectful conversations between staff and people who lived at the home. Staff were caring, tactile, and friendly with residents, speaking to people at their eye level, and referring to people by first names in line with their preferences. Some banter was apparent, to everyone's enjoyment. Residents seemed to get on well together, friendships had developed between people and a family atmosphere prevailed.

A number of chickens were kept in the garden and people could view them from the ground floor lounge. We saw that a staff member involved two people in putting the chickens "to bed." The staff member brought the chickens inside and let people give them a stroke/cuddle before putting them back in the coop. People seemed to enjoy this and being involved in this routine.

We saw one person who was sitting in an electric recliner chair, who was trying to use the controls to sit up straight. The person was operating the chair the wrong way and a staff member immediately went over to the person to help. They pointed out the error and showed them the correct way to use the controls. They then allowed the person to manipulate the chair themselves. This enabled the person to maintain their independence as much as possible. We saw that staff responded calmly to people who were shouting. They crouched down or sat next to people to meet them at eye level. They encouraged people to make choices, asking them, "What do you think?"

There was a good rapport between staff and people and there was a caring atmosphere. Staff used people's preferred form of address and chatted and engaged with people showing kindness, patience and respect. Everyone was well groomed and dressed appropriately for the time of year. We noted that some of the ladies had their hair and nails done on the day of the inspection. One staff member told us "It's the little things like manicures and personal contact that make people feel cared for".

Staff and people got on well, they were laughing and joking and the atmosphere in the home throughout our visit was warm and friendly. Staff were seen to consult people before offering any support and this approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs.

Staff expressed an understanding of the importance of involving people and offering people choices. Staff comments included: "We encourage them every day," "We ask them what they want to wear, where they want to go," "It's up to them, we ask them what they want. We give choice, we can't choose for them, It's their life."

Good

# Is the service caring?

Where people were at the end of their life they were supported to have a comfortable and dignified death. Details about end of life care were recorded in people's care plans to ensure people's wishes were known. One relative told us about how they had provided sensitive and person-centred care to their family member at the end of their life to ensure they were comfortable and their needs were met.

We looked at the compliments file and saw that relatives had sent in letters thanking the home for the way they had treated their relative. Some of the written comments included: 'Mum was treated with dignity and respect and we were kept informed of changes to her care and care management,' and 'you made her passing so beautiful and dignified.'

We saw that there was information on notice boards about local advocacy services that people could use if they needed anyone to act on their behalf. These gave information about the services on offer and how to make contact. The registered manager told us they would support people to access an appropriate advocacy service if people wanted this support to empower their independence with decision-making.

Good

# Is the service responsive?

## Our findings

People said staff were good and met their needs. People told us that they had their call bells in reach should they need any assistance. One person said "you might have to wait a bit but not long and you do feel like there's always someone around". We observed that staff responded quickly to any calls for assistance and call bells were answered promptly. People were positive about the activities on offer; one person said there were a number of activities available. The relative of one person said "They try to involve him in activities . . . He quite likes quizzes" and they encouraged him to partake in this.

There was an activities team of three who provided a range of activities for people. One of the activities staff told us "The issue of choice is respected here". We saw activities staff with people on all floors engaging with people. We saw activities taking place such as playing scrabble, assisting with jigsaws, playing with maracas and pompoms and doing music and exercise. There were outings to a variety of places of interest when the weather allowed. This was facilitated by the use of the home's own minibus. Three people we spoke with were not interested in crafts and games, but said even though they chose not to participate in certain activities they were not bored. People were generally positive about the activities on offer and comments included; "I have a model I'm making, but I like the activities – they're good, and I often have a go". Another person said "I like the outings – especially to the pub next-door!" A third person told us "I love it here – I can do anything, and I enjoy it."

There was a weekly activities plan, but we were told this could be changed at a moment's notice. One of the activities staff said some people only have a short interest span and if people's interest flags the staff were all very adaptable and would change things around to keep people engaged. They said that Saturday's activity was decided by residents' vote – "whatever they want to do, if practical, we do it". One of the activities staff said they planned to see all people who stayed in their rooms on a daily basis, even if only for a chat or hand massage or similar.

Before anyone moved into Kings Lodge Nursing Home the provider carried out an assessment of the person's needs so they could be sure that they could provide the support the person needed. This assessment formed the basis of the initial care plan. The assessment included information about the person's social interests, medical history, care needs, continence, behaviour, nutrition, mobility, sleep patterns, and skin integrity. The person concerned and their families were involved in this process.

