

Kilkee Lodge Care Home Limited

# Kilkee Lodge Residential Home

## Inspection report

Coggeshall Road  
Braintree  
Essex  
CM7 9ED

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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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Kilkee Lodge is a residential care home that was providing care to 76 people aged 65 and over at the time of this inspection. Kilkee Lodge is a purpose -built building providing single ensuite rooms in a residential area in Braintree.

People's experience of using this service:

The service met the characteristics of good in most areas. We did identify some shortfalls with staffing as people had to wait for support. During the course of the inspection the registered manager increased staffing levels.

We also identified shortfalls in documentation and the service was in the process of moving from a paper to an electronic system. We saw staff provided good care, but this was not always reflected in the written records. We have recommended that staff receive more training on using the new electronic recording system.

People told us they enjoyed the food and meals looked attractive.

There were clear systems in place for the ordering, administration and monitoring of people's medicines.

Communication with health and social care professionals was effective in ensuring that people received joined up care. We have recommended that further work is undertaken to ascertain peoples wishes at the end of their life.

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.

People had access to activities to enhance their wellbeing and told us that staff were kind and helpful.

Incidents and accidents were recorded and reviewed to prevent a reoccurrence.

The service was clean and there were systems in place to check on equipment to ensure that it was safe. We have recommended that the provider review exit doors, as they were not alarmed, in line with the needs of the people resident in the service.

The registered manager understood their responsibility under the duty of candour to be open and to take responsibility for things that go wrong. There were oversight systems in place to audit and check on the delivery of care. The service worked with 'Prosper' which is a local multiagency project which aims to improve safety in care homes and reduce falls and pressure ulcers.

People's views on the service were sought in several ways and used to help make improvements at the service.

Rating at last inspection: At our last inspection, the service was rated 'Requires Improvement'. Our last report was published on 27 April 2018.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Kilkee Lodge Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The membership of the inspection team consisted of two inspectors, a professional advisor in nursing care and expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service and their area of expertise was in older people.

#### Service and service type:

Kilkee Lodge Residential Home is registered to provide care and accommodation for up to 80 older people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection took place on the 4 April 2019 and was unannounced.

#### What we did:

Prior to our inspection we reviewed notifications we received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

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, what the service does well and improvements they plan to make.

We spoke with 25 people who used the service and six relatives. We spoke with three visiting health professionals, 16 staff and the registered manager.

We reviewed the care records of 13 people. We also looked at records relating to the overall quality and safety management of the service, maintenance logs, complaints, three staff recruitment files, staff training records, meeting minutes and medicines management.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People and relatives told us that they were happy with the care. One relative said, "I think everything is alright here, and I am really content. We think it's a safe place, and they look after my relative very well."
- Staff had received training on safeguarding and were able to tell us about the policy and the actions that they would take to keep people safe.
- The registered manager was aware of their responsibilities and had made appropriate referrals to the safeguarding team at the local authority.

Assessing risk, safety monitoring and management.

- Risks had been assessed and staff could tell us the actions that they were taking to mitigate the likelihood of harm.
- Individuals had pressure mats in place to alert staff when individuals started to mobilise to reduce the likelihood of falls. Those at risk of pressure ulcers had specialist equipment in place such as mattresses to provide pressure relief which were set at the correct levels. Repositioning charts were in place and showed that people were being moved at regular intervals to protect their skin.
- The service had recently moved from a paper to an electronic recording system and staff told us that they were struggling with the new system. We recommend staff are provided with further training on using the system, imputing data and information analysis.
- Environmental risks were identified and managed. Records showed that checks were completed on the building and equipment to ensure that it was safe and well maintained. Water temperatures were tested and moving, and handling equipment checked. We recommend the provider review overall security and exit doors, as they were not alarmed, in line with the needs of the people resident in the service.
- Personal evacuation plans were in place and staff could tell us what they would do in the event of an emergency such as a fire.

Staffing and recruitment.

- People told us that that they had to wait for support. One person told us, "I do have to wait a long time for my buzzer to be answered". Another person told us, "When you buzz, you have to keep on at them sometimes to get them to come."
- We observed that staff were busy and did not always have capacity to answer bells promptly which meant that people had to wait until staff were available to be supported.
- The registered manager told us that staffing levels were determined by the number of people using the service and their needs. They acknowledged that the introduction of the new recording system had impacted on staff. Several new admissions had been made in the days preceding the inspection and they told us that they intended to increase staffing levels on each shift to meet people's needs. We later saw that this had been undertaken.

- Since the last inspection the service had recruited additional staff and was less dependent on agency staff.
- There were clear systems in place to check on the suitability of staff before they started work at the service. Disclosure and Barring Checks (DBS), identity checks and references were undertaken for prospective employees.

