

Kilkee Lodge Care Home Limited

Kilkee Lodge Residential Home

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

About the service

Kilkee Lodge Residential Home is a care home which provides accommodation with personal care for up to 80 people. At the time of the inspection the service was supporting 76 people.

Rating at last inspection

The last rating for this service was Good (published 30 April 2019).

People's experience of using this service and what we found

Risks were not always assessed or effectively managed to keep people safe. Staff were not provided with clear guidance on risks such as those associated with moving and handling should be managed.

People told us staff were kind and helpful but gave us mixed views on how the availability of staff. We have recommended the deployment of staff is reviewed to ensure staff are available when people need support.

There were processes in place to check on the suitability of staff prior to them starting work at the service however staff training was not always up to date.

Medicines were not always managed in line with professional guidance. The manager told us that the risk would be reduced as the service was due to implement a new medication administration system.

There were arrangements in place to manage safeguarding concerns and staff were clear about the actions they should take, where they had a concern.

There were systems in place to manage infection control. The provider was following the government's guidance on whole home testing for people and staff. This included rapid testing and weekly testing. Visits by relatives had been facilitated to the service which was welcomed by staff and people using the service. We identified some areas where improvements were needed and have signposted the provider to resources to develop their approach.

A new manager had recently started work at the service and staff told us they were helpful and approachable. Audits on quality and safety had not been consistently completed and those in place had not identified the shortfalls we found in areas such as medication, training and care planning.

Why we inspected

We inspected because the service had a recent COVID-19 outbreak and some concerns had been raised. We carried out an inspection to examine those risks.

During the course of the inspection we widened the scope of the inspection to a focused inspection which included the key questions of Safe and Well led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this report. You can see what action we have asked the provider to take at the end of this report.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practices we can share with other services.

Inspection team

This inspection was carried out by an inspector and an assistant inspector.

Service and service type

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

The service had a manager who was new in post and not registered with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke to ten members of staff, including the manager, deputy manager and two senior members of staff. We spoke with three people who lived at the service and used observation to gather evidence of people's experiences of the service. We spoke with four relatives about the care their loved one received.

We reviewed three people's care records and medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate the evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not always assessed or effectively managed to keep people safe. There had been a recent incident where a resident had fallen from a hoist sustaining a serious injury. This was being investigated and while some learning had been identified, this had not yet been actioned and we could not be assured a similar incident would not take place.
- The service was not following its own policy regarding moving and handling which asked for the type, size and methodology for each specific activity. We found care plans and risk assessments did not contain sufficiently clear or detailed information to guide staff. For example, one person who experienced dizziness and required the support of two staff for transfers had a risk assessment, but this did not specify in any detail how the moves should be executed to keep them safe. While staff received training, competency assessments were not undertaken to ensure staff practice was safe.
- Another person was identified as being at high risk of falls and had fallen four times in the previous three weeks. We observed they were alone in their bedroom with unsafe footwear attempting to mobilise. They had an alarm mat in their room, but this was not working.
- The new manager had introduced a system for reviewing accidents and looking for patterns and trends.

These shortfalls put people at risk and are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- We received inconsistent feedback on staffing levels with some people telling us staff were available when they needed them, but others were less positive. On the morning of our visit we observed people calling out for assistance to use the bathroom. Call bells were ringing, some in excess of ten minutes and we could not see that these were always monitored effectively.
- We reviewed the staffing rotas and the manager provided us with information on the dependency scoring system the home used to determine the levels of staff.

We recommend the manager review the deployment of staff to ensure staff are available to respond to requests for assistance.

- The provider completed the relevant recruitment checks prior to staff starting work at the service. There were arrangements in place to provide training for staff, but the homes training matrix was incomplete and

showed not all staff had completed the relevant training. The providers oversight arrangements had not identified this.

- The manager told us they had contacted a local training organisation and had plans to recommence face to face training to small groups of care staff.

Using medicines safely

- Medicines were not consistently well managed. We observed people receiving their medicines and saw staff signed the medication administration records before administering. This increases the likelihood of error and is not recommended practice. Medicines were left unsupervised on the medication trolley and staff did not always wash their hands or sanitise them as they administered to different people.
- Staff maintained a running balance of the medicines in stock to ensure they had sufficient levels of medicines and identify errors.
- PRN plans were in place to guide staff on the administration of as and when medicines.
- The manager carried out audits to check people received their medicines correctly and told us they had recently reminded staff to offer people their medicines before signing the medication administration chart. However, they told us they would immediately address the issues we identified and were due to introduce a new medication system at the service.

