

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Kings Lodge Nursing Home

Main Road, Cutmill, Chidham, PO18 8PN

Tel: 01243573292

Date of Inspection: 10 September 2014

Date of Publication: October 2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Staffing</b>	✗	Action needed
<b>Supporting workers</b>	✓	Met this standard
<b>Records</b>	✗	Action needed

## Details about this location

Registered Provider	London Residential Health Care Limited
Registered Manager	Mrs Karen Elizabeth Fox
Overview of the service	Kings Lodge Nursing Home is registered to provide nursing care and personal care and support for up to 91 older people. However, the current location can only accommodate a maximum of 77 people. There were 57 people living at the home at the time of the inspection, some of whom had dementia.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	5
More information about the provider	6
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	10
Management of medicines	12
Staffing	14
Supporting workers	16
Records	18
<hr/>	
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	20
<hr/>	
<b>About CQC Inspections</b>	22
<hr/>	
<b>How we define our judgements</b>	23
<hr/>	
<b>Glossary of terms we use in this report</b>	25
<hr/>	
<b>Contact us</b>	27

## Summary of this inspection

---

### Why we carried out this inspection

---

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

---

### How we carried out this inspection

---

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 September 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We spoke to health professionals.

---

### What people told us and what we found

---

We carried out this inspection to look at the care and treatment that people who lived at the home received. At the last inspection on 28 January 2014 we found that there were concerns with regard to the care and welfare of people; the management of medication and the systems in place to support staff. We found at this inspection that these issues had been addressed.

We spoke with 11 of the people who lived at the home. Some people were unable to tell us their experiences of living at Kings Lodge Nursing Home because of their complex needs. To ensure that everyone in the home was involved in the inspection we observed the care and support provided, and spoke with relatives and friends. People who spoke with us said, "I am very comfortable here, the staff are very good", and "I prefer to spend most of my time in my room, I like the peace and quiet, although I can go to the lounge if I want to".

We spoke with five relatives and two visitors, one nurse, eight care staff, the activity person, the chef, the manager and the operations manager during the inspection. We reviewed six care plans and associated documentation; we looked at the management of medication and the systems in place to support staff.

We considered our inspection findings to answer questions we always ask:

Is the service safe?

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

Is the service safe?

The care plans showed that staff were aware of people's capacity to make decisions, and there was evidence that relatives had been involved in assessing people's care needs if

appropriate. We also found that 'best interest' meetings were held in relation to any restrictions that were in place.

We saw that staff had received training in safeguarding vulnerable adults. Relatives we spoke with told us they felt people who lived at the home were safe. Staff felt that they provided care and support in a way that ensured people's safety, whilst also allowing them to take make choices.

Systems were in place to ensure the management and staff learned from events. The issues identified at the last inspection had been addressed, and the manager had recognised that there were some areas of the service that needed to be improved.

However, we found that some of the records did not reflect the needs of some people; or the support and care provided by staff, and the homes policies and procedures were not specific to the needs of people who lived at the home.

Is the service effective?

We saw that people were supported by kind and attentive staff. Staff were seen to interact with people when providing support and care.

A person who used the service said, ""People are all very nice." One relative told us, "I am 100% satisfied." "The food is outstanding. There is a choice of food. The staff are great you can have a bit of banter".

Is the service caring?

We saw that people were supported by kind and patient staff. People were encouraged to make decisions about how they spent their time and were support to do things, such as have their lunch or take part in an activity.

However, we had some concerns that staff did not interact with some people who used the service in a meaningful way.

Is the service responsive?

We saw evidence that when people's needs had changed, the staff had made appropriate referrals to outside agencies, including GPs and the local authority.

Is the service well led?

Staff spoken with were clear about their roles and responsibilities. They said they had an understanding of the needs of people who lived at the home, and they felt well supported by the management.

We were told that a satisfaction survey was sent out to relatives and people at the home, but the results were not available.

Relatives told us they could talk to the manager at any time; they had been involved in planning care people received and staff responded when they put forward suggestions.

You can see our judgements on the front page of this report.

