

HC-One Limited

Kirkby House Residential Care Home

Inspection report

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Date of inspection visit:
18 October 2022

Date of publication:
28 November 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Kirkby House Care Home provides accommodation and personal care for up to 44 people in one single storey adapted building. At the time of our inspection 31 people were living at the service.

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

People were protected from the risk of abuse and harm. Risks to people's health and safety were identified and safely managed. Safe infection, prevention and control measures were followed, and the cleanliness and hygiene of the premises was maintained to a high standard. There was the right amount of suitably skilled and experienced staff to meet people's needs and keep them safe. Medicines were managed well, safely administered and recorded accurately. There were systems in place for reporting accidents and incidents and learning from them.

An assessment of people's needs, and choices was completed and a care plan on how to effectively meet their needs was developed. New staff completed a period of induction and there was an ongoing programme of training and support for all staff relevant to their role and people's needs. People's dietary and healthcare needs were understood and met. The design and layout of the premises promoted people's independence and freedom of movement.

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 treated people with kindness, respect and compassion and promoted their dignity and independence. Staff were knowledgeable about people and had developed good positive relationships with them. People and relevant others were involved in decisions about the care provided.

People's care was planned in a personalised way. Care plans clearly set out people's needs and choices and how they were to be met. Staff had a good understanding of people's needs and responded to them in a timely way. Staff engaged people in meaningful activities and supported them to maintain important relationships. People and family members were knowledgeable about how to complain or raise a concern should they need to and were confident they would be listened to.

The registered manager understood their role and responsibilities and promoted a culture of learning and improvement. Feedback was consistently positive about the way the service was run. The registered manager and deputy manager were described as friendly, caring and supportive. Regular audits and checks were used effectively to measure and improve the quality and safety of the service. The views of people and others were encouraged, listened to and used to improve the service people received. There was good partnership working across the staff team and with other professionals leading to people receiving good outcomes.

Rating at last inspection and update

The provider had made a change to their registration since the last inspection. This is the first inspection under the providers new registration. The last rating for this service was good (published 6 December 2018).

Why we inspected

This was a planned inspection.

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.

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

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Kirkby House Residential Care 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 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

The inspection was carried out by two inspectors.

Service and service type

Kirkby House 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.

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

The inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the service since it registered with the Commission. We also obtained information about the service from the local authority and local safeguarding teams. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection visit

We spoke with 10 people and 3 family members about their experience of the care provided. We also spoke with the deputy manager, 4 care staff, a housekeeper and cook and area director.

We reviewed a range of records. This included 4 people's care records and a selection of people's medication records. We looked at recruitment records for 3 staff members employed since the last inspection. A variety of other records relating to the management of the service, including audits and checks 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management Learning lessons when things go wrong

- Risks to people were assessed and their safety was monitored and managed.
- Care plans detailed the risks people faced and the measures in place for staff to follow to minimise the risk of harm to people and others. Risks to people were monitored in line with their risk management plans and regularly reviewed.
- Daily checks were carried out across the service to make sure it was free from hazards. Records were maintained of safety checks carried out at the required intervals on equipment and utilities.
- Each person had an up to date personal emergency evacuation plan (PEEP) which detailed the assistance they needed to evacuate from the building or reach a place of safety in the event of an emergency.
- There was a continuity plan in place for managing unforeseen emergencies.
- The provider had a process in place for reporting accidents and incidents and learning from them.

Systems and processes to safeguard people from the risk of abuse

- There were safe systems and processes for protecting people from the risk of abuse.
- Staff were provided with training and written guidance around protecting people from abuse. Staff were confident about recognising and reporting allegations of abuse.
- The relevant agencies were notified promptly of allegations of abuse and immediate action was taken to minimise further risk.
- People told us they felt safe from abuse and would tell someone if they were worried about the way they were treated. Their comments included, "Oh yes I'm treated very well if I wasn't, I'd tell my [relative] right away" and "The girls [staff] are only ever kind to me."

Preventing and controlling infection

- Safe practices were followed to prevent and control the spread of infection including those related to COVID-19.
- Staff were provided with IPC training and current IPC guidance. There was a good supply of personal protective equipment (PPE) and it was used and disposed of safely. Well stocked PPE stations were located across the service.
- Routine COVID-19 testing was no longer needed, however managers and staff knew of the circumstances when testing was required in line with government guidance.
- The hygiene and cleanliness of the premises and equipment was maintained to a high standard. Cleaning schedules were followed and maintained. Family members told us, "The place is kept spotless" and "It's always immaculate."
- The NHS Infection Prevention Control Team awarded the service with a Gold Certificate for Excellence

with infection prevention and control following a recent audit they carried out at the service. The service achieved a score of 99% out of a possible 100%.

