

Random inspection report

Care homes for older people

| | |
|----------|--|
| Name: | Kimbolton Lodge |
| Address: | 1 Kimbolton Lodge Bedford Bedfordshire MK40 2NT |

| | |
|---|---------------------------|
| The quality rating for this care home is: | one star adequate service |
| The rating was made on: | 05/03/2010 |

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

| | | | | | | | | |
|------------------------|--------------|---|---|---|---|---|---|---|
| Lead inspector: | Date: | | | | | | | |
| Derek Brown | 0 | 8 | 0 | 6 | 2 | 0 | 1 | 0 |

Information about the care home

| | |
|-----------------------|--|
| Name of care home: | Kimbolton Lodge |
| Address: | 1 Kimbolton Lodge Bedford Bedfordshire MK40 2NT |
| Telephone number: | 01234355918 |
| Fax number: | 01234270924 |
| Email address: | kimboltonlodge@riseway.co.uk |
| Provider web address: | |

| | |
|--|-------------------------|
| Name of registered provider(s): | Kimbolton Lodge Limited |
| Name of registered manager (if applicable) | |
| Ms Julie Elizabeth Stanton | |
| Type of registration: | care home |
| Number of places registered: | 36 |

| Conditions of registration: | | |
|--|-----------------------------------|---------|
| Category(ies) : | Number of places (if applicable): | |
| | Under 65 | Over 65 |
| old age, not falling within any other category | 0 | 36 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|--|
| Conditions of registration: | | | | | | | | | |
| The maximum number of service users who can be accommodated is: 36 | | | | | | | | | |
| The registered person may provide the following category of service only: Care home with nursing - Code N, to service users of the following gender: both, whose primary care needs on admission to the home are within the following categories: Old Age, not falling within any other category - Code OP | | | | | | | | | |
| Date of last inspection | 0 | 5 | 0 | 3 | 2 | 0 | 1 | 0 | |
| Brief description of the care home | | | | | | | | | |
| Kimbolton Lodge is a large converted house with a two-floor extension added to the back. The home is on a bus route, and in walking distance of the town centre and various amenities. There is parking at the front, and an attractive garden to the rear. The positioning of the extensions has provided small courtyards so several of the | | | | | | | | | |

Brief description of the care home

rooms have a garden view.

Kimbolton Lodge provides both residential and nursing care for a maximum of 36 elderly service users. Permanent and respite care is provided, and staff have experience in caring for service users with a range of conditions associated with old age.

All of the rooms in the more recently built extension have en-suite facilities. Stairs or lifts access the two floors of the home. There is ample car parking available at the home.

Further information can be obtained directly from the home by phone, email, or when visiting. At the time of the inspection the fees varied from £580.00 to £785.00 per week depending on the needs of the person using the service and the room available.

What we found:

This was a random unannounced inspection by a pharmacist inspector to assess practices and procedures for the safe storage, use and recording of medicines. We also assessed progress towards meeting the requirement made on the last inspection in March 2010 that medication audits must be carried out and action taken as appropriate. This inspection lasted just under 4 hours. There were 25 people resident in the home.

Most medicines are stored securely for the protection of residents, but we found some prescribed creams/ointments in people's bedrooms which were not secure and we found some medicated dressings and creams, one of which was past its use by date, in an unlocked and unattended office on the ground floor. There is a risk that people could have access to medication not prescribed for them and so it is important that all prescribed medicines are locked away when not in use. We also found some creams in people's rooms which were not labelled or had the labels torn off, so it wasn't possible to ensure that the person using the cream was the person it was prescribed for. This also increases the risk of cross infection as a tub of cream could be used for more than one person. In a communal bathroom we found a cream which was labelled for a particular person in an unlocked bathroom cabinet.

The temperature of the areas where medicines are stored is not monitored or recorded regularly and in one area was found to be above the recommended maximum. Medicines must be stored under suitable temperatures as this could affect the quality of medicines given to people. There is a dedicated fridge on each floor for the storage of medicines requiring cold storage. The temperatures of these are monitored and recorded regularly and were acceptable. We found some items, whose expiry date is shortened on opening the container, did not carry the date of opening which means they could be used beyond their usable life. This increases the risk of infection and may mean the medicine is ineffective.

Special storage is provided for controlled drugs but the cupboard in use on the ground floor is not fixed in a way which complies with the Regulations. Records made of controlled drugs were accurate and complete.

We looked at the medication and medication records for several people in the home. Records are made when medicines are received into the home but these are not always dated. There is not always a record made of the quantity of medication carried forward to a new recording period nor a date when containers of medication are started. So it is difficult to account for all medicines in use and we found some discrepancies in the balance of medicines that should be left if the records made were accurate. We also looked at the records made when medicines are given to people and we found several problems with these records, including, but not limited to: several gaps in the records giving no indication whether medication was given or not, but where the corresponding dose in a blister pack had been removed; medicines prescribed to be given regularly but being given on a "when required basis"; a medicine prescribed to be used three times a day but recorded as only being used once or twice a day; where the record shows that people have refused to take their medicine, the reason for the refusal is not recorded and we could find no record that continual refusal had been discussed with the prescriber; one person's medication record had a duplicated entry which could have resulted in them

being given the same medicine twice.

A number of people are prescribed medicines to be given on a "when required" basis e.g. to control pain or behaviour, but we could not find any guidance for staff of the circumstances such medicines could be used or what dosage to use. This could mean that people are given medicines inappropriately.