---

## **What we have told the provider to do**

---

We have asked the provider to send us a report by 12 November 2014, setting out the

action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

---

### **More information about the provider**

---

Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

---

### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

---

### Reasons for our judgement

We carried out an inspection at Kings Lodge Nursing Home on 28 January 2014. We found that care and treatment was not planned and delivered in a way that ensured people's safety and welfare.

Following our inspection the provider sent us information advising that they were compliant. At this inspection we spoke with people who used the service, visitors to the home and eight staff; we observed the care and support provided while sitting in the lounges and dining rooms on each floor, and we looked at six care plans and the associated records. We found the home was compliant with this essential standard.

People told us, "The staff are very good, I have no complaints, although I do get a bit bored". "Yes I am happy here, the staff are very kind" and, "I am well looked after I can do much as I want to. I like reading my paper". A visitor to the home said, "Yes everything is fine. Staff attend when they are needed" and, a relative told us, "People are looked after extremely well here, the staff do everything they can to make their life comfortable".

The manager told us there had been a number of changes since the last inspection, including the introduction of a new care planning system. The manager said they were working to make sure the changes were embedded in practice at the home, consequently they had decided to admit only one person each fortnight. This meant that the manager and senior staff were clear that they could meet people's needs, before they were offered a place at the home. The home offered places to people who required nursing and residential support; they were admitted to either unit and nursing care was provided by nurses working on the unit or district nurses, depending on their support needs.

We found that people's needs were assessed before they moved into the home, and there was evidence in the care plans that they and their relatives were involved in these assessments. Relatives told us they had been involved in the assessment process, and we saw that they had supported people by signing consent forms for photographs and bed barriers when people were unable to make those decisions for themselves. One relative

said, "We visit at any time and we have always found the staff to be very supportive of (our relative). They let us know if there have been any changes and they are aware of each person needs, we can see that they treat people as individuals".

The care plans were person centred. They reflected people's choices and preferences, and there were clear guidelines for staff to follow when providing care. We found evidence that people's individual needs had been identified and appropriate action had been taken. For example, we saw that good practice had been followed in relation to a pressure ulcer; with treatment documented and evaluated to show that it was appropriate.

Risk assessments identified people's specific needs, including communication, mobility and risk of falls. Nutritional needs had been assessed using the malnutrition universal assessment tool (MUST) and weights had been taken monthly, and as required. We saw that when people had lost weight the home had contacted the GP; they had requested advice or support from the dietician, and there was guidance for staff to follow with regard to additional drinks, snacks and supplements. Food and fluid charts were used to show the amount people ate and drank each day. However, some of the food and fluid charts we viewed had not been completed appropriately. There were gaps and they did not reflect the drinks and meals that staff said they had provided. Staff spoken with demonstrated a good understanding of people's nutritional requirements, which included soft and pureed diets, depending on people's assessed needs. We saw the chef spoke with people about their meals, choices were available and staff provided assistance at mealtimes if required. The chef demonstrated a clear understanding of people's preferences and provided a range of meals, including those to meet specific dietary needs, such as diabetes and coeliac disease. Visitors and relatives provided support for some people during lunch and they told us that the food was very good. One visitor said, "They clearly enjoy the food and staff know what people like".

Assessments had been completed for skin integrity, and pressure relieving mattresses had been used to reduce the risk of pressure damage, when a risk had been identified. The provider may find it useful to note that three air mattresses were checked and were found to be on the wrong setting. In addition, although people's weights had been recorded in the care plans, the correct mattress settings had not been recorded in the care plans for staff to refer to. This meant that people may have been at risk of pressure damage.

The manager had introduced a spot check audit on care plans we were sent three of these following the inspection. Any gaps or concerns were identified and we were told that these were discussed with the person responsible for that care plan. There was evidence that some of the care plans had been reviewed, and relatives we spoke with said the staff discussed people's needs regularly, not only when there had been any changes. We found that the amount of information included in the care plans viewed was not consistent and there were gaps, which had been reflected in the care plan spot checks we looked at. Staff completed a daily record to show the support they provided. There were gaps in some of these and their content varied. The manager advised that further training had been planned to improve the record keeping although we did not see this on the training programme.

