

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

Kimbolton Lodge

1 Kimbolton Road, Bedford, MK40 2NT

Tel: 01234355918

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Kimbolton Lodge Limited
Registered Manager	Mrs. Karen Julie Darlington
Overview of the service	Kimbolton Lodge is a care home registered to provide nursing or residential care for up to 36 people.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Management of medicines	9
Safety and suitability of premises	10
Requirements relating to workers	11
Complaints	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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 9 July 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with commissioners of services.

What people told us and what we found

During our inspection of Kimbolton Lodge on 9 July 2013, we spoke with nine of the 29 people using the service and with two relatives visiting the home. We also observed the care provided to the majority of those we did not speak with. People told us they were happy living at Kimbolton Lodge. One person said, "There is nothing bad about this place, everything is wonderful." Another person, who had regular respite at the home, told us she looked forward to her stays and treated it as a holiday.

Throughout we observed a friendly, inclusive and homely environment. Staff interacted well with the people using the service. One person said, "The staff are all good and the manager is a marvel." People were encouraged to socialise and join in planned events. We visited on a very warm day and observed that no one was restricted from accessing the gardens, through the open ground floor doors. One lady sitting in the garden said, "It is lovely out here, it is like being on holiday."

We observed that care was delivered in line with the care plans and that people were asked to consent to any care before it was delivered. One person said, "I am being taken into town tomorrow (and referred to a care worker) for new shoes." There were sufficient staff on duty at all times and staff told us they had good learning and training opportunities.

The home had systems in place to effectively manage complaints.

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

Consent to care and treatment

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke with eight people during our inspection on the 9 July 2013. All were able to tell us they and / or a relative had been asked about the care and treatment provided to them and they had given their agreement to this. The provider may find it useful to note that not all the care records clearly documented how this was done. However we observed people being asked for their consent to tasks during the day. For example, before moving a person staff clearly explained what they were doing and why and asked for the person's agreement.

The care files showed people who needed the use of bed rails to prevent them falling out of bed had been asked to sign an agreement. This was because the bedrail would make it difficult for a person to leave their bed and could be seen as form of restraint rather than a safety measure.

Every person using the service had their photograph on their care documentation; they had been asked to confirm their agreement to having this photograph taken by signing a consent form. Staff told us they would ask a person who had a pressure area for their agreement to photograph it. This was to demonstrate any changes and measure the effectiveness of the treatments.

At the time of inspection the registered manager told us that all of the 29 people living at Kimbolton Lodge had capacity to make some decisions for themselves. The care documentation and our observations confirmed this. However each care plan had a mental capacity assessment reminder for staff so that they would consider the impact of any decision a person was asked to make and their capacity for the particular decision. Staff we spoke to understood the mental capacity process and all had received the appropriate training.

The home had a good relationship with a local GP who served most of the people living at the home. Records showed the GP would visit every week and would involve family

members as appropriate.

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

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan in a way that ensured their safety and welfare.

During our visit to Kimbolton Lodge, we looked at the care plans for six of the people who lived at the home. Each person had their plan of care in their bedroom. The records were individualised and gave staff information and guidance about people's preferences and care needs and how best to meet these. Staff confirmed that they referred to them regularly. The non-qualified staff told us that if they noted something that needed to be updated they would write it in their notebook and report it to the nurse to make the alterations. Additional records, including information about previous medical history and current medical needs, were stored in the office. This meant that where possible people who use the service, or their relatives, could be involved in planning their care.

We saw people were able to continue to visit their local dentist and optician with the support of staff or a family member.

Risks, including pressure areas, falls, nutritional and manual handling needs were assessed and kept under regular review. These gave staff guidance about the level of assistance a person required.

We saw that where appropriate fluid charts and turning charts were used. Staff completed the documents and recognised any deviations from normal. We also observed a morning handover and heard the night staff reporting any findings and observations they had undertaken to the day staff. We were told these full staff handovers took place twice a day and we saw records of the information given.

A wide range of activities were on offer in this home, including trips out to the town and to the theatre. The activity co-ordinator encouraged the people using the service to plan and deliver the group activities such as bingo, a reading club and sewing group, allowing the activity co-ordinator to concentrate on those individuals who could not, or did not, wish to participate with others.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Medication was being stored securely and there were robust systems in place to ensure people received their medication as prescribed.