All people had a plan of care that identified their assessed support needs. Each care plan was individual to meet the person's specific care needs. The registered manager told us that he was in the process of changing care plans to ensure they were more 'person centred'. Person-centred planning is a way of helping a person to plan all aspects of their life, ensuring that the person remains central to the creating of any plan which will affect them. The registered manager showed us an updated completed care plan and this guided staff on how to ensure people were involved and supported in their care. There was information about the support people needed, the aims of the care plan and what interventions were needed by staff to meet the person's needs. For example the care plan detailed the person's needs as, 'Needs help and support when becoming anxious or distressed'. The aim of the care plan was, 'To keep the person happy and content,' and the intervention explained to staff that if the person displayed signs they were becoming anxious, guidance on how to help the person become more relaxed, such as engaging in conversation with them. Staff said care plans gave them the information they needed to give people appropriate care and support and enabled staff to understand how the person wanted to be supported. Staff could then respond positively and provide the support needed in the way people preferred. One staff member said, "If you want to know about a resident you must read the care plan, if you are unsure the family sometimes helps you to understand a person's wishes and needs".

Staff were able to describe how they would respond to people whose behaviour sometimes challenged and we saw examples of where staff had recorded such behaviour, together with its possible triggers and the actions they had taken to manage it. Staff told us that this close monitoring of such behaviour enabled them to reduce the likelihood of it recurring and helped people to manage their behaviour more effectively. Staff were knowledgeable about people's support needs and were able to describe what signs to look for to indicate a change in their wellbeing. For example one member of care staff explained how they would recognise someone might have a urinary tract infection and what action they would take if required.

Good

# Is the service responsive?

One relative explained to us how their family member's needs had increased over time. They said, "When he first came he was mobile and only needed personal care but towards the end of his life he needed more nursing care". They said that staff responded to this and provided care in line with his changing needs.

Daily records compiled by staff detailed the support people had received throughout the day. Care plans were reviewed every month to help ensure they were kept up to date and reflected each individual's current needs. Reviews contained an evaluation of how the plan was working for the person concerned and detailed any changes that needed to be made. We saw changes had been made to people's plans of care as required.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover meetings held at the beginning of each shift. A handover was carried out on each floor and this was recorded by the nurses and senior care staff on duty. The handover included information about any appointments and updated staff on any additional issues or changes. The handover gave staff information on any care or treatment needs for people.

The service routinely listened and learned from people's experiences, concerns and complaints. People were encouraged to discuss any concerns they had with their keyworker or with any member of staff who was providing support. Any complaints or concerns could then be dealt with promptly and appropriately in line with the provider's complaints policy. The registered manager said that normal day to day issues were dealt with straight away. Formal complaints had to be recorded and reported to the provider's head office. They then decided the appropriate person to deal with the complaint and ensured that it was investigated by an appropriate person. We saw there was a copy of the provider's complaints procedure displayed on notice boards at the home. The registered manager told us that people and relatives were given a copy when they moved into Kings Lodge Nursing Home. Staff told us they would support anyone to make a complaint or raise a concern if they so wished. We saw there was a complaints log where all complaints were recorded. This gave information about the nature of the complaint, the action taken and the outcome of the complaint. This meant comments and complaints were responded to appropriately and used to improve the service. The registered manager said when any complaints were received they were discussed at staff meetings (if appropriate) so that the provider, registered manager and staff could learn from these and try to prevent reoccurrence.

Good

# Is the service well-led?

## Our findings

People said the registered manager was good and they could talk with him at any time. Relatives confirmed the registered manager was approachable and said they could raise any issues with a member of staff or with the registered manager. People said they felt the home was well-run with a culture of speaking up about any issues or concerns and that all the staff were approachable. Comments included: "The place has a lovely atmosphere" and "I can speak to anyone and I know they'll pass it on to the person in charge. He's a good man and really listens to me, he's very good at his job."

One member of staff said they did not feel staff worked as a team. They said jobs that should be done by registered nurses were not always completed and therefore there was a risk that appointments and treatments might be missed. They felt that the registered manager did not address these issues effectively with the other staff as they were "his friends". This was not endorsed by any of the other staff we spoke with. We pointed this out to the registered manager who told us he would arrange a meeting with staff to address any issues.

