

Review of compliance

London Residential Healthcare Ltd
Kings Lodge

Region:	South East
Location address:	Main Road Cutmill Chidham West Sussex P018 8PN
Type of service:	Care Home with Nursing
Publication date:	May 2011
Overview of the service:	<p>Kings Lodge is owned by London Residential Healthcare Ltd and the registered manager is Michelle Shann. The home is registered for 91 people and offers nursing care. The home is a three storey building, set back from a main road with ample parking at the front of the building. All rooms are single occupancy.</p> <p>Following the implementation of the Health and Social Care Act 2008, all providers of care</p>

	homes had to apply for registration under the new legislation. As part of the transitional registration arrangements no compliance conditions were added to the registration.
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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Kings Lodge was not meeting one or more essential standards. Improvements were needed.

The summary below describes why we carried out the 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, surveyed people who use services, carried out a visit on 24th May 2011, observed how people were being cared for, talked with people who use services, talked with staff, checked the provider's records, and looked at records of people who use services.

What people told us

During our visit we spoke with seven people who live at the home, three relatives, six staff and the manager. Following the visit we received calls from ten relatives and we were able to talk with them about their thoughts and experiences of Kings Lodge. People living at the home smiled when asked about the home and said they liked the staff. One person thought it was their house and they allowed others to be there and that they have 'staff'. One relative said that on the whole "care and attention is excellent". Others that we spoke with told us that the home was 'homely' and spoke about the manager respectfully; although they could also speak freely with staff sometimes they were conspicuous by their absence when they visited. There was some concern expressed that quiet people or people in their rooms could be overlooked or assumptions made about them.

We observed lunch being served and how staff interacted with people and ensured choice. Relatives told us there were activities and games, people at the home told us

with prompting that they help staff with the plants and garden. Activities on the day of our visit were pool, words games and planting

Staff told us that they receive regular training, are supported by the management of the home and that they can speak with senior staff about any concerns they have about the running of the home.

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

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People and or their representatives are involved in planning their care on an ongoing basis. They have the opportunity to discuss what could improve their individual quality of care and support. People's right to privacy, dignity and independence was respected.

- Overall, we found that Kings Lodge was meeting this essential standard.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

There are arrangements in place to seek consent from people and when consent is not given the home seeks support from other healthcare professionals.

- Overall, we found that Kings Lodge was meeting this essential standard.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

The care and welfare of most individuals was safe and where possible people were involved in decisions about their care. The provider liaised with other professionals to assure safety. However we are concerned that some people are at risk of not having all their needs met and staff not being fully aware of some of their needs..

- Overall, we found that improvements were needed for this essential standard.

Outcome 5: Food and drink should meet people's individual dietary needs

People had a varied, balanced and nutritious diet. However the support that people receive varies according to which member of staff is helping them.

- Overall, we found that Kings Lodge was meeting this essential standard.

Outcome 6: People should get safe and coordinated care when they move between different services

People received safe and coordinated care. On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

- Overall, we found that Kings Lodge was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

There are systems and training in place to ensure that staff are aware of how to safeguard individuals and what action to take if they suspect that someone is being harmed. However, there are improvements to be made and embedded into how the service identifies risks, what action they take and the records they keep.

- Overall, we found that Kings Lodge was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

People live in a clean and hygienic environment

- Overall, we found that Kings Lodge was meeting this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

Staff have received training on the safe administration of medicines. There are additional safeguards in place and staff only become involved with medicines that are included in the care records.

- Overall, we found that Kings Lodge was meeting this essential standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

The environment is safe and appropriate for people's needs.

- Overall, we found that Kings Lodge was meeting this essential standard.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

The majority of equipment is safe and available for use. However, equipment required for use in an emergency was not in the correct place and staff were unaware that it had been placed in the wrong location. In the event of an emergency this would have potentially put people who use services at risk

- Overall, we found that Kings Lodge was meeting this essential standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

Kings Lodge has arrangements in place to ensure that the necessary employment checks are carried out prior to employing staff and that they have the required skills.

- Overall, we found that Kings Lodge was meeting this essential standard.

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

There are sufficient staff working at any one time to meet people's needs and staffing is altered to meet any changes.

- Overall, we found that Kings Lodge was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Whilst the majority of staff are trained and supervised there is scope for some staff to update their skills.

