

Shakti Lodge

# Shakti Lodge

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Shakti Lodge is a residential care home providing personal care to up to 26 people aged 65 and over some of whom were living with dementia. At the time of the inspection Shakti lodge was accommodating 17 people in one adapted building.

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

At the last inspection, we found that there were insufficient quality assurance processes and shortfalls in recording information. At this inspection these issues had been addressed.

The provider had quality assurance processes in place to monitor the quality of care. These systems identified if there were any shortfalls within the service and what actions had been taken to resolve the issues. However, actions taken were not always consistently implemented and therefore some issues remained unresolved. We have made a recommendation about this.

At the last inspection, we found that medicines were not always managed safely. At this inspection several issues had been addressed, however there were still some shortfalls. We found topical medicine administration records had not been completed and liquid medicines did not have dates when they had been opened. We have made a recommendation about this.

Since the last inspection, fire safety checks for 2019 and 2020 found several areas of improvement that were needed to maintain people's safety. Actions had been taken by the provider, however there continued to be several issues with fire safety. We referred our findings onto Kent Fire and Rescue service (KFRS). Following the inspection, the operations manager gave assurances all fire safety works were met which was validated by an inspection from KFRS.

People told us they felt safe living at the service. Staff safeguarded people from potential abuse and felt confident any concerns raised about a person or their care, would be acted on by the management. There was a system for the recording and review of accidents and incidents and appropriate referrals for support from other professionals was sought where necessary.

Staff knew people's personal risks and how best to support them safely. Positive risk taking was managed safely by the service to support people to be as independent as they wanted. 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.

There were enough staff employed by the service to meet people's needs. The service appeared clean and tidy. Risk of infection was being prevented and controlled and COVID-19 risk management and safe practice guidance was being followed by the provider.

Feedback from people living at the service, relatives and staff was positive about the care and management. People appeared happy and engaged. Staff told us they felt valued and supported by the registered manager.

The provider was aware of their regulatory requirements and these were met. The registered manager worked in partnership with other agencies and health care professionals to achieve good outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 25 October 2019) and there were multiple breaches of regulation. 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. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 25 October 2019. 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 safe care and treatment and good governance.

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.

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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains requires improvement. 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 Shakti Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Shakti 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 Care Act 2014.

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 two inspectors.

#### Service and service type

Shakti Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service. We spoke with seven members of staff including the registered manager, deputy manager, operations manager, quality and compliance officer, a senior care worker and two care workers.

We observed practice within the service and reviewed a range of records. This included two people's care records and multiple medicines records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including health and safety records and meeting minutes.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records relating to the management of the service such as quality assurance records and policies. We spoke with three relatives.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to ensure that medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) 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. However there were some area of medicine management that required improvement.

- At the last inspection, there were insufficient checks to ensure people received their medicines as prescribed, there were incorrect stock levels which had not been identified, the medicines trolley was left unlocked while unattended and the guidance around topical medicines administration was inconsistent. At this inspection, there had been several medicines audits completed by management to ensure safe administration of medicines. Stock balance checks had been completed regularly and medicines were stored safely.
- Topical medicine administration records (TMARs) were not completed at the time of the inspection. We spoke to the registered manager about this shortfall and a new system was put in place after the inspection to check these were completed daily. Records since the inspection were completed to show people received their topical medicines as prescribed to ensure the risk of people not receiving them was mitigated.
- Liquid medicines did not have the date they were opened marked on them. This is important as the effectiveness of some medicines may be impacted if they are used beyond a certain timeframe. A staff member told us their stock is renewed monthly, so the medicine efficacy was still assured. The new delivery had arrived the day before the inspection and the opened-on dates were rectified following the conversation.

We recommend the provider consider current guidance about the storage, administering and recording of liquid and topical medicines and take action to update their practice accordingly.

- Other medicines were managed safely and in line with best practice guidance. Medicines were stored securely and at appropriate temperatures. There was a system for ordering and returning medicines.
- We observed staff completing the medicine round in line with people's needs and preferences. Medicine administration records (MAR) had been completed in full. There was guidance for staff when administering 'as required' medicines. A random stock count of two people's medicines matched the tally for those people. Staff received annual medicine administration training.

Assessing risk, safety monitoring and management

- Since our last inspection there had been numerous reviews of fire safety which had identified shortfalls in protecting people from the risk of fire. After each review actions were identified and completed by the provider such as a new fire system being installed. However, subsequent reviews found similar or additional issues, for example gaps that were too big around fire doors. The registered provider completed a further audit of the fire safety system immediately before our inspection visit. This audit concluded improvements still needed to be made to the services fire safety system. There was an action plan in place however actions had not yet been completed during our inspection. Following the inspection the operations manager provided assurances these were now met and Kent Fire and Rescue service conducted an audit which found the service was now compliant.
- Other environmental risks had been managed including hot water being temperature-controlled, radiators being guarded, and windows being fitted with restrictors. Equipment such as hoists, the passenger lift, gas and electrical appliances had been inspected and serviced and were in good working order.
- Personal risks to people had been assessed and monitored for safe management of those risks. The provider was in the process of transferring risk assessments, care plans and daily monitoring logs onto an electronic system. These records contained detailed information on risks to people, how to mitigate those risks and support people in line with their preferences.
- Identified risks had been referred to the relevant healthcare professionals such as speech and language therapists (SALT) and doctors where people had been identified as at risk of choking and where people required review.
- People were supported to take risks safely where they wished, and were able, to do so. This supported people to have maximum choice and independence. One relative told us, "[their loved one's] quality of life was improved" by positive risk taking.