#### Using medicines safely.

- Medicines were safely managed. There were clear systems in place for the ordering, administration and monitoring of people's medicines.
- Medicine administration charts had been completed fully for tablets, but we found some gaps with the administration of creams and lotions. The registered manager told us that they had recently identified this shortfall and had a plan in place to address this which involved additional monitoring being undertaken.
- There were plans in place to guide staff on the administration of 'as needed' or PRN medicines.
- Controlled drugs were securely stored and checked daily to make sure they were accurate.

#### Preventing and controlling infection.

- People were protected by the systems in place to control and prevent infection.
- Staff had access to personal protective equipment such as gloves and aprons and we observed staff using these appropriately. Different coloured cloths were in use in different parts of the service. People had individual slings to reduce the likelihood of infection when being assisted with their mobility.
- Clinical waste bins had pedals and were not overfilled. We observed a laundry trolley being stored in a bathroom area, but we were assured by the registered manager that they would address this directly with staff and ensure it was removed.
- Staff were clear what they would do if there was an infection outbreak.
- There were no malodours and the service looked clean.

#### Learning lessons when things go wrong.

- The registered manager told us that they welcomed any support and advice from external agencies. The service worked with 'Prosper' which is a local multiagency project which aims to improve safety in care homes and reduce falls and pressure ulcers.
- All accidents or incidents were reviewed by the registered manager to identify any learning or patterns.
- Accident and incident records showed that staff responded to people promptly following a fall or incident. There was evidence that professional advice was sought, and appropriate referrals made to other agencies for help and advice.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's care, and support were delivered in line with current standards and guidance. The registered manager worked with the local authority quality team and prosper to develop the service and improve outcomes for people.
- People's needs were assessed before they started to use the service to ensure that staff had the skills they needed.
- The service had started to use technology to enhance the quality of care. Wi-Fi was available, and they had recently started to use an electronic system for daily recording and care planning.

Staff support: induction, training, skills and experience.

- People were supported by staff who were trained and supervised. We saw that staff had access to a range of training which included, moving and handling, first aid, health and safety, dementia and pressure area care.
- Staff told us they received an induction before they started work which consisted of training and shadowing other colleagues before working independently. New staff completed the care certificate which is a nationally recognised work based vocational qualification.
- Staff told us that the training was helpful and that they regularly met with a senior member of staff to review their progress and reflect on their training needs.

Supporting people to eat and drink enough to maintain a balanced diet.

- People were supported to eat a diet that met their needs and preferences. Meals looked appetising and lunch was a sociable event, where people enjoyed talking and eating together.
  - The feedback on meals was positive One person told us, "I can report no faults what so ever. The food is very good, and you can have whatever you like really. There is always choice."
  - We observed the midday meal and saw that staff were on hand to offer support when it was required. The support provided was appropriately paced. People were encouraged to eat and offered extra helpings.
  - People who had been identified as at risk of losing weight, were regularly monitored and referred to health care professionals for specialist advice when needed. Food and fluid records were maintained for those at risk, and peoples were observed to be offered regular fluids although this was not always fully documented. The registered manager agreed to follow this up and ensure that staff had the training they needed to fully implement the new recording system.
  - Staff including the chef were aware of people on special diets and had information about the different texture categories and we saw this being followed during the midday meal. Any recommendations outlined by dietitian and or speech and language service were clearly reflected in peoples care records.
- Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The service worked with other care professionals involved in people's care to ensure that the care was effective. Records seen evidenced contact with a range of professionals including social workers, GPs, district nurses and occupational therapists.
- A visiting healthcare professional told us that people were appropriately referred, and that they had a good working relationship with the service and staff. They gave us examples of where they had worked together to support people.
- Where individuals needed to attend appointments, staff would escort people if they were unable to attend alone.

Adapting service, design, decoration to meet people's needs.

- The environment was comfortable and had been adapted to meet the needs of people who lived in the service. Bedrooms were ensuite which meant that their care and support could be provided in their own room.
- People had the freedom to move around the service and access the garden and lounges. There was a lift for ease of access to the first floor. A few people had mobility scooters which they used to access the local community.
- Bedrooms were personalised with items of importance to individuals.

Ensuring consent to care and treatment in line with law and guidance.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- At this inspection we checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We found that where people were being deprived of their liberty, applications had been made to the local authority.
- The registered manager gave us examples of best interest decisions which had been made which showed that consideration had been given to the least restrictive option.
- Staff were observed asking people offering people choices and seeking their permission before commencing support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- Staff treated people with kindness. One person told us, "They do treat me nicely, they are very gentle with me. If they weren't I would speak up, but they are ok". A visiting professional told us, "The carers are kind and they have the right heart."
- Staff knew people well and could tell us about people's personal history and what they enjoyed. One person for example had worked at the hospital shop in the past and the member of staff told us that they now helped run the mobile shop within the service.
- People had good relationships with staff. One person told us, "They're all nice to me." Another said, "I prefer the older staff here who know you and have time for you. The agency carers are useless, the permanent staff have to take time out to show them what to do, and sometimes they do it themselves as it's quicker."

Supporting people to express their views and be involved in making decisions about their care.