- Overall, we found that Kings Lodge was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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 home has some systems in place but they need to be strengthened through seeking the views of other agencies and ensuring that there is a focus on assessing the outcomes for those living in the home.

- Overall, we found that Kings Lodge was meeting this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly

People were confident that their comments and complaints were listened to and acted upon.

- Overall, we found that Kings Lodge was meeting this essential standard.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The service understands the requirements about maintaining confidentiality with its records and takes steps to ensure this is achieved.

- Overall, we found that Kings Lodge was meeting this essential standard.

Action we have asked the service to take

We found that Kings Lodge was fully compliant with 10 of the 16 outcomes. For outcome 4, Care and Welfare; and outcome 5, Meeting nutritional needs; and outcome 7, Safeguarding people who use services from abuse; and outcome 9, Management of medicines; and outcome 11, Safety, availability and suitability of equipment; and outcome 14, Supporting staff, the provider must make improvements and sustain these improvements to be compliant.

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns, we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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

Outcome 1: 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 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us that staff had talked to them about the care and support they needed sometimes in their own home or hospital or when they first came to live at Kings Lodge. Most people at the home have memory difficulties and could not tell us about coming to the home or about their care plan.

Relatives confirmed that they were kept well informed about their relative when there had been concerns. They gave us examples about how they came to choose the home. Information provided by the home helped them make the decision for their loved one to move to Kings Lodge.

Many people living in the home had family members involved in their care and supported them when necessary to make decisions. A few people confirmed they were able to make decisions about their day to day care such as when to get up and go to bed, to spend time alone or join in groups and where to have their meals. One relative talked about the sorts of discussions they had with staff about their relative's care needs and the decisions agreed.

Staff were observed to knock on doors before entering to ensure privacy. People, relatives and our observations confirmed that people were treated with dignity and their privacy was respected. One relative talked about their family member's determination to remain as independent as possible and how this was encouraged by staff. Staff were observed offering choices to people and allowed them time to make decisions.

Our observations and speaking with staff confirmed people were able to join groups to undertake activities such as gardening, woodwork, arts and crafts and exercise. We observed one person helping staff to do some planting and they were busy watering the plants later on. One person said they helped staff paint the fence around the garden, "well you have to show willing and they needed the help, he is a nice chap".

A relative told us that their loved one prefers their own company, "staff gently encourage but never push, if a person says no, then that is respected, or they ask again later".

Other evidence

Care plans that we saw were written in the first person describing what the individual could do and what support the staff should offer.

We saw that relatives had signed their agreement and contributed to their relative's "life stories" and life choices where the individual was unable or chose not to.

Staff told us that "we work as a team", "we know our residents", "we ask people what they would like and if something is unusual we report it to the manager".

Professionals who visit the home have said that the home usually calls them in a timely manner when they need support.

Our judgement

People were asked about the help and support they needed in a way that they were able to engage with staff and to make decisions. People and, or, their representatives were involved in planning their care on an ongoing basis and are given the opportunity to discuss what could improve their quality of care and support. Peoples' right to privacy, dignity and independence was respected. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us
Some people that we spoke with were able to tell us that they could ask to see a doctor and they were asked if they needed support. Relatives said that they could raise concerns with the staff and request other professional support for their relative. They were informed if there was concern about the health or well being of their relative. During the visit we observed staff seeking consent from people who use the service before intervening to provide care to them.

Other evidence
On the day of the visit some staff demonstrated an understanding of the needs of the people who live at the home. They used observation and their understanding of how people communicated.
The service discusses care planning and risk assessments with the representative of individuals and they often sign the care plans and risk assessments consenting on behalf of their loved one. We saw that some individuals signed their own documents.
Staff told us that they ask the individual what is needed or make a suggestion that some help may be needed. They carry out personal care ensuring that privacy and

dignity is maintained.

Most records that we saw showed that where possible consent is sought from people. We asked how people's care is managed when due to their mental frailty they are unable to communicate or show that they understand or give consent. The manager said that there are risk assessments in place and tools to monitor individuals well being. For one person we could not find these documents and staff seemed unsure of what support documents were needed and when they should be used. This is looked at further under outcome 4, care and welfare, and outcome 7, safeguarding.

