



Review of compliance

London Residential Health Care Limited Kings Lodge Nursing Home

Region:	South East
Location address:	Main Road Cutmill Chidham West Sussex PO18 8PN
Type of service:	Care home service with nursing
Date of Publication:	January 2012
Overview of the service:	<p>Kings Lodge Nursing Home is owned by London Residential Healthcare Ltd. The home is registered for 91 people and offers nursing care. The home is a three storey building.</p> <p>The home does not have a registered manager.</p>

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

Our current overall judgement

Kings Lodge Nursing Home was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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 to check whether Kings Lodge Nursing Home had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 18 November 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People told us that they were very happy living at Kings Lodge. They felt supported by the staff team and respected at all times.

Family members told us that the care and support was good and they had no concerns.

Staff told us that they felt supported and well trained to meet the needs of people who use the service.

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

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

We found that people were receiving care and support as required. The provider had a system in place to support care, however this had not always been used effectively to ensure that people will receive consistent or safe care. Record keeping did not always keep pace with the changes in the delivery of care.

Overall, therefore, we found the provider to be compliant with this outcome however

improvements are needed to maintain compliance.

Actions we have asked the service to take

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. When we propose to take enforcement action, our decision 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.

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.

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 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

One person said that they were happy with the care and support they had received. Staff help them to eat and drink and they had no concerns.

Another person said that they felt comfortable and happy in this home and staff did all they could to help.

One person we spoke with told us that the staff had talked through how they were going to support them. They recalled seeing paperwork that documented how they would like to be helped.

People told us they had no concerns about their care and staff were always polite and friendly.

Other evidence

At the last compliance review in May 2011 we found that the provider was not compliant with this outcome area and a compliance action was set.

At this inspection we looked at five care plans. Each included detailed information on how to support people. Three of these plans were up to date and had been reviewed regularly. Two plans had not been fully updated with information following changes to peoples' care needs. Although this information could be found by reading daily notes and review sections of the care plan it was not readily accessible to the staff team in the care and support guidance. This could lead to inconsistent and unsafe care if not

addressed by the provider.

For example one person's plan had information on the deterioration to the person's health. Staff now needed to help this person to eat and drink. They also needed to ensure the person was having enough to drink by recording this on a fluid chart. This information was contained within the review section but had not been transferred to the main care plan.

We spoke with this individual during our visit and they did not express any concerns about their care. We saw records in the person's room that confirmed staff were monitoring the individual's fluid intake. We also spoke with staff and they demonstrated a clear understanding of this person's current care needs.

Another person had returned from hospital following surgery. The daily notes documented the change in needs for this individual and the increased level of supervision and support required for the person. This information had not been transferred to the person's plan of care and the risk assessment had not been updated. The person's daily records confirmed that staff were providing increased supervision and support.

During our visit we spoke with a member of staff supporting this person. They had a clear understanding of the support required for this individual. They told us that staff had been made aware at handover of the additional support required by this person.

We were told that following our last visit the manager had introduced a notice to explain where emergency equipment was stored. This was seen displayed on each floor of the home in the nurses' office.

The registered manager had left the home but not the employment of the provider. They were present at this visit and told us that following our last visit they introduced an information pack and guidelines for trained nurses on giving injections. They told us this was to ensure they had up to date knowledge of best practice. They have been trying to find a training resource to update staff but have not found anything suitable as yet.

We spoke with visiting family members and they told us that they were very happy with the home. They visit regularly and had no concerns about the care and treatment of their relative.. We were told that they felt people were treated with respect and the staff team were very good.

We were told that the home is well run and it was their view that the staff team care about the people who live in the home.

Our judgement

We found that people were receiving care and support as required. The provider had a system in place to support care, however this had not always been used effectively to ensure that people will receive consistent or safe care. Record keeping did not always keep pace with the changes in the delivery of care.

Overall, therefore, we found the provider to be compliant with this outcome however improvements are needed to maintain compliance.

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	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	<p>Outcome 04: Care and welfare of people who use services</p> <p>Why we have concerns:</p> <p>We found that people were receiving care and support as required. The provider had a system in place to support care, however this had not always been used effectively to ensure that people will receive consistent or safe care. Record keeping did not always keep pace with the changes in the delivery of care.</p> <p>Overall, therefore, we found the provider to be compliant with this outcome however improvements are needed to maintain compliance.</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 to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement 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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