

Kilkee Lodge Care Home Limited

Kilkee Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kilkee Lodge Residential Home is a care home which provides accommodation with personal care for up to 80 people. At the time of the inspection the service was supporting 76 people accommodated in 1 adapted building on 2 floors.

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

Audits on quality and safety had improved since the last inspection, However, further improvements were needed to ensure oversight of hygiene, refresher training, risk assessments and complaints process.

Assessments were completed and risks to people's health and wellbeing had improved. However, there was no oversight that these had been completed correctly. Comments and concerns raised by people and family members were not always recorded appropriately so that lessons could be learnt, and improvements made.

Kilkee Lodge was providing a rehabilitation service where people used the service to gain independence skills to return home. However, there was no clear protocol or guidance for how this was provided. The provider's statement of purpose needed to be updated.

Infection prevention and control measures were in place; however, some improvements were needed to areas of the service to ensure they were odour free. Some facilities such as 2 of the bathrooms were not able to be used by people as they needed attention.

Medicines were managed in line with professional guidance and people received their medicines as prescribed. Systems were in place to manage safeguarding concerns and staff were clear about the actions they should take, where they had a concern.

The deployment of staff and rota arrangements had been improved and met the needs of people using the service. There were enough staff on duty to provide appropriate care and support to people living at Kilkee Lodge. Staff were safely recruited to work at the service and were inducted and trained to provide good care.

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.

Staff were responsive to people's needs. People were able to participate in social and leisure activities provided by the service. People were given appropriate care and support at the end of their lives.

The management team were accessible and clear about their roles and responsibilities. They supported staff who were consistent, kind and caring. The management and staff team had developed positive working relationships with external stakeholders and other healthcare professionals. Lessons had been

learnt when things had gone wrong.

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 (published 17 May 2021) and there were 2 breaches of the regulations. The provider completed an action plan after the last inspection in April 2021 to show what they would do and by when to improve. At this inspection there was not enough improvement, and the provider was still in breach of the regulations.

At our last inspection we recommended the provider review the deployment of staff to ensure staff were available to respond to requests for assistance. At this inspection we found the provider had acted on the recommendations and improvements had been made.

Why we inspected

We undertook this unannounced focused inspection to check the provider 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 of Safe, Responsive 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 remained requires improvement based on the findings of this inspection.

We have found evidence the provider needs to make improvements. Please see the well led section of this full report.

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

Enforcement and Recommendations

We have identified a breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below

Kilkee Lodge Residential Home

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

The inspection was undertaken by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Kilkee 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. Kilkee 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the 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 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 8 people who used the service and 4 relatives during the site visit. We received emails from 8 relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, deputy manager, supervisors, seniors and health care assistants, housekeeping, and catering staff.

We observed staff and the way they cared and supported people. We viewed a range of records. This included 3 people's care plans and medicine administration records. We looked at 2 staff member's personnel files in relation to the service's recruitment practices. A variety of records including quality assurance and management documentation were viewed.

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 the provider had failed to robustly assess and manage the risks relating to people's health and safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had improved. People's needs were assessed and effectively managed to keep them safe.
- Training in completing risk assessments for senior staff had been completed and a review of people's needs and risks associated with them had been undertaken. The registered manager evidenced that clearer guidance was available for staff on managing those risks.
- Staff competency in moving and handling people safely had been improved. We observed a person being transferred from a wheelchair to an armchair. The transfer was carried out safely and smoothly. The staff were gentle and explained what they were doing, and the person being transferred was calm and reassured.
- The service had staff who acted as 'champions' and took on specific responsibility for safety monitoring. For example, one staff member had completed a train the trainer course in moving and handling people safely. They told us, "If a staff member fails their assessment, they have to re-visit their training with me and their competency is re-assessed."
- People needing medical intervention due to pressure care or diabetes had regular visits from the district nursing team who liaised and advised staff in how to manage ongoing risks.
- People had emergency evacuation plans in place in case of emergency and staff to ensure staff would understand how to support them safely.
- Facilities provided at the service met people's needs, with ensuite bathrooms and communal areas for social engagement. One family member told us, "The maintenance staff have been good at responding to issues in my [relative's] room and also doing other things they ask them to do."

