

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

Kings Lodge Nursing Home

Main Road, Cutmill, Chidham, PO18 8PN

Tel: 01243573292

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	London Residential Health Care Limited
Registered Manager	Mrs. Kim Artis
Overview of the service	Kings Lodge Nursing home is able to care for 77 people, There were 54 people living at the home on the day of our visit. The home is on three levels with the ground floor being residential care, the first floor caring for people with dementia and associated care needs, and the top floor caring for people with physical care needs.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

During our visit we talked with three people, and five family members. Along with four members of staff. We also gathered evidence of people's experiences of the service by indirectly observing the care they received from staff.

Everyone told us that they were happy with the care and support they received. One person told us, "They are very good here, the staff are so kind, they always look after me well".

Another person said, "I only have to ring my bell and they do their very best to help me, I can't say anything bad about any of them they all do there best for me".

As one family member explained, "My mum has thrived since she came here, she arrived in a terrible state and we really didn't think she would last the night, but thanks to the staff here she is back on her feet and doing well".

People also told us that staff treated them with respect and promoted their privacy. They told us that they felt safe from harm living at the service and that they would be listened to if they raised any concerns. Our evidence gathered during this inspection supports the comments made by people who were receiving a service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. The people that we spoke with told us that they felt that they were listened to and were able to take part in decisions about their care and treatment. One person said, "We get offered choices, and we are free to do whatever we want to do".

The manager told us of ways people were supported to make choices. These included holding resident's meetings in order that people could discuss options relating to the service they received. We were shown the minutes from these meetings and saw that where people had made suggestions that they felt would improve the service these were acted on.

People who use the service were given appropriate information and support regarding their care or treatment. We looked at the care records of six people. All included an assessment of their abilities and needs that had been completed before they moved into the service. People that we spoke with confirmed that they had been given information about the service and understood how their needs would be catered for before they had moved in.

All of the care records that we looked at were detailed and had people's personal preferences recorded. This included information on clothes that the person preferred to wear, and whether they liked to wear things such as jewellery and perfume. The records also showed whether the person had a preference for male or female staff to deliver their care needs.

People were supported in promoting their independence and community involvement. The home had an activity coordinator and 2 activities assistants on duty on the day of our visit. An activity programme was on display at the service that informed people of forthcoming events. These included games to aid memory, musical events, indoor bowling, and crafts.

The home had one room which had been decorated and set up to resemble the inside of a public house named 'The Kings Head'. There were notices around the home encouraging residents to come and enjoy a drink in the 'Kings Head' and to bring their family and friends with them. People that we spoke with confirmed that a range of activities were provided for their enjoyment.

People's diversity, values and human rights were respected. The five people we talked with said that their wishes were respected and their privacy promoted by staff. For example, one person told us, "Staff are kind and polite". During our visit we spent time observing how people were cared for and supported. Staff were seen knocking on bedroom doors before entering and talking to people in a polite manner.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records of six people who lived at the home. These were personalised and provided guidance about how their needs should be met. Each person had a set of risk assessments which identified hazards that people may face and provided guidance on how staff should support people to manage the risk of harm. The care plans and risk assessments were reviewed to ensure they were current and relevant to the needs of the person. During our visit we indirectly observed the care and support people received and found this was appropriate and reflected the instructions in the corresponding care plans.

All of the care plans and risk assessments that we looked at had been updated monthly or sooner if care needs had altered. People's health care needs were documented in their records and contact with health professionals was recorded. Additional monitoring records were in place where required for people with specific needs. The three people that we spoke with expressed satisfaction with the care and support they received. For example, one person said, "They look after you very well" and another said, "The care is excellent, they are so kind".

We saw that some of the people who were ill or frail remained in their rooms, where they had call bells and drinks to hand. Staff were observed checking on people who were in their rooms to ensure they were comfortable. We saw that people had a constant supply of both hot and cold beverages. We observed staff helping people to eat and drink where assistance was required. We saw that this assistance was given in an unhurried and respectful manner.

The atmosphere throughout our visit was good. It was calm, friendly and homely. Staff were observed to have a good relationship with the people living there. When talking to people, staff were friendly and professional. They spoke clearly to ensure that they were understood and listened carefully to make sure they knew what was expected of them.

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

Our judgement

The provider was meeting this standard.

People who use 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.

Reasons for our judgement

People who use 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.