We observed staff asking individuals and talking to them before assisting them. For example an individual was approached and staff told them it was lunch time and that that they were going to help them stand using a hoist and then sit in the wheelchair. Staff told us that each individual has a care plan and that they are aware of the support individuals need but that they also ask them what they need as people change their minds. We spoke with some staff who have worked at the home for some time and generally know when someone is having an 'off day' and when to go away or try a different approach.

The care plans that we saw showed the support that individuals need, how this can be offered and and other treatments that were needed.

We saw that people had seen an optician, dentist and chiropodist as needed.

Our judgement

There are arrangements in place to seek consent from people and when consent is not given the home seeks support from other health and social care professionals. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

Outcome 4: 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

There are moderate concerns with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Everyone who was able to told us they were happy with the care and support they received. No one we spoke with was aware of their care plan, but said they felt cared for. People said they had the help they required and they were encouraged to be independent.

One relative said they were happy with the care, but there were some little things that they were unhappy with; one of which was the behaviours of some people living at the home and the effect this had on their loved one. They said that staff do everything they can to minimise the disruption that sometimes happens.

Another relative told us that they had concerns about how their loved one is cared for when they are not there, but said that some of their worry is due to their previous experience at another home.

A relative said that they visit daily and could only “comment about the floor where their relative is”. They have found the staff to be “helpful, caring” and they have no concerns about the welfare of their loved one. They said “I can’t fault the care, my relative is not pressured to do anything and if they do not want to come out of their room then staff go and spend time with them”.

Our observations confirmed that people had their own individual routines which were respected. The atmosphere was relaxed with people interacting with staff. Staff were observed to be kind and caring in their approach to people.

Other evidence

During our visit we looked at twelve care plans; six in depth and in the remaining ones we looked at specific areas such as professional visit's, support needed with food and fluids and communication.

The provider reported to us that risk assessments are undertaken and reviewed monthly, should a change occur it would be reviewed and monitored. We saw examples of risk assessments in two care plans. We saw staff assisting someone into a wheelchair and, when asked, staff told us they had received training in moving and handling. This was confirmed in information held in the staff files.

The provider told us that care plans are in place and reviewed regularly and when needed. The individual, their representative and staff are involved in the initial planning of care and subsequent reviews. Staff told us that they are aware of the care plans, and they are able to raise concerns when they feel that a review is needed.

Visitors that we spoke with said they had no concerns about the care provided to their relative.

When people had been ill or had an accident daily reporting records showed that appropriate referrals to health professionals had been made along with any other appropriate action..

One care plan we saw said that the person often had infections and needed to be on a fluid chart. When we looked in the room we could not see one and asked staff where we could find it. One response was that the individual did not currently have an infection so there was no need for a fluid chart.. The manager said that for individuals who stay in their room or who have been identified as needing monitoring the records should be in their room. The care plan also said that they had daily under skin injections and weekly blood tests. Staff said that they carry out both the injections and blood tests at the home. We asked when they had last attended refresher training for these procedures, for both staff we spoke with it was over ten years. Staff also said that the blood tests were less often, the timing was not clear and there was no record on the care plan of any changes.

It was also recorded on the care plan that staff had called the GP out on 9th May 2011 to see the person. The GP had recommended that the individual had a thickener added to their drinks to help prevent aspiration of liquids into their lungs. We saw two sachets of a thickener in the person's room; however the care plan did not reflect these changes. We also saw an aspirating machine. We could find no record of this having been used and staff that we spoke with did not know why it was there. The manager told us this equipment is usually stored on the top floor with other emergency equipment.

We were concerned that staff were unsure why it was there and also that if needed in an emergency staff would be unable to find it.

Our judgement

The care and welfare of most individuals was safe and where possible people were involved in decisions about their care. Where appropriate the provider liaised with other professionals about the care of people.. However, we are concerned that some people are at risk of not having all their needs met and staff not being fully aware of their needs. On the basis of the evidence provided and the views of people using the service we found the service not compliant with this outcome.

Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
People we spoke with said they liked the food, and there was often too much for them to eat. We asked what was for lunch on the day we visited and not all could recall what they had eaten. Relatives told us that the food was good some relatives visit at lunch time to assist their relative with eating “not because I think that staff will not do it, but it gives me something to do when I visit, staff are always grateful”. One relative commented that vegetarian options are limited.
We saw lunch being served to people in three areas. We did not hear people being offered a choice. Meals come to the different floors of the home on a hot trolley from the kitchen and staff serve the meals in the dining areas. We saw meals being transported along the corridor to people in their rooms uncovered.
Individuals were unable to tell us if there was alternative choice if they did not like what was available. There were menus on the tables with lunch and supper choices. The menu said that it was chicken on the day of the visit, but the meat that was served was lamb.
We heard one person asking for a drink of water and we could see that their glass was empty. At one point they banged their empty glass on the table but no one gave them a drink.

Other evidence
Care plans that we saw showed people were weighed regularly to ensure they received adequate nutrition and they maintained a healthy weight. There was no

evidence of significant weight changes.

We observed staff supporting individuals to have their meal and that individual elements of the meal had been softened. We saw one member of staff engage with the individual they were helping to eat. They took their time, ensuring that each mouthful had been swallowed before they offered another. Another member of staff did not engage very much with the person they were assisting and the speed in which they offered the food was quite a bit faster than their colleague.

When we mentioned this to the manager, they were able to identify the staff concerned and said that they would be discussing this with the member of staff concerned.

Our judgement

People had a varied, balanced and nutritious diet. However the support that people receive varies according to which member of staff is helping them. On the basis of the evidence provided and the views of the people using the service we found the service needs to make improvements to remain fully compliant with this outcome.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us
People told us that they thought they could see a nurse and doctor when necessary. This was confirmed by relatives who said they were told when their relative was seen by a doctor or other health professional.

Other evidence
The care plans we looked at had records of when other professionals were involved and any action or monitoring that was needed as a result of their visit.
The provider told us about the transfer forms they use when someone goes to hospital. However they do not always receive information when an individual is discharged from hospital.
Social services and other professionals advised us that the home had been cooperative during recent investigations into safeguarding allegations. At a recent visit they saw that the home had worked hard to make changes in the way the service was offered. The manager told us that relationships with social services and district nurses had recently improved and felt there was “more open communication”.

Our judgement
People received safe and coordinated care. On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

Outcome 7: 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 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
People were unable to comment on their safety but said that they liked the staff. The atmosphere was observed to be relaxed and calm. Our discussions confirmed people had the opportunity to engage in meaningful activities. Staff that we spoke with demonstrated a good knowledge of safeguarding people from abuse, and how and where to report any suspicions or concerns.

Other evidence
Visitors told us that they did not have any concerns about safety at the home. Staff told us they had received training in safeguarding adults. Care plans contained actions that had been taken to assist in maintaining safety at the home, and where support was requested and given by other health professionals.

The home has recently undergone several safeguarding investigations. Information received from the provider, prior to the visit, said that senior staff were to attend training, provided by social services, about the management of safeguarding using local social services' policies. The manager has not been able to complete this yet as the course has been over subscribed. It also said that they were going to produce information for relatives about safeguarding and the signs of abuse, but this has not been implemented.

The manager told us that no one was subject to a deprivation of liberty safeguard.. However, we asked about the number of doors that required codes to enable people to move about the home. There are two door entries to gain access to the ground floor accommodation and the codes are different. There are door entry systems to the stair wells and lift. The manager said that some individuals have been assessed as having capacity to be given the code to use. We asked about other people who may be deemed not to have capacity. The manager told us that they have consulted with the Deprivation of Liberty advisors and that any decision around this was made through the 'best interest' process. However, there was no evidence of the decision making process in individual care plans.

Following our discussion with the manager they devised an assessment for people where it was felt that they were at risk if they left the building or were able to move between the different floors of the home. The manager said that they would implement the assessment for all people where a risk had been identified.

Our judgement

There are systems and training in place to ensure that staff are aware of how to safeguard individuals and what action to take if they suspect that someone is being harmed. However, there are improvements to be made and embedded into how the service identifies risks, what action they take and the records they keep. On the basis of the evidence provided and the views of the people using the service we found the service needs to make improvements to remain fully compliant with this outcome.

Outcome 8: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

The provider is compliant with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
People that we were able to talk to said they were happy with their room. Relatives told us that there is always clean linen and towels available and that clothes are cleaned and returned promptly. "I have had problems in the past but I label everything to make sure things don't get lost". "Things sometimes go missing staff say that residents go into each other's rooms, we have lost things sometimes they turn up".