- People told us they were supported to make choices and decide how they spent their time.
- Regular reviews of people's needs were undertaken to discuss their progress and care preferences.

Respecting and promoting people's privacy, dignity and independence.

- People were treated with respect. Staff referred to people in a respectful way. We observed staff knocking on doors and waiting for a response before entering. Doors were closed before care interventions were commenced.
- People were well-groomed and wearing appropriate clothing and foot wear Staff asked people discreetly if they wanted assistance with continence care. After meals staff supported people to ensure that their mouths and clothes were clean. Care plans documented people's preferences for example whether they wished to be clean shaven or wear jewellery.
- Information about people was treated in a confidential way. People's records were securely stored, and electronic records were password protected.
- People were encouraged to maintain their independence. We saw staff encourage an individual to mobilise independently and adapted cutlery and plate guards were in use during lunch time to aid independence.
- People's right to a private family life was respected and we saw that visitors were welcomed and could visit at any time. A relative said, "I come when I can, and I am always welcome."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- At the last inspection in March 2018 we found gaps in recording and that care plans were not always reflective of people's needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Since the last inspection improvements had been made. A new electronic care planning and monitoring system had recently been introduced and staff were in the process of trying to capture people's details in this new format.
- There were some teething problems and omissions in the recording, for example in how fluids were recorded. One person was observed drinking throughout the day of our visit, but this was not recorded when we checked the records.
- Another individual had sustained an injury from a hot drink. They had been provided with a different type of cup to reduce the risk, but the risk assessment had not been updated. There was a risk that agency staff may not be aware of this, as it was not documented.
- Behavioural charts were maintained where people displayed anxious or distressed behaviours. Triggers were documented but plans of care did not always document the strategies that staff should use to support people.
- The risks associated with the documentation were reduced because there were clear handover systems at the start of each shift to ensure that staff had the information they needed. The service was no longer in breach of regulation, but the documentation still needs strengthening to ensure people receive consistent and safe care.
- Peoples preferences were documented but some people told us that they were not met. One person liked to get up at a specific time, but staff were busy and did not always provide the support at the time that the individual preferred. As outlined in the safe section of the report several people had to wait for staff to help them. During the inspection the registered manager increased the staffing levels.
- Staff were able to tell us how they supported people, including those with protected characteristics. Staff knew people well and we observed staff interpreting one person's nonverbal expressions during lunch to establish whether they wanted more food or not.
- People were enabled to access activities with promoted their wellbeing. An activity programme was on display in the entrance to the service and we saw that the activities included a gardening club, bingo and a gentleman's club. Several local schools were regular visitors to the service.
- One person told us, "I keep myself occupied here and I'm happy. I can read my books, and the newspaper each day. I have no issues. I play cards sometimes, but not as frequently as I did." Another person told us, "A carer came in and took me into the garden when we had that nice weather recently. I so much enjoyed it and would like to go out more, we don't get out enough."

Improving care quality in response to complaints or concerns.

- The service had an effective system to manage complaints.
- People told us that they knew how to raise concerns and expressed confidence in the system.
- We saw that complaints which had been made had been responded to in a timely manner.

End of life care and support.

- People's wishes at the end of their life was not always fully explored. We recommend further work is undertaken to ascertain and record people's preferences in advance of them becoming ill.
- Several people had decisions they had made recorded such as Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders in place which set out their wishes not to be resuscitated in the event of a cardiac arrest.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others.

- People were happy with the care and told us that the registered manager was approachable and visible. One person told us, "I regularly see the manager come out and help on the floor." Another person told us, "I get nothing but kind words from the manager and the lady on reception. I find them very helpful."
- There was a clear organisational structure. The registered manager was assisted by a deputy manager and a team of senior staff who were clear about their responsibilities.
- The provider regularly visited the service and had systems in place to oversee risk and ensure that quality and safety were addressed.
- The registered manager completed audits on the quality and safety of the service. This included audits of care plans, medicines, infection control and call bells. Records showed that audits had identified some of the issues that we found. The registered manager told us that they had plans to address the issues regarding documentation and staffing.
- The registered manager welcomed the support of other professionals. We saw that they were part of the prosper project and had worked with NHS staff on medicines management.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- People were involved in their care and regular reviews of people's needs were undertaken.
- There were systems to engage with people and seek their views on the care provision. This included committee meetings, a suggestions box, resident's meetings and surveys.
- Feedback was used to improve the service and the registered manager gave us examples of where changes had been made in response to feedback from people who used the service. For example, activities had recently been extended into the weekend.
- Staff were positive about working at the service and a number had worked at the service for many years. They told us that they would not hesitate to place a relative at the service if they needed care.
- Relatives told us that staff responded to their relatives changing needs. Handovers were held at the start of each shift and regular staff meetings took place.
- The registered manager told us that they had an open-door policy and staff confirmed that they were accessible and visible.
- The provider had a new website and we found that there was no link or reference to the previous inspection report. This is a legal requirement but was addressed on the day of our inspection.