For people who have nursing needs we were told that medicines are given by qualified nurses and for those not requiring nursing care, medicines are given by senior care workers. We could not find any evidence of recent training on the safe use of medicines or any evidence that people had been assessed as competent to perform this task.

The home does not carry out regular audits on the quality and accuracy of medication records apart from a stock check when a new supply is received. So the requirement made on the last inspection that medication audits must be carried out and action taken as appropriate has not been met by the given timescale of 01/04/2010. This has been given a new timescale for compliance, but any further failure to comply may result in enforcement action.

What the care home does well:

No assessed on this inspection.

What they could do better:

Prescribed medicines must be locked away when not in use.

Medicines must be stored under suitable environmental conditions and records made to evidence this.

Records made when medicines are given to people must be accurate and complete. The reason for any medicine not administered must be recorded.

Medicines must only be given in line with prescribed instructions. Any variation to these instructions must only be done with the documented agreement of the prescriber.

Medicines controlled under the Misuse of Drugs Act 1971 must be stored in accordance with the Act and associated Regulations.

Where medicines are prescribed on a "when required" basis there must be clear guidelines for staff on the circumstances they are to be used.

Staff authorised to administer medicines must be trained and assessed as competent to do so.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes



No



Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|--|----------------------|
| 1 | 7 | 15 | <p>This refers to Regulation 15 (2) The information in the care plans must be current and altered as care needs change.</p> <p>This ensures that consistent care is provided</p> | 04/04/2010 |
| 2 | 7 | 15 | <p>This refers to Regulation 15 (1) Details of any care to be carried out by staff must be documented.</p> <p>This ensures that staff have the information to provide all the necessary care.</p> | 04/04/2010 |
| 3 | 8 | 14 | <p>This refers to Regulation 14 (2) Staff must ensure that peoples health is reviewed regularly and that any measures needed to promote health are provided.</p> <p>This ensures that the an assessment for the correct treatment is on-going.</p> | 04/04/2010 |
| 4 | 9 | 13 | <p>This refers to regulation 13(2) Medication audits must be carried out and action taken as appropriate.</p> <p>This is to ensure that the recording, handling, storage,</p> | 31/07/2010 |

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|--|----------------------|
| | | | <p>administration and disposal of medication are satisfactory.</p> <p>This is a repeat requirement. Previous timescale of 01/04/2010 has not been met. Further failure to comply may result in enforcement action.</p> | |
| 5 | 18 | 18 | <p>This refers to Regulation 18(1)(a) Any staff on duty must be aware of how to manager an allegation or suspicion of abuse.</p> <p>This ensures that people are kept safe and appropriate action is taken</p> | 01/05/2010 |
| 6 | 30 | 18 | <p>This applies to Regulation 18(1) There must be evidence that staff have received training that equips them to meet the assessed needs of the residents. This includes induction training.</p> <p>This ensures that all staff on duty can met the assessed needs of the residents.</p> | 01/06/2010 |
| 7 | 32 | 9 | <p>The service must have a clear sense of direction and leadership.</p> <p>This will support the home to raise it rating.</p> | 01/06/2010 |
| 8 | 33 | 24 | <p>Robust audit processes must ensure that a quality service is being provided.</p> | 01/05/2010 |

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|--|----------------------|
| | | | This ensures that all involved in the service have an opportunity to influence change and that best practise is achieved at all times. | |

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|-------------|----------------------|
| | | | | |

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|---|----------------------|
| 1 | 9 | 13 | <p>Medicines controlled under the Misuse of Drugs Act 1971 must be stored in accordance with the Act and associated Regulations.</p> <p>This will ensure compliance with legal requirements and prevent unauthorised access.</p> | 31/08/2010 |
| 2 | 9 | 18 | <p>Staff authorised to administer medicines must be trained and assessed as competent to do so.</p> <p>This will protect people from harm.</p> | 31/08/2010 |
| 3 | 9 | 15 | <p>Where medicines are prescribed on a "when required" basis there must be clear guidelines for staff on the circumstances they are to be used.</p> <p>This will protect residents from harm and ensure medication is used appropriately.</p> | 15/07/2010 |
| 4 | 9 | 13 | Medicines must only be given | 15/07/2010 |

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|--|----------------------|
| | | | <p>in line with prescribed instructions. Any variation to these instructions must only be done with the documented agreement of the prescriber.</p> <p>This will ensure people receive their medicines as prescribed.</p> | |
| 5 | 9 | 13 | <p>Records made when medicines are given to people must be accurate and complete. The reason for any medicine not administered must be recorded.</p> <p>This will demonstrate that people receive their medicines as prescribed.</p> | 15/07/2010 |
| 6 | 9 | 13 | <p>Medicines must be stored under suitable environmental conditions and records made to evidence this.</p> <p>This will ensure the quality of medicines given to people.</p> | 15/07/2010 |
| 7 | 9 | 13 | <p>Prescribed medicines must be locked away when not in use.</p> <p>This will prevent unauthorised access and protect people from harm.</p> | 15/07/2010 |

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

| No | Refer to Standard | Good Practice Recommendations |
|----|-------------------|-------------------------------|
| | | |

Reader Information

| | |
|----------------------|--------------------------------------|
| Document Purpose: | Inspection Report |
| Author: | Care Quality Commission |
| Audience: | General Public |
| Further copies from: | 0870 240 7535 (telephone order line) |

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at www.dh.gov.uk or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

© Care Quality Commission 2010

This publication may be reproduced in whole or in part in any format or medium for non-commercial purposes, provided that it is reproduced accurately and not used in a derogatory manner or in a misleading context. The source should be acknowledged, by showing the publication title and © Care Quality Commission 2010.