Other evidence
We spoke with staff who told us they did not know if there was a lead member of staff for infection control. They explained that the home's cleaning procedures are carried out by the housekeeping team. The provider told us that they have procedures for the prevention and control of infection in place in the home and that cleanliness standards are monitored to ensure they are being maintained. The provider reported that there were hand washing facilities in all bathrooms. The manager said that they will appoint a joint infection control lead the head of care and the housekeeping manager.-doyou mean a post that will be the lead for infection prevention and control, head of care and manage housekeeping?
All areas of the home that we looked at appeared clean and there were no unpleasant odours. Staff that we spoke with told us that they had completed training in the prevention and control of infection control and health and safety
Staff told us about training they had received in the prevention and control of infection control and health and safety. Staff records confirmed they had attended

the training.

Our judgement

People who use the service were happy with the cleanliness of the home. Staff have received training in the prevention and control of infection. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

Outcome 9: 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

There are minor concerns with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us

Due to memory difficulties people at the home do not look after their own medicines. Relatives told us that for safety reasons they are happy with this. We observed that there are some people who are able to tell staff when they need medicines for the relief of pain and we saw that staff responded to the request in a timely manner.

Other evidence

The provider told us that there are policies in place for the safe administration of medicatines and that staff receive training in ordering, stock control and administering medicines. The exception was staff who give medicines by injection and staff told us they had not undertaken refresher training. Medication records we saw were complete and updated as and when individual needs changed. With the exception of one person, where we saw that changes requested by the GP had not been recorded in the care plans or medicine records and staff seemed confused about the action they should be taking and their verbal explanations differed to the written records we saw.

The medication records also had a copy of the individual's care plan regarding medicines, what people were to take and why. We also saw that the records had photos to assist in identifying individuals which staff said would help new staff to the home and ensure that people who can not communicate receive the correct

medicine.

Our judgement

Staff have received training on the safe administration of medication. However the lack of recorded changes may lead to people not receiving the correct medicine or being given something that has been stopped. Staff not receiving updates in giving medicines by injection and drawing blood may cause injury to individuals. On the basis of the evidence provided and the views of the people using the service we found the service needs to make improvements to remain fully compliant with this outcome.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
People who were able to comment told us they were happy with their rooms and the home. One relative said “(the person) loves their room it looks out over the garden at the trees and birds, so when they are able they can see what is going on outside.” Our observations confirmed that rooms were individual and personalised with photographs and personal belongings. Some relatives told us that sometimes things go missing such as personal items and clothes, but as their relative spends most of their time in their room “it is the price one pays for an open door”. They also said “There is an activity area on this floor for games and I have seen music taking place in the lounge”. People confirmed that the home was always warm and there was plenty of hot water. Visitors told us that they sign in and out of the home and they are aware this is necessary in case there is a fire. They said they had no concerns about safety at the home and that they could speak to the manager about any concerns.

Other evidence
The home is purpose built and could accommodate 91 people. The accommodation is situated over three floors and there are stairs and a passenger lift. All rooms are single and there are dining and lounge areas on each floor with a servery for making drinks. We saw that the lounges have a variety of seats for people to choose from, a large television, games and lots of books. One person was reading a daily paper and we saw in the care plans that individuals have chosen to have daily papers. We saw nursing beds with bed rails and care plans showed us that the use

of them had been assessed. There are bathroom with adaptations enabling staff to support people to have baths. There is a separate main kitchen that prepares all the meals and a laundry. The home has a full housekeeping team which includes kitchen staff. In February 2011 (the home received a rating of 5 (very good) from the Food Standards Agency. Staff told us that more able people make their way to the top floor of the home so they can look out over the local harbour.

Our judgement

The environment is safe and appropriate to meet peoples' needs. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with outcome 11: Safety, availability and suitability of equipment

Except in respect of Treatment of disease, disorder or injury where we had a minor concern.

Our findings

What people who use the service experienced and told us

Relatives told us that there did not seem to be any difficulty in obtaining specific equipment such as pressure relief cushions, walking aids and wheel chairs.

Other evidence

There are systems in place to regularly check equipment, for example control devices for raising a chair. Staff were aware of the process for ensuring that equipment is clean and fit to use.

Staff that we spoke with demonstrated a good understanding of the needs of people's requirements in terms of equipment. They had also received training in how to use the equipment. This was confirmed when we looked at staff training files.