Staff spoken with demonstrated a good understanding of people's needs and we saw that staff offered them the support and care they wanted and needed. Staff assisted people to transfer safely using a stand aid, and supported people to mobilise using mobility aids such as zimmers. Staff were quite clear with regard to how much support people needed, and explained that this changed each day, depending on how people felt. One relative told us, "They help people to be independent as much as they can and we know that they

support (our relative) to walk for a short period each day".

Interaction between people, staff and visitors was relaxed and friendly, and showed a positive approach to the care provided. We saw that staff were very caring; they ensured that they were face to face when they spoke with people, and waited for people to respond before providing support. One relative told us, "The staff have been brilliant. The GP has been, all the staff are so caring. (the manager) has been brilliant. They came to see (my relative) in hospital and arranged everything for (my relative) and us. I am so pleased that I could get (my relative) here".

There was evidence of links with health professionals including the district nurse, GP, optician and chiropodist. Visits had been recorded in the care plans and staff spoken with said they had been informed of any changes to people's care needs. We spoke with one health professional who said they were positive about the new leadership at the home; they indicated that the care provided had improved and they did not have any concerns.

We saw that there was a variety of activities in the home, initiated by the activities co-ordinator. We saw that an activity agenda was used as the basis of the activities, but was subject to change depending on what people wanted to do. The agenda included group and individual activities such as indoor bowls, manicures, games, reminiscence, movie afternoons, and at least one visit to the "Tea room" or Kings Lodge own pub, which was on the ground floor on the building. We observed a group of people joining in an activity in the lounge, with other staff sitting and talking to people who were not involved.

Personal evacuation plans were included in the care plans and provided guidance for staff to follow to ensure people's safety. This meant there were systems in place to deal with unforeseen emergencies to protect people.

**People should be protected from abuse and staff should respect their human rights**

---

## **Our judgement**

---

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening

---

## **Reasons for our judgement**

---

People who spoke with us said they felt safe. One person said, "Yes I am happy here the staff are very kind". Another person told us, "I have been looked after and staff are obliging". One visitor told us, "I know (my friend) is safe here. They are all safe and they are looked after very well". A relative said, "You can go home and not worry. I do not have to even think about it". Relatives and visitors to the home said they had not seen anything that concerned them. They also said if they were not happy with the support and care provided, they felt confident that they could talk to the manager and action would be taken.

We found that guidelines with regard to safeguarding were displayed on each floor of the building, and policies and procedures were in place. However, the provider may wish to note that the operations manager had investigated a historical safeguarding issue and had not referred this to the local authority. Therefore, they had not followed Sussex multi-agency procedures or the homes own policies and procedures. We were advised following the inspection that this issue had been referred to the local authority.

At the time of the inspection four separate safeguarding issues had been raised, and the manager said they had been working with the local authority to ensure that people were safe. Following the inspection the manager provided a safeguarding log, which showed the issues that had been raised, the action taken by the home and the outcome of the investigations. This meant that systems were in place with regard to referring, recording and ensuring people were protected.

Information on Deprivation of Liberty Safeguards (DoLS) had been included in the care plan for one person. The manager told us about the use of DoLS within the home, and that it was only used when discussions had taken place with the local authority, to ensure that it was in the best interest of the person. This showed that people were protected from excessive control or restraint, because the provider had made suitable arrangements.

Staff told us they had attended training in protecting vulnerable adults, and they were quite clear that if they had any concerns they would talk to the senior staff or the manager. One staff member said if they noticed anything they would intervene at the time if they could,

and report the incident to the manager. The staff also said they had not seen anything that concerned them while they were working in the home. Staff demonstrated a good understanding of people's ability to make decisions, and the support they may need to make appropriate choices about the care they received, such as advocates and additional support from friends or relatives. We looked at the training records and found that the majority of the staff had attended training with regard to safeguarding vulnerable people, the Mental Capacity Act 2005 and DoLS. This meant that staff knew how to respond appropriately to an allegation of abuse and protect people.

**People should be given the medicines they need when they need them, and in a safe way**

---

## **Our judgement**

---

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

---

## **Reasons for our judgement**

---

We carried out an inspection at Kings Lodge Nursing Home on 28 January 2014 where we found that people were not protected against the risk associated with medication because the provider did not have appropriate arrangements in place to manage medicines.