Visiting in care homes

- Visits were carried out in line with current government guidance.

Staffing and recruitment

- Staffing arrangements and recruitment was safe.
- People received care and support from the right amount of suitably skilled and experienced staff.
- Applicants fitness and suitability was checked before they were offered a job. Checks on all staff were carried out with the disclosure and Barring Service (DBS). 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 used safely.
- Medicines were safely stored, recorded and administered by suitably trained and competent staff.
- The medication room was clean and well organised. Medicines policies and procedures and good practice guidance was available to staff.
- The deputy manager had robust oversight of the management of medicines. They carried out regular checks and audits to make sure safe practices were followed. The service achieved the highest rating of good following recent audit carried out by the NHS medicines management team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Outcomes for people, their preferences, care and health needs were assessed and regularly reviewed.
- Any changes to people's needs were reviewed with them and their relatives and this was reflected in their care plans. A family member told us, "I've been to meetings to discuss [relative] care plan."

Staff support: induction, training, skills and experience

- People received effective care and support from staff who were well supported, trained, skilled and experienced.
- All staff completed an induction at the beginning of their employment and were supported to undertake ongoing training, learning and development for their role.
- Staff competence and performance was regularly assessed and reviewed through observations and regular supervision meetings.
- People and family members told us they had a lot of confidence in the ability of staff. Their comments included; "They [staff] are all very efficient" and "I trust them to do the right thing for [relative]."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff provided people with support to live healthier lives and access healthcare services.
- Care records detailed people's healthcare needs and services they were registered with. Staff supported people to attend routine and specialist healthcare appointments and they maintained a record of appointments and outcomes. Care plans were updated to reflect any advice and/or guidance from other professionals.
- Staff understood people's healthcare needs and responded quickly to any changes to their health and wellbeing. A family member told us; "They [staff] don't miss a trick, they quickly pick up on when [relative] is unwell and call the doctor" and "They [staff] are on the ball."
- A healthcare professional told us staff worked well with them. They said staff communicated effectively about people and followed their advice and guidance.

Adapting service, design, decoration to meet people's needs

- The service was adapted, designed and decorated to meet people's needs.
- The environment was fitted with aids and adaptations to help maximise people's mobility and independence.

- As well as having easy access to their bedrooms people also had access to a choice of communal areas to spend their time.
- Bedrooms and communal areas were well furnished and decorated, bright and spacious. The layout of the premises promoted safe freedom of movement for people.

Supporting people to eat and drink enough to maintain a balanced diet

- People received the support they needed to eat and drink and maintain a balanced diet.
- Information about people's dietary needs and the assistance they needed to eat, and drink was detailed in their care plan. A diet notification record for each person was held in the kitchen for staff to refer to when preparing meals for people.
- Referrals were made to the relevant professionals for people at risk of dehydration, malnutrition or choking and care plans reflected their advice and guidance. This included information about food textures and monitoring people's weight, food and fluid intake.
- Menus offered people a good choice of healthy meals, snacks and drinks. Their comments included "No complaints at all, I enjoy it all" and "The meals are tasty and filling. I've always a drink at hand."