We saw in care plans that assessments had been carried out for individuals where it was felt equipment would help to support their needs

However, as previously mentioned staff were unable to tell us why an aspirator was in someone's room and how long it had been there. We were told that this piece of equipment is usually kept on the top floor where staff know to collect it in the event

of an emergency

Our judgement

The majority of equipment is safe and available for use. However, equipment required for used in an emergency was not in the correct place and staff were unaware that it had been placed in the wrong location. In the event of an emergency this would have potentially put people who use services at risk. On the basis of the evidence provided and the views of the people using the service we found the service needs to make improvements to remain fully compliant with this outcome.

Outcome 12: Requirements relating to workers

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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
Due to memory difficulties some people were unable to recall the names of staff and were unable to comment. Relatives said that the staff “certainly seemed to know what they were doing”. They felt assured that the manager would only employ people who were fit and able to do the job. Relatives spoke of some staff with high regard.

Other evidence
The provider told us that all staff, whether permanent or bank, have to complete the recruitment process and cannot start work without the result of an enhanced CRB check and three references. The home has an employment checklist and new staff have to supply the required documents, such as copies of qualifications, and registration with professional organisations, before they can start working in the home.

The home is a part of London Residential Healthcare Ltd. This organisation ensures that the home complies with employment legislation. This includes individual staff files containing their personal employment documents. The company upholds equality of opportunity for staff to learn and develop their potential, ensuring that everyone has fair access to the support they need from the provider.

We looked at two files for staff that had recently started working in the home and saw that the necessary employment checks had taken place. Staff that we spoke with told us about their interview and the checks that had been carried out. They

also gave examples of their induction of 'shadowing' other members of staff and the training they had had.

Our judgement

Kings Lodge has arrangements in place to ensure that the necessary employment checks are carried out prior to employing staff and that they have the required skills. On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

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
Relatives told us that “there seems to be enough staff” to meet people's needs. There are staff who give personal care, carry out activities, nurses and housekeeping who do the cleaning, laundry and a cooking.

Other evidence
The manager told us that Kings Lodge provides sufficient staffing level required to meet individual needs of the people that use the service. They showed us a sample of feedback from their customer satisfaction survey showing that the quality of care provided to the people who use the service was average to excellent. The outcome of a recent review by social services stated that “Kings Lodge meets the needs of the client and the placement is to continue at the home”. When a member of staff resigns, the manager ensures that the post is replaced by advertising the post to local paper, job centre or liaises with the head office.

During the visit we observed staff interacting with people who use the service. We saw that staff responded quickly to requests for assistance and responded promptly to queries from people. Staff did not rush their interactions with people and had time to make conversation with them and allow them to make choices, as well as meeting their immediate requirements.

Staff that we spoke with told us they felt there were sufficient staff on duty at any one time, which enabled them to meet people's needs effectively, “there is always

the exception but we manage”.

The provider reported that staffing levels are determined by the needs of people using the service and there is flexibility to change staffing levels where needed.

Our judgement

There are sufficient staff working at any one time to meet people's needs and staffing is altered to meet any changes. On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

Outcome 14: Supporting workers

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 competent staff.

What we found

Our judgement

The provider is compliant with outcome 14: Supporting workers

Except in respect of treatment of disease, disorder and injury and diagnostic and screening procedures, where we had a **minor concern.**

Our findings

What people who use the service experienced and told us

People told us that staff are 'very nice'. Relatives told us that they saw staff carrying their job supporting people in the home and they had no concerns about staff knowledge or ability.

Other evidence

During the visit we spoke with the staff on duty who told us about the training opportunities they had access to.. The provider reported that there is a staff training programme in place and staff receive regular performance and development reviews. They told us about the training programme and how they were planning to deliver it this year. .

Staff records showed us that staff had received an induction and ongoing staff development had taken place.

Nurses had completed training provided by the home but did not appear to have undertaken any continuing professional development such as updates on giving injections or taking blood.

Our judgement

Kings Lodge has ensured that some staff have the skills and knowledge required to do their job. However nursing staff should be aware of their professional responsibilities and ensure that they remain up to date with treatments and

procedures. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

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
Relatives said that they are asked for their views about the service and can comment or ask questions themselves anytime they have concerns.
Everyone told us that the staff and manager are accessible and approachable.