Staffing and recruitment

- At the last inspection we made a recommendation to review the deployment of staff to ensure staff were available to respond to requests for assistance. At this inspection, we saw this had improved.
- Staff responded to people's call bells in a reasonable time frame, and this was monitored regularly to ensure staff were deployed in the right areas of the service. One person told us, "If I do press my call bell, staff come quickly. My call point is always within reach." A family member said, "My [relative] has waited a long time for staff to respond to them." Another told us, "The staff usually answer quickly. Occasionally they

are busy and take a bit of time. They always explain their delay."

- There were mixed views from people and relatives as to satisfactory levels of staffing. One person said, "I think there are enough staff. I get my coffee and biscuits first thing every day in the morning." A family member told us, "There are always staff around to care for my [relative] but they are quite independent." Another said, "The staff levels are not enough, most mornings I visit my [relative] and a hot drink has sat on the table in front of them, where they can see it, but can't get it and can't ask for help." A third told us, "They do sometimes seem to be short staffed especially at the weekends or they have agency staff that don't know people, so the communication is not always good."
- The provider used a dependency score to look at how they provided the right number of staff to meet the needs of people using the service. Rotas were organised so that the allocated number were on each floor. This needs to be regularly reviewed given the changing needs of people at the service.
- The provider completed the relevant recruitment checks prior to staff starting work at the service. Staff were provided with an induction to the service and completed relevant training and supervision. A staff member told us, "I think the recruitment process was robust, they checked everything. I have been provided with training and worked alongside an experienced staff member to gain knowledge and this was very supportive."

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from abuse. People told us they felt safe. One person said, "I feel very safe here 9 out of 10. They continually check that I am okay by popping in as much as they can." A family member told us, "I have no concerns over my [relative's] safety."
- Staff told us they knew how to raise concerns and explained how they would do this.
- Records showed that where concerns had been raised, they had been escalated to the local authority. Investigations were undertaken to establish failings and the registered manager outlined the actions they were taking to protect people, including keeping relatives updated on their progress.

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.

Using medicines safely

- People received their medicines as prescribed. One person said, "All my medicines come at the right time."
- Medicines were ordered, stored and dispensed as required. Medicine administration records (MAR) were viewed, and these were completed correctly.
- People who were prescribed 'as required' medicines had protocols in place to monitor whether and why the medicine had been given. One person told us, "My pain management is handled well with my pain management plan, and I get paracetamol as required."

- Audits of medicines management were completed. The staff team had their competency to administer medicines checked.

Preventing and controlling infection

- We were not assured the provider was promoting safety through the hygiene practices of the premises. On the inspection visit, there was an unpleasant odour in the downstairs part of the service. We fed this back to the registered manager who agreed to act and address this hygiene issue. This had also been identified as a concern by family members who visited the service.
- We saw staff cleaning equipment after use. For example, hoists were clean and in good order. Care staff ensure they were cleaned before they entered and on leaving a person's room. Hoist slings were individual to each person and kept in their rooms when not in use.
- Everyone we spoke with was complimentary about the cleaning staff. One person said, "My room is cleaned every day. The cleaners are excellent. They are friendly. I look forward to seeing them."
- Personal protective equipment [PPE] was being stored and used effectively and safely. Enough supplies of PPE were available for staff to use.
- People were admitted to the service safely. The provider was preventing visitors from catching and spreading infections.
- The provider was making sure infection outbreaks can be effectively prevented or managed. Testing for COVID 19 was completed in line with current guidance.
- The provider's infection prevention and control policy were up to date and due to be reviewed in November 2023.

Visiting in care homes

- The provider had supported visits to the service in line with government guidance. People received regular visits from friends and relatives.