The registered manager was visible, spent time on the floor and all the people we spoke with said they would go to him if they had any concerns about their care. People, relatives and staff told us the registered manager was very approachable and they would not hesitate to make suggestions to him if they felt the service could be improved.

Communication between people, families and staff was encouraged in an open way. The registered manager told us they operated an open door policy and this was confirmed by people relatives and staff and by our observations during the inspection.

Staff said the registered manager and senior staff were good leaders and they knew they could speak with them at any time. Staff confirmed they met with the registered manager or their line managers on a regular basis. These meetings helped the senior staff to monitor how staff were performing so they could ensure the home was supporting people's needs effectively. The team leaders, senior staff and registered manager said they regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour. This enabled them to identify any areas that may need to be improved and gave them the opportunity to praise and encourage good working practices. We saw that regular management meetings were held where managers from the provider's other homes got together to discuss practice issues and shared their knowledge.

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

People and staff were able to influence the running of the service and to make comments and suggestions about any changes they thought were needed. People said they had regular residents' meetings and their relatives were invited along to put their views forward. People were also asked for feedback on the quality of care provided. Minutes of residents' and relatives' meetings were kept to document the feedback in order to improve the service. The provider sent out a questionnaire to relatives every six months and responses went back to the provider who analysed the responses. The registered manager told us that all completed questionnaires were sent to him together with the analysis so he could make changes if necessary to improve the service. We saw from the outcome of the last survey that responses were very positive with people feeling satisfied with their care and believing that they were treated by the staff with dignity and respect.

The registered manager told us that regular staff meetings were held and staff confirmed this. They told us the meetings enabled them to discuss issues about the running of the home openly with the registered manager and the rest of the staff team. We were shown the minutes of a meeting which included information on the topics discussed. There was no information about the minutes of the previous meeting, so it was not clear if the issues discussed at the previous meeting had been actioned. We discussed this with the registered manager who said they felt the staff meetings were useful and constructive but agreed that information regarding the previous minutes would help to show that learning had taken place and the issues discussed had been responded to.

The provider had a policy and procedure for quality assurance. The quality assurance procedures that were carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could

Good

# Is the service well-led?

be improved. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; food hygiene, health and safety, care plan monitoring, medicines, audits of weight charts, falls, infection control, complaints, staff files, and tissue viability audits. Any areas for improvement were noted and action taken to address any issues.

The provider employed an area manager who visited the home on a regular basis. They checked that the registered manager's audits had been undertaken and produced a report. People knew the area manager and told us they always spoke with them and checked if everything was satisfactory. For example, one person told us, "They always have a chat with me and ask if I need anything". The registered manager told us if the area manager identified any shortfalls they produced an action plan and signed and dated when each action had been carried out. The area manager checked that all actions had been completed at their next visit to the service. We saw a copy of the last area manager's visit and this confirmed that people and staff were spoken with and their comments were recorded. The area manager looked at the five key questions that the CQC ask during our inspections—Is the service safe? Is the service effective? Is the serice caring? Is the service responsive? Is the service well led? This enabled them to compare their performance against the required standards. Records of the last visit showed there were no areas that required improvement.

Regulation 20, Duty of Candour, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 specifies providers must act in an open and transparent way and must notify relevant people about any incident which must be looked into and responded to with an apology if this is the result of any investigation the finding. The service had a duty of candour procedure, and the registered manager had followed this when dealing with any complaints made. The registered manager was open and transparent regarding any concerns or incidents and had implemented procedures based on recent changes to legislation.

The registered manager kept his training up to date and was aware of updates to policies and procedures regarding care and safety from organisations such as the National Institute for Health and Care Excellence (NICE) and Skills for Care. He kept a training folder which contained all his training certificates and said he was always keen to learn new skills and update his knowledge.

At our last inspection to the service in September 2014 we identified a breach of regulation in relation to accurate and appropriate record-keeping. At this visit we found that improvements had been made and they were now meeting requirements.

Records were kept securely. All care records for people were held in individual files which were stored in the staff office on each floor. Records in relation to medicines were stored in a separate room which was locked at all times when not in use. Records requested on both days of our visit were accessed quickly and we found records relating to the operation of the service, quality audits, policies and procedures and people's personal records including medical records were consistently maintained, accurate and fit for purpose.