Preventing and controlling infection

- The service had recently had a COVID-19 outbreak and had received support on infection control systems via the local authority. They had an action plan and had started work on addressing some of the recommendations, however we found further work was needed to ensure infection control was managed in a safe way.
- The manager showed us a new infection control procedure, which they had recently purchased but this had not yet been personalised or adapted for the staff to use. We could not see that all staff had completed training in COVID-19.
- We were not fully assured the provider was preventing visitors from catching and spreading infections. Some screening procedures were in place for when visitors entered the building, but they were not comprehensive and were not being consistently followed by staff.
- We were not fully assured the provider was promoting safety through the layout and hygiene practices of the premises. Some parts of the service were cluttered, and items worn which meant that effective cleaning could not take place. Staff were not always cleaning equipment after use and personal protective equipment was not always being stored in a safe way.
- We were assured the provider was accessing testing for people using the service and staff. The manager had implemented a regular COVID-19 testing regime for staff. This included weekly swab testing and regular lateral flow testing. This enabled the provider to identify positive cases of COVID-19 where no symptoms were displayed.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

We have signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives were positive about the service. One relative told us, "My relative is very happy there and staff are really friendly and helpful." Another said, "I have no complaints it has been marvellous."
- There were systems in place to safeguard people from abuse. Staff had received safeguarding training and

told us they knew how to raise concerns.

- Records showed that where concerns had been raised, they had been escalated to the local authority. Investigations were undertaken to establish failings and the manager outlined the actions they were taking to protect people, including keeping relatives updated on their progress.
- The manager was in communication with the Local authority regarding outstanding actions. They had identified that the arrangements in place for the oversight of people's belongings needed improvement and they agreed to seek advice from the Local Authority.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was no registered manager in place as the previous registered manager had deregistered. A new manager had been appointed and had been working at the home for two months. They had not yet applied for registration.
- The new manager had dealt with significant challenges since taking up the role, including a COVID-19 outbreak at the service which had impacted on their ability to implement change.
- There were some audits on quality and safety, but they had not been consistently undertaken and did not demonstrate that quality or safety was being monitored effectively. There were gaps in training and the audits on infection control, medication and care delivery had not identified all the issues we found.
- Where issues had been highlighted, some actions had been taken but there was no robust action plan with clear outcomes, responsibilities, resources and timescale for delivery.
- The service had started to provide some rehabilitation following peoples discharge from hospital following a fall or period of ill-health, with the aim of them returning home. Responsibilities were not always clear and while people had care plans, they did not have clear goals for achieving independence or timescales for success

The shortfalls were identified were a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The new manager was aware of their responsibilities to be open and honest and responded positively to the inspection process. Notifications had been made to CQC as required.
- Staff told us the new manager was approachable and had started to make some changes at the service. One member of staff told us, "We have more paperwork to complete to track what is being done and whether procedures are being followed." Another said, "The manager has brought in new ideas such as resident of the day."
- New daily meetings had been set up for each head of department to discuss plans and ensure good communication. The manager told us they intended to appoint champions in specific areas within the home

such as infection control to help drive improvement.

- There was evidence the service worked with social care professionals such as the Local Authority, GPs and other health colleagues. The manager was working on strengthening the systems of communication.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they were happy at the service. One person told us, "This is my first stay at Kilkee Lodge and its very nice." A relative told us, "My relative has really settled in well. Staff made them feel that Kilkee is their home in fact my relative refers to their room as their home."
- Relatives we spoke with were happy with the communication and updates they received during the pandemic. The service has been facilitating socially distanced visits by a named relative in several ways and staff spoke about the positive impact of the visits on people.
- Staff described the management and work colleagues were supportive. They told us they received regular supervisions with a senior member of staff to discuss their progress.
- Questionnaires had been completed by some residents on the quality of care received. The manager was in the process of reviewing the findings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always assessed or effectively managed to keep people safe
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance processes were not effective as they had not identified or addressed shortfalls.