

K Lodge Limited

K Lodge

Inspection report

50 North End
Higham Ferrers
Rushden
Northamptonshire
NN10 8JB

Tel: 01933315321
Website: www.klodge.co.uk

Date of inspection visit:
18 May 2022

Date of publication:
14 June 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

K Lodge is residential care home that provides personal care for up to 40 older people including people living with dementia. At the time of inspection, 34 people were living at the service.

People's experience of using this service and what we found

People told us they felt safe within the service. Staff we spoke with were trained and knowledgeable in safeguarding procedures.

Risks were assessed to minimise risks present within people's lives. Checks and monitoring processes were in place to keep people safe.

Medicines were stored and administered safely by trained staff.

Prompt action was taken as a result of any incidents, to ensure lessons were learnt.

There were enough staff working at the service to keep people safe and meet their needs. Staff were recruited safely and trained to provide care safely.

Audits and checks were in place to ensure the service remained clean and well maintained, as well as to ensure that records were being accurately kept, and people were safe and happy.

Staff felt well supported within their roles and felt able to approach management with any concerns or requests for support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection and update.

The last rating for this service was requires improvement which was published on 11 September 2021.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 22 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for K Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

K Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

K Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. K lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with three members of care staff, the registered manager, and the deputy manager.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At our last inspection, Infection control procedures were not always followed, and elements of the environment were not always maintained. The service was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12, Safe care and treatment. At this inspection, we found that improvements had been made, and the service was no longer in breach of this regulation

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The providers visiting procedures followed current government guidelines.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe within the service. One person said, "The staff are very accommodating, if I need anything they come, I am safe here."
- Staff we spoke with had a good understanding of safeguarding procedures, and were confident that anything of concern would be followed up appropriately by management.
- Safeguarding concerns had been identified and referrals were made to the relevant authorities. Investigations had taken place to establish facts and measures were put in place to reduce the risk of harm for people.

Assessing risk, safety monitoring and management

- Risks were assessed and systems were in place to ensure people were kept safe. For example, when people were at risk of pressure sores, records showed that appropriate monitoring and actions were put in place to reduce the risk of harm.
- Risks assessment were monitored and reviewed on a regular basis.
- Staff told us they were confident in approaching management and always received feedback to concerns they raised.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- People and staff all felt that staffing levels within the home were sufficient. One person told us, "They [staff] always come if I push the buzzer. There are enough staff around at night time too." Our observations during the inspection were that there were enough staff around to meet people's needs promptly. For example, during the lunch time period, people who required assistance with eating received the support they required without delay.
- Safe recruitment procedures were followed. This meant that ID checks, references and Disclosure and Barring Service (DBS) checks were carried out before staff began working within the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were administered safely and by trained staff. We checked medicines administration records (MAR) and found they were being completed accurately. We saw that medicines were being stored safely in a temperature controlled room. Everyone we spoke with said they were happy with medicines procedures within the home.

Learning lessons when things go wrong

- The management team had worked towards improving the service after concerns were found at our previous inspection. We saw prompt action was taken and was being sustained within the home. Staff we spoke with felt that any issues were communicated clearly with the staff team, to ensure lessons were learnt.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection, the provider had failed to implement effective governance systems or processes to assess, monitor or drive improvement in the quality and safety of the care being provided. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17, Good governance. At this inspection, we found that improvements had been made, and the service was no longer in breach of this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Action had been taken in relation to the findings of our last inspection, and improvements had been made in all areas that we looked at.
- Regular checks and audits were now in place, and any problems were identified and acted upon promptly.
- The registered manager had a good understanding of regulatory requirements. They notified relevant agencies immediately of any incidents. This minimised potential risk to people.
- Staff told us they felt well supported in their roles. One staff member said, "I can't fault management, they have been very supportive about my personal circumstances. Very flexible with my situation." Another staff member said, "I feel supported in my role. There are consistent staffing levels and we are a good team."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team had good knowledge about the people living at the service, and understood their needs well. The staff team spoke positively about people and were motivated to achieve positive outcomes for people.
- People knew who the managers were and felt confident the service was well managed. One person told us, "I can talk to [registered manager] about anything. They are always reachable."
- People told us they were comfortable and happy in the service. One person said, "I won't be here for long, but whilst I have been here, the staff have helped me a lot, I'm back on my feet and feeling better."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People told us they felt involved in their care, and that staff always considered their preferences and knew and understood them well. Formal opportunity to feedback on the quality of care, via questionnaires was also available. We saw this largely resulted in positive feedback from people. One comment written was 'Staff are always on the ball, always willing to listen.'
- Staff felt well informed and involved in the service. One staff member said, "We are sent any updates or changes in policy to read, and team meetings are used to keep up to date." Minutes of team meetings we saw documented that topics such as visiting procedures, infection control, and personal care routines were discussed.

Working in partnership with others

- The management team were open and honest during our inspection. We saw that management were working with the local authority health and social care professionals on actions for improvement as requested by them.