Other evidence
The provider told us that information is obtained from different sources, usually verbally, which helps them to monitor the quality of the service. There are service uses surveys which are given to people living at the home, their representatives, staff and health professionals. The manager showed us at the visit how they assess and monitor the service provision. Examples they gave included: multidisciplinary team involvement in care assessment, next of kin involvement, customer survey satisfaction and feedback from social care reviews

The manager showed us a sample of recent resident / relative satisfaction survey. We saw that the results had been collated in a table stating the number of surveys and whether people felt the service was poor – excellent. However there was no information about any action that was taken or how feedback was given when an issue had been raised.

The manager had completed an assessment for each outcome and sent it to us

promptly when requested. The manager told us that they use the document to assist in auditing the home against the outcome areas. The assessment contained a lot of information about what they are doing to meet people's needs, for example assessments and reviewing of the care people receive. However, the assessment did not contain detailed information about how this resulted in good quality care for people who use the service, or any information about the views of people who use the service.

Our judgement

The home has some systems in place but they need to be strengthened through seeking the views of other agencies and ensuring that there is a focus on assessing the outcomes for those living in the home. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us
People that we spoke with were unable to comment on the complaints process. Relatives told us that they had felt able to approach any staff at the home regarding any concerns they may have. They gave examples of where they had concerns and told us that the manager had responded in a timely manner and always gave feedback on the action that had been taken.

Other evidence
The manager reported that there is a complaints procedure in place and that complaints are recorded. There is a system in place to summarise complaints to identify trends. During the visit we observed that details of the complaints procedures were on display in the home by the front door. The provider told us that people who use the service are aware that the manager has an open door policy. The manager regularly speaks to people who use the service. They are confident that any comments are taken seriously and action is taken without delay as possible. Residents and friends meetings are held on a regular basis. Minutes of the meeting are available to all relatives.

Our judgement
People were confident their comments and complaints were listened to and acted upon. On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with outcome 21: Records

Our findings

What people who use the service experienced and told us
We did not speak to people about their records. We saw that records were individual and held securely and that care plans and risk assessments were accessible to staff and kept in good order.

Other evidence
Staff told us during the visit that information about people was always securely stored and they were not aware of any occasions when confidentiality had been breached.
The manager reported that there are systems in place to ensure that records are securely stored, kept up to date and disposed of when necessary. We saw that records were kept securely.

Our judgement
The service understands the requirements about maintaining confidentiality with its records and takes steps to ensure this is achieved. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

Action

we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	14	5 Meeting nutritional needs
	Why we have concerns: People had a varied, balanced and nutritious diet. However the support an individual receives is dependent which staff member is helping them and noticing that someone needs support.	
Accommodation for persons who require nursing or personal care	11 (1) (2)	7 Safeguarding service users from abuse
	Why we have concerns: There are systems and training in place to ensure that staff are aware how to safeguard individuals and the action to take if they suspect that someone is being harmed. However, there are improvements to be made and embedded in how the service is provided.	
Accommodation for persons who require nursing or personal care	13	9 Management of medicines
	Why we have concerns: Staff have received training on the safe administration of medication. However the lack of recorded changes may lead to people not receiving the correct medicine or being given something that has been stopped. Staff not receiving updates in giving medicines by injection and drawing blood may cause injury to individuals.	
Treatment of disease disorder or injury	16 (1)(2)	11 Safety, availability and suitability of equipment

	<p>Why we have concerns: The majority of equipment is safe and available for use; however there is concern that staff lack the knowledge and understating about how to maintain some equipment and where it should be located.</p>	
<p>Treatment of disease disorder or injury</p>	<p>23 (1) (2) (3)</p>	<p>14 Supporting workers</p>
	<p>Why we have concerns: Kings Lodge has ensured that some staff have the skills and knowledge required to do their job. However nursing staff should be mindful of their professional responsibilities and ensure that they remain up to date with treatments and procedures.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 14 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care Treatment of disease disorder or injury	9 (1)	4 Care and welfare of people who use services
<p>How the regulation is not being met: The care and welfare of most individuals was safe with people being involved as much as their limitations allowed and the provider liaised with other professionals to assure safety. However we are concerned that some people are at risk of not having all their needs met as staff are not fully aware of what is needed.</p>		

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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 within 14 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

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.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, 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

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