Review of compliance

Kimbolton Lodge Limited Kimbolton Lodge	
Region:	East
Location address:	1 Kimbolton Road Bedford Bedfordshire MK40 2NT
Type of service:	Care home service with nursing
Date of Publication:	May 2012
Overview of the service:	Kimbolton Lodge provides accommodation for up to 36 adults. It is registered with the Care Quality Commission as a Care Home with Nursing.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Kimbolton Lodge was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 16 April 2012, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

When we visited Kimbolton Lodge during the afternoon and early evening of 16 April 2012 we spoke with ten of the people living at the home and three visitors. People told us that the staff were always polite when they spoke with them. A person who had not lived at the home very long told us that the staff had asked her a lot of questions about her preferences, including the name she preferred to be addressed by, when she liked to get up and go to bed, and what foods she particularly enjoyed as part of her admission. We were told that people had the opportunity to visit Kimbolton Lodge in advance of their admission and given information about the home.

People also told us that they were happy living at Kimbolton Lodge and believed that the care they received met their needs. One person said, "I am really happy here, they look after me so well". We were told that the food was good and choices were offered at mealtimes.
People told us that they felt safe and well cared for and were looked after appropriately. We also observed that people looked comfortable and at ease in the company of the staff.

Four people that talked to us about staffing levels told us that there was always staff to call upon. A fifth person said that they sometimes had to wait for staff when they called. They were unable to tell us how this impacted on them, other than causing them frustration if they wait for their care. A visitor told us that the staff were always friendly and available to talk to them. We were also told that the manager made herself available to speak with relatives at any time and had held formal meetings with them.

What we found about the standards we reviewed and how well Kimbolton Lodge was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was compliant with this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was compliant with this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was compliant with this standard.

People who used 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.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The provider was compliant with this standard.

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

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was compliant with this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was compliant with this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
When we visited Kimbolton Lodge during the afternoon and early evening of 16 April 2012 we spoke with ten of the people living at the home and three visitors. People told us that the staff were always polite when they spoke with them.
We spoke to a person who had recently been admitted to the home and they told us that the staff had asked her a lot of questions about her preferences, including the name she preferred to be addressed by, when she liked to get up and go to bed, and what foods she particularly enjoyed. This helped staff to ensure that an individual's diversity, values and human rights were considered.
This person also told us that her family had had the opportunity to visit Kimbolton Lodge in advance of her admission. She told us that her family had been provided with sufficient information about the home for her to make an informed decision that Kimbolton Lodge was a place she would like to move to.

Other evidence
The care plans that we sampled showed that people's preferences were clearly recorded and observation of the care provided confirmed that staff took these preferences into account when providing care. This showed us that people were able to express their views and that they were involved in making decisions about how their care was provided.

The manager had recently sent out a questionnaire to all the people who were living at Kimbolton Lodge at that time. These had been completed by the person independently or with the support of a family member or a member of staff, depending on their circumstances. The completed questionnaires were ready to be collated and the manager expected that there would be some changes to routines and how care was provided as a result of the findings when she had completed the task. The manager told that a cursory glance of the completed forms had indicated that currently the social activities did not meet everyone's expectations and that this area needed to be reviewed. She told us that she would hold a residents meeting to ensure as many people as possible were involved in the planning and to ensure their views were taken into account.

Our judgement
The provider was compliant with this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
People who we spoke with during our visit on 16 April 2012 told us that they were happy living at Kimbolton Lodge and believed that the care they received met their needs. One person said, "I am really happy here, they look after me so well". She then went on to describe how over the time she had been living at Kimbolton Lodge her mobility had improved and so had her general health. Another person told us that were bound to feel good because, "the food is just wonderful, you can't fault it".

Other evidence
When we visited Kimbolton Lodge in April 2011 we asked the provider to make improvements to the care plans because they were muddled and were not easy for staff to use and find the information they were looking for. We were also concerned that the detail in some of the care plans was insufficient to ensure appropriate and consistent care was provided at all times. The provider wrote to us and told us how improvements were to be achieved. They told us it would take the service eight weeks to review and update all the care plans. We liaised with the Local Authority compliance team about the improvements that were being made and were satisfied that this work had been completed.

At this visit we saw that a new electronic care planning system was in place. The care plans that we looked at had been well written and regularly reviewed. They showed that people's needs were assessed and care and treatment was planned and delivered in line with their care needs. For example, we saw clear instructions about how a wound was to be dressed that clearly outlined the current status of the wound and how the

decision for the current treatment had been reached. We saw that care documentation was altered appropriately as the wound changed and that the GP or other health professionals were contacted for support and advice appropriately.

The electronic system supported the staff to write the plans in a clear way and prompted them to consider the risks associated with each area of care and assess how the risk should be addressed.

We also saw that since the last inspection, when staff had told us that they lacked confidence to ask people about their end of life wishes, each person's file included an end of life care plan. This ensured that the staff at Kimbolton Lodge knew people's wishes and could provide the care and attention that the, or their family, requested at this time. This meant that there were arrangements in place to deal with foreseeable emergencies.

We were aware that until very recently the manager had taken responsibility for completing and updating all the care plans. However senior staff had recently had the necessary training to complete the plans and were becoming appropriately involved in the process.

Our judgement
The provider was compliant with this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
When we visited Kimbolton Lodge on 16 April 2012 we did not speak to people directly about this outcome but we asked people about their experiences of living in the home. People told us that they felt safe and well cared for and were looked after appropriately. We also observed that people looked comfortable and at ease in the company of the staff.

Other evidence
During our visit to Kimbolton Lodge we spoke to a variety of staff including trained nurses, senior carers and carers, about safeguarding and their role in ensuring that people were kept safe at all times. They told us that they had all received recent training and updates about the safeguarding processes from the Local Authority. Staff training records confirmed that the whole staff team had received safeguarding training during 2011.

