

St Philips Care Limited

# Kirksanton Care Centre

## Inspection report

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05 October 2023

09 October 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Kirksanton Care Centre is a care home providing personal care to up to 40 people. The service provides accommodation to older people and people who are living with dementia. The home has three distinct areas; The Croft, which is the oldest part of the property, The Annexe and The Mews. The Annexe was the only part of the property being used to accommodate people when we inspected. The home has 40 single, ensuite bedrooms and there are bathrooms, toilets and communal areas in each area of the home. At the time of the inspection there were 21 people using the service.

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

People were safe and protected from harm and abuse. Risks to people's safety had been identified and managed. People received the care they needed because there were enough staff to support them. Staff had received training to provide people's care safely. The registered manager used safe systems when new staff were employed. People received their medicines safely and as they needed. The registered manager had systems to learn and share lessons from incidents. People were protected against the risk of infection.

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.

People received person-centred care from staff who knew them well. The service focused on what was important to people and took account of their preferences. The provider and registered manager were committed to the continuous improvement of the service. People valued the service and said they would recommend it. Staff worked well with other services to ensure people received appropriate care which met their needs.

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

The last rating for this service was good (published 12 December 2017).

### Why we inspected

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

The rating for the service had not been reviewed since the inspection in 2017. We undertook a focused inspection to check people continued to receive safe and high-quality care. We reviewed the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kirksanton Care Centre 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, 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.

# Kirksanton Care Centre

## 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 carried out by one inspector.

#### Service and service type

Kirksanton Care Centre 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. Kirksanton Care Centre 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.

Inspection activity started on 5 October 2023 and ended on 9 October 2023. We visited the service on 5 October 2023.

#### 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 annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 9 August 2023 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### During the inspection

People who lived in the home were living with dementia and were not easily able to share their views with us. We spoke with 6 people who lived in the home and 2 relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the administrator and 3 members of the care team. We contacted 5 staff to gather their views.

We looked around the home and reviewed a range of records. This included 3 people's care records and medicine administration records. We looked at recruitment and training records for 3 staff. We also looked at a variety of records relating to the management of the service.

# 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse. People told us they felt safe in the home. One person said, "Of course I feel safe." A relative told us, "I'm happy [relative] is safe here".
- Staff had received training on how to identify and report abuse. They told us they would report any concerns to a senior staff member or to the local authority safeguarding team. One staff member told us, "If I saw anything that concerned me, I would intervene immediately and report it to the manager [registered manager]."
- The registered manager reported any concerns about people's safety to relevant authorities such as the local authority safeguarding team. They also notified us of any concerns. This ensured appropriate agencies had oversight of any allegations of abuse. The registered manager and staff worked with appropriate agencies to ensure people were safe.

Assessing risk, safety monitoring and management

- The registered manager had systems for identifying and managing risks to people's safety. Staff carried out thorough risk assessments which identified the support people needed to maintain their safety.
- Staff told us they were given time to spend with people and to get to know them. They said this helped them to learn how to support people to ensure their safety and wellbeing were maintained.
- The registered manager carried out audits of people's care records and risk assessments to ensure they provided accurate and up to date guidance for staff on how to support people.

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 received the care they needed because there were enough staff to support them. Staff were calm, patient and respectful when supporting people. We saw this supported people's wellbeing and promoted a calm and relaxed atmosphere in the home.
- Staff confirmed there were enough staff to care for people. They told us they had time to spend with people. People liked the staff and enjoyed spending time with them. One person told the staff member supporting them, "You are lovely."
- The registered manager assessed staffing levels to ensure there were enough staff, with the appropriate skills and knowledge, to meet people's needs. One staff member told us, "We have a good range of skill mixes on each shift."
- The provider carried out thorough checks before new staff were employed. This included checking people's good character and conduct in previous employment in health or social care. Staff also had to have a Disclosure and Barring Service, (DBS) check. 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

- Staff gave people the support they needed to take their medicines. Medicines were stored securely to prevent their misuse.
- Staff who handled medicines had completed training and their competence in handling medicines safely had been assessed. One staff member told us, "I have had competency assessments carried out on my ability to handle medication and keep records."
- Medicines were received, stored and administered safely. The registered manager completed regular medicines audits to check people had received their medicines as they needed.

### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 provider was supporting visiting in and out of the home in line with government guidance.

### Learning lessons when things go wrong

- The registered manager had systems to ensure lessons were learned from incidents. Incidents were investigated and any learning shared with the staff team to ensure the safety of the service.

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

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

- The registered manager and staff were committed to providing people with high-quality, person-centred care which respected their rights and promoted a good quality of life. They included people and their families in decisions about their care to ensure care focused on what was important to individuals and took account of their preferences.
- People valued the service and said they would recommend it. One relative told us, "We have recommended the home."
- Staff were proud of the service and the care they provided to people. They told us they would recommend the home as a good place to live and to work. One staff member said, "I would definitely recommend our service to people. We are a close-knit team, and all strive to provide the best care for people's loved ones. We aim to provide the service in a dignified, person-centred manner with a friendly and relaxed atmosphere." Another staff member told us, "I would recommend it [the home] both as a home and as a place to work."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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, staff and provider were all clear about their roles and responsibilities. The provider and registered manager monitored the safety and quality of the service to ensure they were providing good care to people and meeting legal requirements.
- The registered manager had notified us, as required, of significant events which had happened in the home. This meant we could check they had taken appropriate action in response to incidents. The notifications showed the provider had acted on their responsibilities under the duty of candour. They had shared information about incidents with appropriate people and been open and honest when incidents occurred.
- The registered manager had the skills and knowledge to manage the home and to ensure people received high-quality care. Staff told us they were happy working in the home and felt well supported to provide good care to people. One staff member told us, "I love my job, I feel really well supported by [registered manager] and able to give people the best care."

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

- The registered manager sought people's views about the service and how it could be further improved. People, their families and staff could share their views at regular meetings held to discuss the service provided. Staff also gave people choices about their care and lives as they worked with them in the home.
- People were also asked to complete a survey to share their views of the service.
- The registered manager and provider were committed to the continuous improvement of the service. The provider had invested in the premises to ensure people were provided with comfortable, clean and well-maintained accommodation. The registered manager said they were well supported by the provider and, if they requested further investment in the home, this was agreed.

#### Working in partnership with others

- The registered manager and staff worked with other services to ensure people consistently received care that met their needs. They knew the other services which supported people and worked well with them. The registered manager contacted partner agencies if they identified people needed support from other services.
- A healthcare professional told us, "We have always had a good relationship with the manager [registered manager] and care staff at Kirksanton Care Centre."