Learning lessons when things go wrong

- The provider had put systems in place to learn lessons when things went wrong. Accidents and incidents were investigated to identify the cause and identify any themes and trends that needed action taken to keep people safe. For example, due to a person being discharged from hospital unsafely, new procedures had been put in place so that staff carried out a full assessment over the phone before a person was discharged to ensure they were well enough to return to the service.
- The management team were open and responsive to concerns, acted upon them and made improvements as a result.
- Staff shared learning through regular meetings, handovers and information sharing to promote safer care. They took on board advice from professionals and learnt how to improve people's care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection in April 2019, we rated this key question requires improvement. This question had not been inspected since that time. We included it in this inspection to ensure people were receiving personalised care. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Since the last inspection in April 2019, improvements had been made to the planning of personalised care. The electronic care planning and monitoring system recorded people's care needs, risk assessments and changes to their health and wellbeing. Staff recorded people's day to day life such as care received, activities undertaken and any risks which needed action.
- Care plans detailed people's physical, emotional, sensory, and mental health needs. These were written in a respectful way detailing people's choices and preferences, likes and dislikes. These had been discussed with them and their relatives. For example, "[Person's name] likes to be warm, does not want a key to their room, likes walking a lot" And another, "[Name of person] likes to go to bed early, prefers to be checked in the night, likes two pillows."
- Staff knew people well and how they liked to be supported. One person told us, "Staff know my likes and dislikes very well. They know the TV programmes I like and if I prefer tea or coffee and if I take sugar." Another person said, "Yes, I can honestly say the staff know my needs, how I use my walking frame, how I dress myself, how I like to be independent. I really appreciate this. They often come in and have a joke and a laugh." A family member told us, "My [relative] does get distressed and the staff calm them down and phone me to say they are now settled and to make sure that I am alright too."

Improving care quality in response to complaints or concerns

- People told us they knew how to complain or raise any concerns with the service. A person told us, "I don't have much to complain about, but I know who to talk to if I did." A family member said, "If [relative] has any concerns they will ask any of the staff themselves and I know their concerns have been dealt with." Another told us, "I have complained about [relative's] menu as they have a soft diet. It does seem to be improving now."
- Staff dealt with people's day to day issues or concerns as they arose, and we observed people being responded to about things that were important to them. The deputy manager told us, "I pride myself on dealing with people's worries or concerns as quick as possible. I am always on the watch, and staff know that."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard [AIS]. The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way

they can understand it. It also says that people should get the support they need in relation to communication.

- People's sensory and communication needs were recorded in order to ensure information was provided in way they could understand and make informed choices and decisions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities they enjoyed. One person said, "You can get involved in activities they provide if you like, some I enjoy." A family member said, "My [relative] especially enjoys the social activities and thinks the staff work hard to continue to provide the weekly cycle of activities as well as one off festive occasions." Another said, "Social activities are always available and special afternoon entertainment and trips are organised. A third told us, "The activity workers are particularly good. They are very enthusiastic and try to engage with [relative] every day."
- The service employed three activity coordinators to provide a programme of support social and leisure activities which people enjoyed. Some people enjoyed the garden.
- We saw from the notes of the people and relatives' meetings that suggestions had been made for new social and leisure opportunities and had been acted upon. For example, a regular Pets as Therapy (PAT) dog visited and was enjoyed by many people who used the service. Also visits out to have a 'fry up' had been arranged, and an activity coordinator had done a 'singing for the brain' course and this was due to be added to the entertainment programme.
- The service enabled and encouraged families and people to be together to avoid social isolation and were welcoming of family involvement.

End of life care and support

- People's wishes at the end of their life were discussed with them and their relatives. We saw recorded in people's care plans where discussions had taken place as to their wishes for their care arrangements towards and at the end of their life. This included Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders which set out people's wishes not to be resuscitated in the event of a cardiac arrest.
- Staff had received training and had the experience and knowledge in providing end of life care. They had a good relationship with the district nursing service and were proactive in making arrangement for pain relief medicines when people needed them.
- Family members were complimentary about how staff had cared for people at the end of their life. Comments included, "Thank you for all your care and compassion. [Relative] was well looked after." And, "We cannot express enough our appreciation for the love and kindness you showed our [relative]. You were all respectful and understanding when we chose to stay with [relative] and the endless cups of tea and toast and the hugs kept us sane."