Ensuring consent to care and treatment in line with law and guidance

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Consent to care and treatment was obtained in line with the law and guidance.
- Capacity assessments were completed to ensure people were supported appropriately to make decisions.
- People were involved in decisions about their care. Managers and staff understood their role in making decisions in people's best interests.
- Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control of their lives.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported and their lifestyle choices were respected.
- Care plans included people's preferences such as their preferred name, how they liked to dress and their preferred gender of carer, and staff respected these.
- There was a positive rapport between people and staff. People and family members spoke highly of the staff. One person told us, "They [Staff] can't do enough" and a family member told us "They [staff] are all lovely and very friendly."
- Staff used their knowledge about people to engage them in banter and conversations which were meaningful and of interest. People appeared relaxed around staff and they told us they enjoyed the banter. Their comments included, "We always have a laugh, cheers me up" and "They [staff] brighten up my day."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- Staff knocked on doors before entering bedrooms and bathrooms and spoke with and about people in private. Peoples personal records were kept confidential.
- Staff treated people with kindness and respect. One person told us, "Most definitely respected and treated with dignity." A family member told us, "So good to [relative] they treat her like family."
- People were supported to be independent. One person told us, "The girls [staff] let me be independent but they are always there to help if I need them." A staff member told us about how much one person particularly enjoyed tidying about."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views and have their say in how their care was provided.
- Care reviews, surveys and general day to day discussions gave people the opportunity to discuss how things were going and to make any changes to their care and support. Relevant others such as family members were also included where this had been agreed or where necessary.
- Staff spend time listening and talking to people. One person told us, "They [staff] often sit with me and ask how I am and if things are ok." Family members told us they were kept up to date and involved in decisions about their relative's care. One family member told us, "They involve me all the way and listen to my thoughts."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; 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

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

- Care was planned around people's individual needs and choices.
- Care plans were clearly set out people's needs and choices, the desired outcome and how it was to be met.
- Care plans were reviewed regularly and updated to reflect any changes in people's needs.

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 develop and maintain important relationships and to take part in meaningful activities.
- Staff planned and facilitated a range of activities each day around people's needs, interests and hobbies. Activities included; day trips, chair exercises, arts and craft, singing and dancing and floor games. Throughout the inspection we observed people enjoying a range of activities.
- Feedback from people and family members regarding the activities was consistently positive. People told us, "There's something on every day if you fancy it", "I love watching the entertainers when they come in." Family members told us, "[Relative] loves the singing and dancing and theme days" and "Relative is looking forward to a trip to Blackpool arranged for this week."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, understood and met.
- Care plans detailed people's communication needs and staff understood how to best communicate with people in a way they could understand.
- Information, documents and notices were available to people in different formats, including large print and easy read. Other formats would be provided to people on request.

Improving care quality in response to complaints or concerns.

- Complaints and concerns were taken seriously, acted upon and used to improve the quality of the service.
- Information about how to complain was made available to people and others. People and family members told us they were confident about raising a complaint or concern should they need to. Their comments included, "Never needed to complain but would do if I needed to and I'm sure they'd sort it" and "I've raised a few niggles and they've sorted them right away."
- A record of complaints was maintained along with the action taken in response to them.

End of life care and support

- End of life care was planned around people's wishes and preferences and family members were involved where this was appropriate.
- Staff received end of life care training and had links with specialist nursing teams.
- The appropriate documentation was in place for people where they had expressed a wish to not be resuscitated.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a structured team in place to support the registered manager. This included a deputy manager and senior staff. An area director provided management support on behalf of the provider.
- Managers and staff understood their roles and responsibilities and were committed to learning and improving care.
- The providers systems and processes for checking on and improving the quality and safety of the service were used effectively. A range of checks and audits were carried out regularly to check on the quality of the service.
- CQC and other relevant agencies were notified without delay about incidents and events which occurred at the service. Lessons were learnt following incidents and shared with staff.
- The registered manager and staff completed training and kept up to date with the law and current good practice guidance to update their knowledge and learning.
- Staff performance, learning and development was continually assessed, monitored and reviewed and they were given opportunities to progress within their roles.
- Staff had access to a comprehensive set of policies and procedures which were current and in line with best practice.

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

- The culture of the service was positive, person centred and inclusive.
- Staff felt able to express their opinions, felt their suggestions were listened to and felt able to contribute towards service delivery and development.
- People and family were complimentary about how the service was managed and they felt included and able to voice their views and opinions. Their comments included; "The managers are easy to talk to and I feel they listen. I have no problem approaching them with anything," "They are efficient and understanding" and "Very supportive."

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was good partnership working with others.
- The registered manager engaged and involved people, family members and staff through daily

interactions, regular care reviews, meetings and questionnaires.

- Family members told us managers and staff communicated well with them, they said they received regular updates about their relatives and any changes to the service delivery.
- Regular staff meetings were held to share any learning and discuss updates about the service.
- Managers and staff established good relationships with partner agencies including community nurses, local authority commissioners and safeguarding teams and worked well with them to meet people's needs.

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 and managers understood their responsibilities to act in an open and transparent way by being open and honest with people when things went wrong.
- The ratings from the last inspection were clearly displayed at the service.
- Outcomes of complaints and investigations were shared with relevant others.