Following our inspection the provider sent us information advising that they were compliant. They told us that changes had been made to ensure that appropriate arrangements were in place with regard to management of medication to protect people. We found that the service was compliant with this essential standard.

There were systems in place for the ordering, receipt, storage and administration of medication. We saw that they were ordered on a four weekly cycle and that they were checked on receipt, and stored in a secure cabinets in a locked rooms. This showed that appropriate systems were in place in relation to obtaining the medication prescribed for people.

We watched two members of staff administering medication. They were seen to administer safely and follow good practice. Medication was administered individually from the trolley, and the medication administration record (MAR) chart was signed when the person had taken the medication. This meant that people received the medication that they were prescribed.

We looked at the two medication rooms. We found that the temperature of the storage cupboards, including the fridge, was monitored. This meant that systems were in place to prevent deterioration of medicines. However, we found that the temperature in one room was recorded as 26-27°C; the temperature should have been approximately 23°C, and there was no evidence that action had been taken to address this. The provider may wish to note that staff had not followed the homes procedures with regard to correct storage of medication.

At the last inspection we found that two people were given their medication covertly. The reasons for this covert administration were documented as, 'if refused' and 'spits it out'. However, people had not had their capacity assessed with regard to refusing medication, and there was no evidence that the decision for covert administration was in their best

interests. At this inspection we found that a policy for the use covert administration had been developed, which showed that the GP was consulted before medication was administered covertly. We found that this policy had been followed for one person whose medication was administered in yoghurt. However, the person had not refused to take the medication and was aware that it was put into yoghurt. This meant that staff had used a policy that was not required for this person. We discussed this with the manager who said that additional training would be provided for staff, to ensure they understood and followed the policy correctly.

Controlled drugs were ordered and stored in a separate locked cabinet. These medicines were recorded in the home's controlled drugs book, they had been checked by two staff, and reflected the correct amount in the cupboard. We found regular checks and good practice with regard to medication administered through patches. They were recorded in the controlled drugs book, the MAR chart and on the person's body map in the care plan. This showed that the records reflected that prescribed medication was administered appropriately.

We looked at the policies and procedures for the administration of medication and found that 'as required' (PRN) guidelines were in place. However, there were no policies and procedures in place to underpin some practices. For example, the administration of warfarin. This meant that people may be at risk of receiving the incorrect dose.

A medication audit had been developed and introduced since the last inspection. We looked at the one completed on the 9 September, which had looked at the storage of medication, the MAR charts and 'as required' medication. A number of issues had been identified and the manager said they had been discussed with the staff concerned.

Staff told us they had completed training in the safe handling of medication, and we found that staff who were responsible for the administration of medication had completed a distance learning course.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

---

## Our judgement

---

The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

---

## Reasons for our judgement

---

We looked at the staff rotas for one month and found that the staffing levels were the same throughout the week. There were two registered nurses on each shift and nine to ten care staff, in addition there were activity, housekeeping and catering staff. The manager and operations manager said they were available to cover if nurses were on leave or absent from work. The manager said the staffing levels were flexible and were based on meeting the needs of people who lived at the home. People on both of the units at Kings Lodge had a range of care and support needs. These included people with a diagnosis of dementia type illness; those with nursing care needs or personal care and support needs, and people with and without capacity to make decisions about their care. However, they were unable to show that a tool or system had been used to ensure that there were enough staff, with the relevant skills, expertise and understanding of people's needs working at the home. There was no evidence to support the managements view that staffing levels were based on the needs of people who lived at the home.

Staff spoken with said they felt there were enough staff working on each shift.

People we spoke with said they did not have any concerns about staffing levels. They told us they felt that staff looked after them very well. A visitor said, "Yes everything is fine. Staff attend when they are needed". A relative told us they were, "Over the moon with things".

We sat in the lounges reading the care plans and daily records, and we observed staff providing care in all areas of the home, including the dining room. In addition, we observed the interaction between people and staff at different times throughout the inspection.