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 remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to address shortfalls in having a registered manager, quality audits and rehabilitation. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- Audits on quality and safety had improved since the last inspection but were not being consistently undertaken across all areas of the service. There were areas we found where more improvement was needed, such as the odour in the downstairs area, oversight of the completion of risk assessments, staff training and lack of clarity regarding complaints.
- The provider's audit system had failed to identify that staff were not up to date with their knowledge and skills.
- The staff completing risk assessments had not been trained to do so and the registered manager had failed to check and identify this as an issue. However, they acted and booked staff into risk assessment training which was completed shortly after the site visit.
- There was a training programme which identified the areas of mandatory and specialised training staff were required to undertake. For example, staff had received safeguarding and medicines training when they first started work at the service. Refresher training was required every year for safeguarding people and every 2 years for medicine administration. However, we saw from the training programme many staff had not had their knowledge and skills renewed in these and other areas.
- Audits on health and safety had not identified infection prevention and control issues. For example, there was an unpleasant odour in the downstairs part of the service when we visited. Feedback from family members also identified this was not a one-off occasion. We fed this back to the registered manager who agreed to act and address this hygiene issue.
- Two of the bathrooms were not fit for purpose. The enamel in the baths was chipped and this was therefore no longer a wipe-clean surface. Bathroom mirrors had brown ageing spots around the edges, grouting was worn and cracking in places, there was some staining on floors. We brought this to the attention of the registered manager, who told us these bathrooms were not used by people and would be turned into storage areas. However, we could not be assured these bathrooms were not used as we saw toiletries in one

bathroom which were quickly removed.

- The system where comments, complaints and views raised by people and family members was not being managed effectively. The registered manager told us that they did not have any complaints they were dealing with. However, we learnt from some family members that they had raised issues of concern with the management. We were not provided with this information. We were not assured the provider was recording day to day comments, views and concerns and using people's experiences to improve the service as a result.
- At the last inspection, the service had started to provide rehabilitation following people's discharge from hospital following a fall or period of ill-health, with the aim of them returning home. The service was still providing rehabilitation services, but no policies and procedures had been developed since the last inspection to provide this service. This was also not included in their statement of purpose.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A registered manager was in post and there was a clear management structure in place.
- The management team understood their roles and individual senior staff had particular responsibilities such as the role as 'champion', trainer, audits of quality and checks on staff competency.
- Staff told us it was a good place to work. Comments included, "I have good support from the managers. And, "[Name of registered manager] is kind and caring, treats people like human beings." And, "[Name of deputy manager] is always there, warm caring and picks up on things quickly. But they do it in a way that doesn't make you feel silly."

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

- People and their family members were complimentary about the staff and management team. A person said, "I like the manager. They pop in as does the deputy manager to say hello." Another told us, "This place is very good and so is the manager. Overall, I like living here." A family member said, "The staff are always friendly, and I cannot give enough praise to the staff who work tirelessly, with a special mention to [names of staff] for keeping me informed of my [relative's] situation. Another told us, "I can never thank the staff enough for all they do for my [relative] and I hope that they know what special people they are."
- The management team were visible in the service and were approachable and accessible to people and their family members. They were positive role models, consistent and committed to providing quality care to people.

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 provider understood their responsibility under duty of candour to be open and honest and investigate when things go wrong. Statutory notified were sent to the Care Quality Commission as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People could get involved in the life of the service and the staff supported people to do so. One person said, "Staff and management listen to me. I give them 9 out of 10."
- Some people who wanted to get involved, had been given name badges and roles to carry out. For example, one person was a meet and greet person as they were always welcoming people into the service and having a chat with them. Another person sometimes helped with activities which enabled them to feel more part of the service as they had a role to play.
- Meetings of people who used the service were held and actions taken because of their feedback. For

example, some people had expressed dissatisfaction with the food provided. Chefs were now meeting with individuals about the food and asking what preferences they have. Food committee meetings were set up. One person had started a daily log of the meals, and this was given to the manager and kitchen staff for regular feedback.

- Annual surveys were carried out to seek people's views of the service. Results of these were analysed and actions taken to consider the issues or suggestions.
- People's protected characteristics such as age, disability, sexual orientation, ethnicity, and religion were discussed during the assessment and recorded. This ensured the service knew people's individual needs, culture, and lifestyle choices and could meet them.

Working in partnership with others

- The service worked well in partnership with health and social care professionals such as district nurses, GPs, physiotherapists, and the local authority. One compliment received to the service from a health care professional said, "[Name of staff member] was very helpful today. They were very kind and very caring. We felt they went above and beyond regarding the situation. They are an asset to the team and deserves a pay rise. Thank you for making our job easier". A professional we spoke with said, "The staff team being so much more stable nowadays meant people had confidence in the staff supporting them and information didn't fall between stools".
- Regular meetings were held and recorded with the district nursing team which provided joined up care for people and effective communication between services for the benefit of people at Kilkee Lodge.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance processes were not effective as they had not identified or addressed shortfalls.