Medication was stored in two different locations within the home. This was to separate the medication of those people who had nursing needs from those who were considered residential. Nursing staff were responsible for administering medication to those people as assessed as having nursing needs. People with residential needs had their medication administered by appropriate trained senior carers or a nurse. We saw that all of the staff who administered medication had completed the appropriate training and that their training had been correctly updated, to ensure they were competent and had the correct skills. The registered manager carried out regular checks of the process to ensure staff compliance to the home's processes.

We observed a medication round in each area of the home and noted that staff dedicated themselves to the task by wearing a tabard that advised people they should not be interrupted. We looked at the Medication Administration Records (MAR) for five people with nursing needs and five people with non-nursing needs. We saw they were being correctly completed and the codes used to define the reason for any omissions. We checked the stock of the medication for these people against the staff signature to confirm administration. This showed the correct doses had been given. Allergies were clearly stated on MAR sheets to protect people's safety and wellbeing.

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

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The home was on two levels and the upper floor was accessible via a passenger lift or stairs. On the whole people with nursing needs were accommodated in a different area from those with care needs only.

The home was well maintained and clean and tidy throughout. The gardens were fully accessible and people were observed sitting under a gazebo enjoying the sun in the garden. We also saw some people using the service, who regularly tended the raised vegetable and flower beds and helped keep the gardens tidy, going about their chosen activities. The manager told us that during the hot weather people, who often went to their bedrooms early evening, remained socialising in the garden.

Throughout the home carpets had been replaced and rooms redecorated recently. The manager had moved the dining tables into the main lounge to encourage people to move to the table for meals. The dining room had been converted into another smaller lounge giving people a wide choice of areas to sit and met.

We saw that maintenance checks on equipment in the home and the homes environment were completed regularly and any problems rectified in a timely fashion. This ensured that people lived in a safe environment and the provider has taken steps to provide care in an environment that was suitably designed and adequately maintained.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People using the service were supported by staff who were suitable for this work.

During this inspection we reviewed the recruitment records for three staff who worked at Kimbolton Lodge. The personal files were well organised and securely stored. The information they contained provided a clear audit trail of the recruitment processes followed prior to staff appointments being made.

We saw all the necessary documents such as completed application, completed interview questions and rating records. The files we reviewed each had two references, evidence of Disclosure and Barring (DBS) checks, previously known and Criminal Records Bureau (CRB) checks. We also saw evidence that the manager had checked nurses were registered with the Nursing and Midwifery Council and kept their registration current.

The provider may find it useful to note that in one file the reason for a three month gap in a person's employment history had not been documented. The registered manager told us she had spoken to the person about the gap and was satisfied with the response, but we ensure any conversations were documented in future.

We spoke with staff that confirmed the recruitment practices were robust. They told us they were not offered work until all the checks had been undertaken and returned.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available and comments and complaints people made were responded to appropriately.

Reasons for our judgement

Kimbolton Lodge had systems in place to ensure that anyone living at, or visiting, the home would make a comment or complaint if it were necessary.

The registered manager told us that complaints were used to develop a better service for the future. The registered managers response to complaints were looked at by, or on behalf of, the provider during visits to the home to check the standard of the service offered. This meant there were effective systems in place to monitor complaints.

Both staff and people living at Kimbolton said they felt able to raise their concerns and were confident that these would be dealt with effectively and would not compromise their position or care. We spoke to one relative who told us, "I have not had to raise any issues, but the manager is so approachable I would not think it would be a problem." The registered manager told us that she made herself available to the people using the service, their relatives, staff and other health professionals and believed this policy minimised people having to raise any concerns as a complaint.

During our inspection on 9 July 2013, we saw the home's complaints policy was displayed in various areas of the home. The policy told people what to expect if they raised a complaint and the timescale in which to expect a response. We looked at the complaints log and saw that a recent complaint raised by a relative had been appropriately dealt with by the registered manager. The log showed how the manager had investigated the complaint and how staff had ensured practice changed.

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.

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