The staff that we spoke with told us about their understanding of abuse and keeping vulnerable people safe. They told us what they would do if they suspected that a person had been abused, or if a case of abuse was reported to them. Senior staff knew where the documentation that needed to be completed was kept and how it should be completed. Other staff told us they would report any concerns to a senior immediately.

We were aware from information held by the CQC that the home had reported safeguarding alerts to the appropriate organisations in a timely way and had acted swiftly to ensure the safety of anyone involved. The manager was aware of her duty to

immediately suspend any member of staff suspected of causing abuse. We were aware that the manager and senior staff had worked with the Local Authority to correctly investigate an incident reported about the care provided at the home.

The staff we spoke to were also familiar with the whistle blowing policy and the Mental Capacity Act which had been included in their adult protection training programme.

Our judgement
The provider was compliant with this standard.

People who used 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.

Outcome 09:
Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:
* Will have their medicines at the times they need them, and in a safe way.
* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us
We spoke with six people about medication and how this was administered to them as part of our visit to Kimbolton Lodge on 16 April 2012. Everyone we spoke with told us that the staff held their medication and that they were given it when they needed it. One individual said, "if I want something for pain I just have to say, if I don't ask they won't know". They went on to tell us that the staff always asked them if they wanted a pain killer when they gave them their regular medication.
Everyone we spoke with told us that they were happy for the care staff to give them their medication and would not want to be responsible for holding their medication themselves.

Other evidence
During our visit to Kimbolton Lodge on 16 April 2012 we looked at the records associated with the medication procedures for six people on the nursing unit and five people on the residential unit. The records showed that there were appropriate arrangements in place in relation to obtaining, recording and safely administering medication in both areas.

We saw evidence that staff had received the appropriate training and that medication processes were audited by the manager on a regular basis. We did however see that some of the new Medication Administration Records (MAR) did not have the facility for staff to record any medication that was carried over from one month to the next. When we discussed this with the manager she immediately contacted the pharmacy who

made the necessary arrangements to have this facility included in the next MAR sheets sent to the home. This would ensure that the staff could check, using a process of reconciliation (counting the tablets in the home against the signatures recorded on the MAR charts) to ensure a medication had been given

Staff told us that since our last visit to the home in April 2011 the supplying pharmacist had changed and as a result MAR sheets were much clearer and provided the staff with clear details about when medications should be given.

The provider may find it useful to note that there was no regular record of the temperatures that medication was stored at within the home. This was necessary to ensure that the medications were stored at a temperature that ensured their effectiveness at all times.

Our judgement
The provider was compliant with this standard.

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

Outcome 13:
Staffing

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
We spoke to five people about the staff who cared for them. They told us that the staff were kind and that they believed they had the necessary training to do their job. Four of the five people told us that there was always staff to call. One person said, "I would not be able to manage without the staff, they are always about to help me". A fifth person said that they sometimes had to wait for staff when they called. They were unable to tell us how this impacted on them, other than causing them frustration if they wait for their care.
A visitor told us that the staff were always friendly and available to talk to them.

Other evidence
During our visit of 16 April 2012 we spent most of our time in the communal areas of the home. We witnessed sufficient staff available in these areas who were ready to provide care and support to people or just interact with them. We observed good interaction by staff with the people using the service. For example they spoke to them about what they were doing and involved them in general conversations as they were going about their role. On the day of our visit the activity co-ordinator was on leave, but a group of people, with the staffs help, had organised a game of bingo so as not to miss the planned weekly session.

The staff we spoke with were enthusiastic about the additional training they had received over the past year. They told us that it made them feel valued. One member of the permanent night staff, who also worked occasional hours during the day, told us that staff training was planned at times to suit everyone. The training plan we looked at

showed us the staff team had completed their individual induction programme and refresher training was either up-to-date or booked to take place in the next few weeks. In addition to the training considered mandatory to their roles staff had requested as part of staff meeting or their individual one to one supervision sessions some specialist training. Examples of recent specialist training were stoma care and information about hearing aids. This showed us that staff received appropriate professional development.

Staff rotas confirmed that there were sufficient suitably qualified people on duty at all times to meet people needs. The manager told us that if agency staff were needed they used one agency and requested the same person to ensure consistency.

Since our last visit to Kimbolton Lodge the manager had successfully undertaken the Care
Quality Commissions (CQC) process to become the registered manager. The staff we spoke with told us that they felt settled under her management and believed she understood them as she worked alongside them at times and completed different shifts.

Our judgement
The provider was compliant with this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
When we visited Kimbolton Lodge on 16 April 2012 we did not speak with people using the service about this outcome but visitors told us that the manager made herself available to speak with them at any time and had held formal meetings with them. They told us if they discussed any concerns they had with the manager they were confident it would be addressed in a timely fashion.

Other evidence
Our inspection of April 2011 found that although there were quality monitoring systems in place, the related audits had not been consistently completed and as a result people were not protected from the risk of harm associated with the unsafe processes through the quality audit systems.

The provider wrote to us and told us how improved quality assurance systems would be implemented and also sent us a comprehensive Provider Compliance Assessment (PCA) that detailed how compliance was achieved following our visit at that time.

When we visited the service on 16 April 2012, the manager showed us a selection of weekly and monthly audits that were carried out in relation to all aspects of health and safety in the home. This showed us that there were effective system in place to enable the staff team to identify, assess and manage risks to the health, safety and welfare of people using the service. We were told that since our last visit the provider had sent a senior manager to the home weekly to support the manager and to cover the managers leave. During these visits the senior manager undertook various audits of the care

provided and reported to the findings to the manager. These visits included gaining the views of the people using the service and the staff

Our judgement
The provider was compliant with this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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