#### Systems and processes to safeguard people from the risk of abuse

- The provider continued to have effective systems in place to safeguard people from the risk of abuse. Staff were aware of possible signs of abuse and felt confident if concerns were raised, they would be acted on.
- Safeguarding concerns had been reported appropriately to the local authority and actions had been taken to mitigate the risk of reoccurrences in the future.
- People told us they felt safe. One person said, "I feel safe" and another person said, "I love it here." Relatives also felt their loved ones were safe.

#### Staffing and recruitment

- There were enough staff to meet people's needs. We observed staff spending time with people and people's needs were met in a timely manner. The provider used a recognised tool to calculate staffing levels based on people's needs and their staffing levels were above those calculated. Only regular staff were used by the service.
- People's feedback was positive about staff. One person said, "Yes there is enough staff, they help me." Another person said, "The staff are amazing."
- Staff were recruited safely. All staff had received the required pre-employment checks including references, Disclosure and Barring Service (DBS) checks and had their full employment history listed.

#### 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so that action could be taken to reduce the risk of them reoccurring.
- All relatives we spoke with said they were kept informed whenever there were any situations that involved their loved one. Some relatives told us that their loved ones had been at risk of falls, but the home had identified this and acted, and these were no longer occurring.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

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

At our last inspection the provider had failed to ensure there were effective systems to assess, monitor and improve the quality and safety of the service, and to maintain accurate records of people's care and treatment. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17 although some new issues were identified.

- At the last inspection we found quality checks and audits were not always effective in identifying shortfalls. For example, issues with medicines stock levels or issues with record keeping on monitoring charts had not been identified.
- At this inspection, the provider had several audits in place to monitor various aspects of the home. Where shortfalls were identified, actions were implemented to try and address these. However, the actions implemented did not always achieve good outcomes. For example, topical medicine administration records were not being completed, which was picked up in an audit in March 2021, staff meetings and supervision were held however the new system identified did not resolve the issue. At our inspection we continued to find these were not being completed. The service has put a new system in place these actions need to be sustained to ensure the system is effective. This was an area for improvement.
- The provider carried out some trends analysis when accidents and incidents were reviewed to identify if these were increasing or decreasing and where incidents involved the same person. Trends analysis lacked further detail to support learning and improvement such as if there are times of day where incidents are more likely.

We recommend the provider reviews the implementation of their quality assurance systems to enable actions to be consistently taken and maintained and for effective learning and improvements to be made.

- Staff and management were clear about their roles. There were handovers between shifts to ensure people's needs were met. For example, information about a person who had their fluid intake monitored to support their hydration who had not drank enough was handed over to the next shift to follow up.

- The registered manager had submitted notifications to the CQC in line with their regulatory responsibility. Notifications are information we receive from the service when significant events happen, such as a serious injury or allegations of abuse.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had clearly displayed their rating in the main entrance of the service and on their website.

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

- The service had a positive culture. Staff told us they felt valued and supported by the management.
- The service promoted independence and empowered people to achieve the outcomes they wanted. For example, people who wished to maintain their independence over their own care needs were supported to access equipment which allowed them to do this.
- People and relatives gave positive feedback about the service. One relative said, "[The registered manager] has always been transparent, clear and informative." Another relative said, "Nothing is ever too much trouble."

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 understood their responsibility in line with the duty of candour. There was a process in place when things went wrong or there were incidents that supported the duty of candour.
- All relatives told us that when an incident had happened, they had been contacted immediately and informed of actions that were taken.

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

- People were supported to stay in contact with their loved ones throughout the pandemic. The provider aided communication through telephone and video calls, a visiting pod and an indoor space for visits in line with government guidance. Relatives felt positively about the communication they received from all staff. One relative said, "I can't fault the communication at all."
- Although residents' meetings had not taken place during the pandemic, the wellbeing and activities coordinator had consulted with people and asked them to comment on their experience of receiving care in the service. The coordinator had implemented suggested developments including introducing new social activities.
- There had been regular staff meetings in which staff had received information about important subjects such as the service's introduction of a new electronic care planning system. Staff had also been encouraged to suggest improvements to the service, an example being making individuals' shift times more flexible.
- The provider had carried out surveys in 2020 and actions were taken based on feedback. For example, staff suggested additional training and the provider enrolled staff on dementia training so staff could deliver a better experience for people. The provider planned to send out further surveys in 2021 to gather feedback about any improvements that could be made.

Working in partnership with others

- The management team and senior carers worked in partnership with a variety of healthcare professionals and supported people to live healthier lives through dental, eye and hospital appointments.
- Necessary referrals were made when people's needs changed, for example, to speech and language therapists or physiotherapists.