From direct observation we found that staff supported people, who needed their assistance, with moving around the home and with personal care. However, we found that staff did not interact with some people unless they were providing support or care. For example, we saw that there were long periods at supper time when some staff were giving out meals and assisting people, but did not talk to them as they provided support. This meant that staff failed to involve people in decisions and discussions about the support provided. In addition, staff did not encourage people to interact socially and develop

conversations, during one of the few times of the day when people sat in small groups for a reasonably long time, and had opportunities to talk to staff and each other.

Most of the people had a dementia type illness, and although there was evidence that staff had attended training, we saw that staff had not provided appropriate support for some people. For example, we saw that one staff member continued to assist a person with soup, although they had told them it was too hot. This meant that the staff member had not taken into account the person's comment, and other staff intervened. We spoke with a team leader about the systems that were in place to observe staff practice, which ensured they provided appropriate care and support. We were told that they did not have the time to observe each staff members practice. This meant that there were no clear systems in place to observe and assess that staff had the skills and knowledge to provide the care and support people needed.

We spoke with a relative and friends of people who were assisting them with their lunch. They told us the meals were very good and that staff were very helpful and supportive. However, one visitor also said they visited particularly at lunch time to ensure that people had the meals, because they needed assistance. In addition, they said that although there should be at least one member of staff in the lounge at all times to make sure people were safe, there were times when staff were not available and visitors, "Keep an eye on people and call staff if we are worried". We saw that call bells were responded to and the lounges were staffed. From direct observation we saw that when a member of staff was administering medication in the lounge a person asked for assistance to use the bathroom. They were asked to wait while another staff member was called, as they were doing the medicines. This meant that although the lounge was staffed, they were not in a position to provide appropriate support when a person needed it.

Staff said that some people preferred not to join in group activities, we saw that it was quite noisy, and they would have chosen to sit in a quieter area. Staff told us in the past they had used the dining room as a quiet space, but no longer did this as they did not have enough staff to support people in two rooms. This meant that people had not been able decide where to sit, and their preferences were not taken into account when planning care and support.

Overall we saw that staff provided the support and care that people needed. However, we found that some people had very little interaction with staff, except when they offered personal care or were assisted with meals. In addition, we found that there may be a lack of interpersonal skills and staff knowledge, with regard to how people's needs should be met, which may have a negative impact on the quality of the support and care people received.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

---

## Our judgement

---

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

---

## Reasons for our judgement

---

We carried out an inspection at Kings Lodge Nursing Home on 28 January 2014 where we found that people were cared for by staff who were not supported to deliver care and treatment safely and to an appropriate level.

Following our inspection the provider sent us information advising that they were compliant. They told us that changes had been made to ensure that people were cared for by staff who were supported appropriately. We found that the service was compliant with this essential standard.

At the last inspection we were told that staff was not up to date and that staff had not attended the training necessary to support people. We had looked at the training matrix, which showed that some staff had received training, including infection control and safeguarding. However, 26 staff had not attended moving and handling training.

At this inspection we looked at the training programme and saw that all but one of the staff had completed induction training, and staff had attended other relevant training, including fire safety, infection control, food hygiene, dementia awareness, health and safety, first aid, MUST training, communication and person centred care plans. Staff spoken with said they felt they had attended the training they needed to support people and provide the care they needed and wanted. However, the provider may wish to note that interaction between people and some staff was limited when they were providing support. For example, when people were assisted to sit at the tables for supper they were not introduced to the people they were sitting with, and there was very little conversation between staff and the people they assisted with their meal. We discussed this with the manager and operations manager who said that they were aware that additional training was required for some staff to ensure they interacted appropriately with people. We looked at the training programme and saw that communication training was on the programme, but a date had not been set.

The management structure at Kings Lodge Nursing Home had changed since the last inspection. A new manager had been appointed in April 2014, and they were supported by an operations manager who was appointed in June 2014. The manager said that a number of changes had been made, in addition to the care planning system, the training

programme had been reviewed and a system of supervision and staff support had been introduced. This meant that they had introduced systems that would support staff to provide the care that people wanted and needed

Staff said the management was always available if they wanted to, "discuss anything," staff meetings had taken place, and supervision provided an additional opportunity to discuss issues with senior staff. This showed that staff were supported to raise issues and were confident that they would be addressed.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

---

## Our judgement

---

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

---

## Reasons for our judgement

---

We looked at six care plans in detail and the associated documentation. We found the care plans included information about people's health and social care needs. There was evidence that mental capacity assessments had been completed and that they reflected the needs of the people concerned. We saw that overall the care plans had been reviewed and updated; with information about people's diet, and records were kept of people's weight.

