

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

Kimbolton Lodge

1 Kimbolton Road, Bedford, MK40 2NT

Tel: 01234355918

Date of Inspection: 27 August 2014

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September 2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Supporting workers

✘ Action needed

Details about this location

Registered Provider	Kimbolton Lodge Limited
Registered Managers	Mrs Lavinia Karen Baczynski Mrs Karen Julie Darlington
Overview of the service	Kimbolton Lodge is a care home registered to provide nursing or residential care for up to 36 people.
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

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 27 August 2014, talked with staff and talked with commissioners of services. We talked with other regulators or the Department of Health.

What people told us and what we found

We considered all the evidence we had gathered under the outcome we inspected during our inspection at Kimbolton Lodge. We used the information to answer the five questions we always ask relevant to this outcome.

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive to people's needs?
- Is the service well led?

This is a summary of what we found:

At the time of our inspection there was no registered manager in post. The person who had been managing the service, but had not registered with us, had recently resigned. The position had been filled by an acting manager. In this report the names of two registered managers appear who were not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a registered manager on our register. This was because they had failed to inform us they were no longer managing the service.

Is the service effective?

Staff we spoke with had a good understanding of people's needs and knew how they preferred to be looked after and treated. This meant people were supported appropriately in relation to their needs. However the records we looked at demonstrated that the range of needs the staff team could care for was not extensive and as a result some people who wanted to be cared for at Kimbolton Lodge had to be refused admission.

Is the service caring?

Records showed that the staff would request advice and support from other health

professionals if they were in any doubt about how effective care should be provided. This would ensure people received the care they needed but relied on the availability of other professionals to provide this support.

Is the service well- led?

Robust systems were not in place to ensure that staff had the right skills to care for people safely. This meant it was not clear exactly which conditions staff could provide safe care and support for.

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 30 September 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 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

Supporting workers

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

Some people were cared for by staff who could not demonstrate they had the necessary training to deliver care and treatment safely and to an appropriate standard.

We have judged that this has a moderate 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 undertook this inspection as a result of concerns shared with us by the local Clinical Commissioning Group (CCG). The concerns were that because of a lack of staff training, particularly in respect of the nursing staff, the home had been unable to accept and/or provide the appropriate care for some of the people referred to them, without the support of the community nursing team.

We looked at the home's training matrix. This was a spreadsheet that was kept by the home's administrator and updated as staff completed a variety of different training sessions. This spreadsheet demonstrated that the majority of care staff, including the registered nurses, had completed the training considered mandatory (essential) by the provider. This included moving and handling, safeguarding, infection control, fire safety and first aid training. These sessions had been updated as required and where a refresher course was needed this had been booked and staff had been advised to attend. On the day of our inspection we saw there were reminders in the staff areas of the home about first aid and food hygiene training planned for 1 September 2014 and infection control and fire safety planned for 2 September 2014. We also saw the names of the staff due to attend. This confirmed that the provider ensured the staff team had updated training in these essential areas.

However, documentation could not demonstrate that some other training particularly that more specific to individual people who used the service with nursing needs, had been kept updated. For example, the training matrix showed that only nine of the 41 staff had received pressure area care training. Only two of these were nurses. This was a particular concern as the nurses would be responsible for undertaking the assessment and providing the treatment to the 15 people assessed as having nursing needs, if they had, or developed, a pressure ulcer. The remaining 14 people who lived at Kimbolton Lodge had

been admitted with 'residential needs' and would be under the care of the community nursing team if they developed a pressure ulcer.

In addition we noted the documentation indicated that none of the nurses had received diabetic or medication training, other than that undertaken as part of their training. This indicated that the trained staff did not have the documentation to demonstrate that they kept their training current.

In the absence of a registered manager we spoke with the acting manager who told us the training matrix had not always been updated as training had been undertaken. We confirmed this by looking at the personal file of one nurse who had provided certificates to the provider of training previously undertaken. Many of these had not been transcribed onto the matrix. However, these omissions did not cover all the identified training gaps. The acting manager also told us that because Kimbolton Lodge did not routinely care for people with certain needs, for example, those needing a syringe driver to administer their medication, on a regular basis, the staff did not always feel confident to provide care without the community nursing staff providing them with a refresher course. This demonstrated that the staff team could not meet the needs of people with conditions that did not present themselves regularly.

We were told by the acting manager that staff received face-to-face supervision and that appraisals were currently being planned. The acting manager confirmed that the nursing staff were responsible for supervising groups of care staff. The training matrix indicated that none of the staff had received the necessary training to support them with this role. This demonstrated that the services supervision and appraisal process was not robust.

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	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
Diagnostic and screening procedures	How the regulation was not being met: Regulation 23 (1) (a) & (b)
Treatment of disease, disorder or injury	Staff were not always supported in relation to their responsibility to deliver appropriate care and treatment to people using the service with nursing needs, without support from other health professionals

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 30 September 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.

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