We saw that staff had been trained in safeguarding. This training included recognising potential or actual safeguarding situations, and the correct way to deal with any safeguarding concerns. Records showed that staff had received safeguarding training annually and training was up to date.

We saw that the home had a safeguarding policy and guidelines for staff, however the policy did not include the local safeguarding team's telephone numbers. We discussed safeguarding with three members of staff during our visit and found that they had a good understanding of what constituted abuse and their responsibilities with regard to safeguarding. Members of staff told us that they had read the homes safeguarding policy. The provider may like to note that the staff that we spoke with were not able to tell us how they would contact the local safeguarding leads and were unable to locate their telephone numbers. The manager was able to locate the contact details and told us that they would rectify the lack of clarity amongst staff. They told us that they would do this by adding the numbers into the policy and by advertising the numbers on the staff notice board. We were unable to evidence compliance with these actions during our visit.

All three of the people that we spoke with told us that they felt safe from harm and that they had no concerns for their safety. Family members that we spoke with told us that they felt that people were safe in the home. One family member told us, "I am here every day and I have only ever seen staff being kind and polite to the people here. If I saw anyone being unkind I would report it straight away".

The manager told us that one person in the home was subject to Deprivation of Liberty Safeguards (DOLS) and the paperwork for this was being completed on the day of our visit. The manager demonstrated a good understanding of action to be taken should concerns be raised about any person's capacity to make decisions.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The manager informed us that all new staff completed an induction programme. The induction programme included training, and shadowing experienced staff. The manager told us that staff did not start working without supervision until they had completed the induction training. We spoke with a member of staff who had recently started working at the home. This staff member confirmed that they had completed a staff induction; Records that we looked at confirmed this.

We looked at three staff records during our visit. These records confirmed that during induction new staff completed training in health and safety, fire safety, moving and handling, infection control, medication, first aid, food hygiene and safeguarding.

We saw records showing that staff had attended regular one to one supervision and an annual appraisal. We were told by staff that supervision and appraisal were used to enable them to discuss their needs, and the support they offered to the people within the home. The records that we looked at confirmed this.

A training and development programme was in place to ensure that staff were suitably qualified to meet peoples' needs. We were able to see evidence that staff training was being delivered in line with the provider's policy. Staff we spoke with told us that the training provided was good and that their training needs were discussed on a regular basis.

The staff we spoke with confirmed that they were supported to undertake their roles. They also expressed the view that communication was good between staff and management.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The manager told us that in addition to regular residents meetings the views of people were sought in the form of annual questionnaires. We were shown that questionnaires had been distributed to residents and their family members and the staff at the home in October 2012. The manager told us that the responses to these had been mostly positive and that where suggestions of service improvements had been made these had been instigated where appropriate. The manager told us that the questionnaires had been sent to head office to be analysed and the results of this analysis had not been shared with the home as yet. We were able to see the analysis of previous surveys on the day of our visit. The reception area of the home had a comments book where people were encouraged to write any comments down. The manager told us that they reviewed this book weekly and made changes to the service if they were appropriate. The manager told us that they have an open door policy and that people mostly shared their views with her directly. The people that we spoke with confirmed this and told us that they felt comfortable discussing any concerns with the manager. As one family member explained, "I speak to the manager every time I visit, and if I have any questions she always finds me an answer. I know if I had a complaint she would be on it straight away, she is brilliant, really dedicated." The manager showed us a number of audit tools used to monitor service provision and outcomes for people. These included audits of medication, health and safety, care plans, and meal service. Where necessary these included actions plans which stated what the service needed to do to improve.

The provider took account of complaints and comments to improve the service. All of the people that we spoke with told us that they felt their comments would be listened to and acted upon if needed. People told us that they would speak to family members or the manager of the service if they had concerns. For example, one person told us, "I am more than satisfied but if I wanted to I know I could approach the manager". We saw that the services complaints procedure was displayed in the entrance to the service. We looked at one complaint and saw that it had been dealt with in line with the provider's policy.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. The home had a policy in place for reporting accidents incidents and significant events. We were told that staff record any event/incident in a book and that the manager would then be responsible for ensuring any necessary action was taken and the appropriate people informed where necessary. The staff that we spoke with on our visit were aware of the reporting procedure. We were shown the incident/accident log on our visit and were able to see that staff were following procedures.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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