However, in some care plans we saw that people's life story had not been completed, which meant that staff may not be aware of how people spent their time before moving into the home or people's interest and hobbies, when planning support. Some body charts had not been completed following falls, which meant that staff may not know if there were any injuries, and there was no evidence to show that appropriate treatment had been provided. In addition, the care plans did not reflect people's changing needs. For example, one care plan stated in February 2014 that the person was 'independently mobile and finds staff if they need assistance', and in July 2014 the care plan stated that the person 'can be independently mobile'; although the care plan also stated the person was at risk of falls and had experienced a number of falls since admission to the home. The assessments may not reflect the needs of the person, which meant that the information staff referred to for guidance, may not be appropriate. This showed that staff may not be able to provide safe and consistent care, which may put people at risk.

We found that daily records varied. We saw that for one person there was clear information about how they spent their day, their mood and their meals. In the another daily record we found staff had written how the person had been supported during the morning, but there was no record for the afternoon or during the night. These records did not show how people had spent their day, and if they were able to make choices and be independent, which meant that staff were unable to evidence if they had provided the support and care people needed and wanted. The manager said the systems were new and some staff required more support than others with regard to record keeping.

Food and fluid charts were in place to record how much people who had lost weight, were

eating and drinking. We looked at a number of records and found that on 8 September 2014 one person had not been offered or eaten dinner or supper. On the 9 September 2014 one person had no food and fluids that day, and another had only biscuits and three drinks. On five of the records viewed we saw that fluids were not recorded after 5pm. We observed during the inspection that people were offered drinks and meals throughout the day and staff said they supported people to have an appropriate diet, but the records viewed did not reflect this. This meant that the records did not reflect the support provided by staff, and may have put people's health at risk due to poor nutrition.

We saw that topical creams were not recorded accurately. For example, one care plan stated that cream was applied three times a day, but the records stated that they were applied twice one day and only once on some days. This meant that people may not have received the treatment they required.

We looked at the information available about the home and their policies and procedures. We found they had been developed by the provider and were generic. This meant that the policies and procedures had not been reviewed and updated to provide staff with guidance to refer to, and meet people's individual needs. For example, we looked at the policies and procedures for the administration of medication and found that it was not clear who was responsible for administering medication to people admitted for personal care and support and nursing care. We were told that a senior care worker administered medication to people in receipt of personal care and nurses took responsibility for people in receipt of nursing care. This was not clear in the policies viewed.

The statement of purpose included information about the provider as a whole, but the paragraph about the home had incorrect information. It stated that the service offered support for 91 people, when in fact the home offered support for 77 people. The manager and operations manager were aware that the policies and procedures were generic, and said it would take some time to make them specific to the needs of people living at Kings Lodge.

This section is primarily information for the provider

✘ Action we have told the provider to take

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Staffing</b>
Diagnostic and screening procedures	<b>How the regulation was not being met:</b> The registered person had not safeguarded the health, safety and welfare of service users as there were not enough qualified, skilled and experienced staff to meet people's needs. Regulation 22.
Treatment of disease, disorder or injury	
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Records</b>
Diagnostic and screening procedures	<b>How the regulation was not being met:</b> The registered person had failed to protect service users from the risks of unsafe or inappropriate care, because accurate and appropriate records were not maintained. Regulation 20 (1)(a)(b)(ii).
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008

**This section is primarily information for the provider**

(Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 12 November 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

---

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

---

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

---

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

---

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

---

### **(Registered) Provider**

---

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

---

### **Regulations**

---

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

---

### **Responsive inspection**

---

This is carried out at any time in relation to identified concerns.

---

### **Routine inspection**

---

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

---

### **Themed inspection**

---

This is targeted to look at specific standards, sectors or types of care.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---