Inspection Report

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

Date of Inspection: 28 January 2014

Date of Publication: February 2014

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	✗ Action needed
Management of medicines	✗ Action needed
Staffing	✓ Met this standard
Supporting workers	✗ Action needed
Complaints	✓ Met this standard

Details about this location

Registered Provider	London Residential Health Care Limited
Overview of the service	Kings Lodge Nursing Home provides care for up to 77 older people, some of whom have dementia.
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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 28 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke with five people who used the service and three relatives. All the comments we received were positive. People told us that they liked living at the home and were happy with the care they received. People were encouraged to be as independent as possible and could decide how and where to spend their time. Our observations showed that people were treated in a kind and respectful way by staff. We saw that staff were able to spend time with, and interact with people in a positive manner. This resulted in people showing signs of being relaxed in the company of staff and enjoying the interaction.

Relatives spoke positively about their experiences at the service and how the service cared for their relatives. They told us how attentive the staff were and how well they knew their relatives.

We saw that not all staff had undertaken the necessary training in order to help ensure that they are able to work safely with people. Shortfalls were found in the homes medication practices. Medication had been administered covertly without appropriate safeguards in place to ensure that people's best interests were protected. We found that action had not been taken when people's nutritional risk assessments placed them at risk. Some of the people living at the home had lost weight without any action being taken. People were not always protected from the risks of unsafe or inappropriate care and treatment.

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

What we have told the provider to do

We have asked the provider to send us a report by 14 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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.

Reasons for our judgement

During our visit all interactions we saw between the staff and the people who lived at the home were respectful. Support was offered and provided in a way that ensured people's rights to privacy and dignity. People were spoken with in a sensitive, respectful and professional manner. We saw that personal care was carried out behind closed doors and staff always knocked and awaited permission before entering people's private rooms. In our observations of interactions between staff and people who lived at the home, we saw people were respected.

Care plans had been developed for each of the people who lived at the home. During our visit we looked at the care plans for nine people who used the service. Their level of involvement in the care plan was not routinely documented. Staff told us that the care plans had been discussed with the people who used the service or their relatives as appropriate. The care plans contained information regarding people's likes and dislikes in relation to food and daily routines. For example, we saw that staff had recorded whether people preferred to drink tea or coffee. Relatives we spoke with told us that they had helped to complete the social history and personal preferences. This meant that care and support were provided as people wanted.

We saw staff took their lead from the people at the home which made it possible for them to make choices. People expressed their views and were encouraged to make decisions. We saw that people were encouraged to express their views by talking directly to the staff. We observed people being asked what they wanted to do.

Staff we spoke with demonstrated a good understanding of people's rights to make their own decisions. They gave examples of how they supported people to remain as independent as possible and were clear on the importance of doing things the way people wanted things done. For example we were told that people were encouraged to make choices regarding how they spent their day. We saw that people were able to move freely about the home.

One of the people who used the service told us that they were, "Going out for afternoon tea" and another said that they were going to, "Sit in the lounge". This demonstrated that the people who used the service were able to make choices. People were supported in promoting their independence and community involvement.

We were told that people were given choices in line with their capacity to make decisions. For example at lunchtime people were asked if they had had enough to eat and if they needed any assistance. This meant that people expressed their views and were involved in making decisions about their care and treatment.

Care and welfare of people who use services ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

Care and treatment was not planned and delivered in a way that ensured people's safety and welfare.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

During our visit we observed the lounges and dining areas which included observation of some of the lunchtime routine. We saw that people who lived at the home received care and support in a calm and relaxed manner. We observed that staff were able to spend time with, and interact with people in a positive manner.

We spoke with five people who used the service and three relatives. People told us they were happy with the care and treatment they received from the service. They told us they liked the staff. Comments included, "They are nice" and "Caring". Relatives told us they could visit at any time and were always made welcome.

We looked at nine people's care plans. These contained the initial assessment conducted by the service. The nine care plans we looked at were clearly written and person centred. They contained a personal and social history for the people who lived at the home.

Risk assessments were included in the care plans. Risk assessments included, but were not limited to: risk of skin breakdown, nutrition screening, mobility assessments and risk of falls. We saw that the risk assessments had been regularly updated and reviewed ensuring that the documented risk level was current. All risks identified during the assessment were not addressed and detailed in the care plan. For example, the service had not recorded details or instructions for staff regarding the care needed in relation to nutrition and weigh loss. We saw nutritional risk assessments for five people who were at high risk of weight loss. We saw weight charts were maintained that showed that these five people identified as being at risk were weighed regularly and had lost weight. One person had lost nearly 4 kg in the four months since their admission. Other charts recorded weight losses of 6.5 kg and 3.1 kg, the time period during which this weight loss occurred was not clear from the records. There was no evidence that action had been taken for four of these five people at high risk. Two of the records seen stated that a food chart should be maintained. Staff we spoke with said that only one of these two people needed a food chart. Records seen showed that the food charts were not fully completed.

Daily notes were recorded about the people who lived at the home. The records seen gave a picture of how people had spent their day and the care they had received. Staff we spoke with could describe people's likes and dislikes and how individuals liked things done.

Management of medicines ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

A local pharmacy provided prescribed medicines in pre-packed blister packs specific to each person who lived at the home. The pharmacy provided pre-printed medication administration record (MAR) sheets for each person each month with their repeat prescription medicines. Appropriate arrangements were in place in relation to obtaining medicine.

Staff told us they looked after people's medicines and made sure they were given at the correct time. We found that that the home kept records about the medicines they administered. We saw the MAR sheets were completed with staff initials to indicate the prescribed medicine had been taken. The records showed that medicines were given as prescribed and people had received the medicines that their doctor intended.

During our visit we observed the administration of some of the lunchtime medication. We saw that the staff checked the medication against the MAR sheets, confirmed the identity of people and obtained their consent prior to giving them medication. This meant that medicines were given to people appropriately.

We saw records that showed, and staff confirmed, that two of the people who used the service were having their medication administered covertly. The reasons for the covert administration were documented as 'if refused' and 'spits out medication'. People had not had their capacity assessed with regards to refusing to take medication. There was no evidence that the decision for covert administration of medication was in people's best interests. This placed people at risk associated with medicines.

On the MAR sheets we saw staff checked the medicines when delivered and recorded the amounts. All records of orders, receipts and disposal of medicines were available, samples of which were seen. This meant that it would be possible to audit all medicines which came into, were stored at, or left the home. Appropriate arrangements were in place in relation to the recording of medicine.

We saw medicines were kept securely in a lockable storage cupboard. This meant that medicines were kept safely at the home.

We saw the training records of some of the staff responsible for the administration of medication. Staff spoken with said that they had received training in the administration of medication, but had not had their practice observed. Observation of practice would ensure that staff put into practice the training they had received.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at staffing rotas which showed that there was an appropriate level of staffing in place. At the time of our visit to the home the top floor was not in use; resident's accommodation was on the ground and middle floors. The ground floor had 28 residents and the day shift was covered by one trained nurse and six care workers. The middle floor had 22 residents and had one trained nurse and five care workers during the day. At night each floor had one trained nurse and two care workers. There were enough qualified, skilled and experienced staff to meet people's needs.

We saw there were ancillary staff employed to undertake housekeeping and catering tasks. This enabled the care staff to concentrate on providing care and support to the people living at the home. In addition to this, the manager worked five days a week and was on call when not on the premises. We saw that this was sufficient to meet the needs of the 50 people who lived at the home.

During our visit we observed the routines in the home. We saw that people who lived at the home received care and support in a calm and relaxed manner. We observed that staff were able to spend time with, and interacted with people in a positive manner. We spoke with the staff on duty. They felt there were enough staff on duty to be able to give the care people needed to a good standard.

Comments from the people who used the service regarding the staff included, that they were "Nice", "Kind" and "Friendly".

Supporting workers ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were cared for by staff who were not supported to deliver care and treatment safely and to an appropriate standard.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Staff spoken with, and records that we looked at confirmed that the service provided induction training. One member of staff we spoke with had recently joined the staff team and said that they were happy with their induction.

We were told that the staff training was not up to date and that the required training had not been completed by all staff. We saw the staff training records and confirmed that some of the staff had received training in moving and handling; however 26 staff had not received this training. Some staff had received training in infection control, safeguarding vulnerable adult and the mental capacity act. This meant that people were at risk of harm by receiving care from staff who were not appropriately trained. We saw the homes training matrix which included a training programme to address the shortfall. We saw evidence of ongoing training booked. The staff on duty told us that they had received some training and had more scheduled.

We were told that staff felt supported by the manager and senior staff and that staff meetings took place. We were told that some staff supervision had taken place, but this was on an informal basis and had not been documented.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were given support by the provider to make a comment or complaint where they needed assistance. The manager explained the complaints procedure in place. Relatives that we spoke to told us they were aware of how to raise concerns and told us they would speak to the staff if they had any. People we spoke with felt that any comments or complaints would be listened to and acted upon. One person told us, "It's lovely here; the staff are fantastic."

Staff we spoke with told us they would report any concerns to the manager or person in charge. Staff were aware of the procedure to follow should a complaint or concern be raised directly with them. We saw that the home maintained a log of any concerns, compliments and complaints they had received. This log showed that all concerns had been appropriately investigated and resolved.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: The provider had not ensured that the planning and delivery of care and treatment met the service users individual needs and ensured their welfare and safety. Regulation 9(1)(b)(i)(ii)
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: The provider had not protected service users against the risks associated with the unsafe use and management of medicines, by means of appropriate arrangements for the safe administration of medicines. Regulation 13

This section is primarily information for the provider

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010** **Supporting workers** **How the regulation was not being met:** The provider had not ensured that persons employed had received training appropriate to the work they perform. Regulation 23(1)(a)

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 by 14 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk