Uttoxeter and District Old People's Housing Society Limited

Kirk House Care Home

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

About the service
Kirk House Care Home is a residential care home providing accommodation and personal care to 29 younger and older people at the time of the inspection. Kirk House Care Home can support up to 35 people across three floors.

People's experience of using this service and what we found
We have made a recommendation about End of Life care planning.
We have made a recommendation about dementia friendly environments.

Kirk House Care Home's quality assurance systems needed to be developed to ensure they were applied consistently and monitored all aspects of the service, to assure us that appropriate action was always taken.

People were supported by safely recruited staff, who had the skills and knowledge to provide effective support. Staff knew of the risks associated with people's care. People felt safe and were protected from the risk of harm by staff who understood their responsibilities to identify and report any signs of potential abuse. Staff understood people's risks and how to support them appropriately.
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 home supported this practice.

There were enough, suitably recruited staff to meet people's needs. Staff received training and ongoing support to meet people's individual needs. Staff worked closely with health and social care professionals to ensure people received appropriate care to meet their health needs.

People could choose where they wanted to spend their time and could choose to spend time alone should they wish. People had access to a variety of activities and could take part or observe should they wish to. Staff engaged well with people in an unrushed manner and meaningful conversations took place.

People told us they enjoyed the variety of meals on offer and could choose alternative options. People had their dietary needs assessed and planned for which included support from external professionals to support with their needs.

There was a complaints system in place should people or relatives wish to make a complaint and they could be assured they would be dealt with. There were systems in place to capture people's views on how the service could be improved and these were acted on. Staff felt supported and valued by the management team.

The registered manager and staff promoted a kind and caring environment. People told us the staff always

respected their privacy and dignity and provided care in their preferred way. People were supported to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 24 October 2018) and there was a breach of Section 33 as there was no registered manager in post. At this inspection a manager had been employed and registered with us, so they were no longer in breach.

Why we inspected
This was a planned inspection based on the previous rating.

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 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 effective findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Kirk House 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.

Inspection team
The inspection team consisted of one inspector.

Service and service type
Kirk House Care Home 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. We sought feedback from the local authority. The provider was asked to complete a provider information return which coincided with the 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 post inspection.

During the inspection
We spoke with five people who used the service and four relatives about their experience of the care

provided. We spoke with six members of staff including the registered manager, clinical lead, care workers, activities co-ordinator and the cook.

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

Good

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 now improved to, good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Kirk House Care Home and were protected from risk of abuse. One person said, "Yes, I feel safe here, I have no complaints." A relative said, "I think is it wonderful here, definitely [name of relative] is safe here, yes."
- Relatives could be assured their family members were protected from abuse or harm.
- Staff had completed training in safeguarding people from harm and abuse. Staff we spoke with were clear of their responsibilities in reporting concerns and we saw appropriate referrals were made to the local safeguarding authority.

Assessing risk, safety monitoring and management

- Staff we spoke with understood people's risks and how to support them. We observed people being supported safely during our inspection.
- Emergency plans were in place to ensure people were supported in the event of an emergency.
- A range of environmental health and safety checks were carried out on a monthly basis.

Staffing and recruitment

- There were enough staff to ensure people's needs were met safely.
- People and relatives said there were enough staff. One person said, "Waiting times can vary sometimes it is pretty quick and other times it could be quarter of an hour they [staff] do apologise when it has taken them longer to come. Yes, I think there are enough staff it is just when some are off sick." A relative said, "There seems to be enough staff, there are always several staff around, you never have to look for people."
- Staff were safely recruited, and appropriate checks were carried out, such as checks with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups such as vulnerable adults would be identified.

Using medicines safely

- We observed a number of nurses administering medicines and saw they did not consistently wear personal protective equipment (PPE) when administering people's medication.
- We raised this with the clinical lead who told us all nurses are reminded to wear gloves at all times when administering medication and assured us this would be raised with all nurses.
- Staff had received training in the safe administration of medicines and people told us they received their medication on time and as prescribed.
- Guidelines, procedures and protocols were in place to ensure people received their medication as prescribed.

● Medication was stored securely, and audits were carried out.

Preventing and controlling infection
● People told us staff wore personal protective equipment (PPE) when carrying out personal care and we saw this in practice.
● The home was clean and free from malodours.
● Staff were knowledgeable in how to prevent the risk of infection and followed the correct procedures.
● The service had received a five-star rating from the Food Standards Agency (FSA) meaning the service had good food hygiene.

Learning lessons when things go wrong
● Accidents and incidents were recorded and reviewed by the registered manager.
● Information was shared with staff during handovers to ensure the risk of incidents was reduced and systems were improved.

Good

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

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

- The home was spacious for people to freely move around and hand rails were in place to support people with their mobility, allowing people to be independent in getting around the home. The registered manager told us they had received a donation to decorate the home which was due to take place later in the year.
- Each person had their own bedroom which they could personalise with their own belongings should they wish.
- People could access the coffee shop situated on the ground floor and could choose to spend time with their visitors in there should they wish to.
- People had access to an enclosed garden area and the home had recently developed a sensory garden which people will be able to access.
- However, consideration had not been given to supporting people who lived with dementia. There were no posters or boxes on people's bedroom doors to help them identify their own rooms. Best practice suggests that people find it easier to identify their own room if there are recognisable items to direct them there.
- We raised this with the registered manager at the time of inspection who said this was something that could be addressed. We will review this at our next inspection.

We recommend that the provider considers the guidance for dementia friendly environments produced by the National Institute for Health and Care Excellence (NICE).

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

- People's care and support needs were assessed, planned and reviewed.
- Staff told us they had access to care plans to keep up-to-date with people's care needs which supported them to deliver effective care. For example, we saw one person who was at risk of acquiring sores should they sit too long. A staff member said, "I am aware of [name of person] we have to encourage them to be more mobile and move more in their chair, to reduce the risk of them getting sores."
- People's overall wellbeing was monitored to take into account their physical and psychological needs.

Staff support: induction, training, skills and experience

- Staff were trained to have the skills and knowledge to effectively support people; feedback from people and relatives confirmed this. One person said, " Yes, they seemed trained enough to me, I have no complaints." A relative said, "The staff seem to know what they are doing, so I would say they have had training."
- Staff felt they received an adequate induction and training. One staff member said, "The training is good, it is regular, and I have everything I need."

● There was a staff supervision matrix in place and staff confirmed they received supervision and how they felt it was beneficial.

Supporting people to eat and drink enough to maintain a balanced diet
● People had their nutritional needs met and told us they enjoyed the food. One person said, "You have a choice of two it varies right through, I can't complain. I have enough, I am never hungry."
● The dining experience was positive and calming. People were supported and given choice in a calm and unhurried way. We heard people complimenting the food and heard one person say, "That sauce was lovely, thank you."
● Kitchen staff were made aware of people's dietary needs, such as allergies or intolerances, these were catered for accordingly. We spoke with one cook who could tell us of people's needs and how they are catered for. They said, "We know of people's needs, for diabetics we make sugar free puddings."
● Advice was sought from health professionals such as Speech and Language Therapists (SALT) to ensure people were supported effectively to reduce risks, such as choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People had access to health care professionals when they needed, and people's feedback confirmed this. One person said, "The doctor comes in. I went to the opticians yesterday."
● The home worked well with other agencies. The registered manager said, "If we have made a referral we will always chase it up to make sure the person receives the care they need."
● Staff were confident in their understanding of people's care needs. One staff member said, "Everyone works well together, and they know what they need to do, and they know the residents well."

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 Act 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.
● People told us staff asked them before helping them and explained what they were going to do. We observed this in practice.
● Where people had been restricted of their liberty, applications for DoLS authorisations had been made to the local authority.
● Where people lacked the mental capacity to make decisions for themselves, assessments had been completed to evidence people had been consulted about their decision-making ability.
● The registered manager and staff had a clear understanding of the MCA principles.

Good

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.

Supporting people to express their views and be involved in making decisions about their care
- We observed caring and positive interactions from staff who knew people's needs well. Staff were seen to be respectful of people's wishes and views and we saw people were offered choices.
- Staff understood the importance of involving people in making decisions for themselves. One staff member said, "We have residents' meetings. I support people and talk with people on a one to one basis, hopefully people trust me, and I do try and encourage people to be in charge of their life for as long as they can."
- The registered manager said, "I take the time and do an odd shift here and I will ask the residents how their day has been and if they want anything. Also, during an afternoon it can go quiet around 3:00pm to 4:00pm and I ask the staff to go around and ask people if they are happy."

Ensuring people are well treated and supported; respecting equality and diversity
- People told us they felt they were treated well and cared for living at Kirk House Care Home. One person said, "The staff are caring, I find them all quite alright."
- Relatives we spoke with told us they were happy with the care their relatives received. Comments included, "The carers are kind and thoughtful", and "The care is brilliant here, even [relative] says the carers are lovely, we couldn't have hoped for anything better, they [staff] are so kind to [relative]. We feel fortunate [relative] is here and the care they get, we don't have to worry anymore."
- People had equality and diversity plans in place, which considered their religious beliefs, spiritual needs and cultural needs and people's sexuality was considered at assessment.

Respecting and promoting people's privacy, dignity and independence
- People told us how staff preserved their dignity. One person said, " I always like to have my door open, the staff ask me if I want it closed. The staff always close doors and curtains when giving me personal care."
- Staff we spoke with understood the importance of promoting and supporting people to be independent, which we saw in practice. One staff member said, "If someone can walk and they do not want to use the wheelchair we give them the choice and encourage them. For those who like to make themselves a cup of tea we will observe this for their safety."
- Care plans detailed how staff should support people to maintain their independence. For example, we saw in one person's plan that staff were to encourage them to wash themselves whilst being assisted with their personal care.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

End of life care and support

● Although, this service has previously supported people at end of life, at the time of inspection there was no one who was receiving end of life care.

● People were supported to be comfortable and pain free at the end of their life and some people had end of life plans in place. However, people's wishes in respect of their care during their end of life had not been consistently gained.

● We spoke to the registered manager and clinical lead and they assured us people's end of life wishes in respect to their care would be discussed with either the people living in the home or their relatives and the wishes would be added to their care plans.

● People had legal documents in place in relation to their end of life care. A relative we spoke to said, "[Relative] has a Do Not Attempt Resuscitation (DNAR) in place and the home knows [relative] does not wish to be taken to hospital, they want to remain within the home."

We recommend the provider seeks guidance to ensure people's wishes are recorded in relation to their end of life care.

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

● People and relatives told us staff respected their preferences. For example, one relative told us what their relative likes and how the staff respect this.

● One person told us how they would like to be more mobile, they said "I have asked staff about getting out and about and just around the car park or garden to be more mobile on my zimmer frame. I only asked for it just before Christmas it is being arranged for when the weather is more bearable."

● Care plans contained information about people's care needs and their life histories. These included people's likes and dislikes. For example, how one person prefers the staff to shave them.

● Staff knew people well and could tell us about their preferences, which included people's routines.

● People had communication passports in place should they need to attend hospital. These gave hospital staff an overview of people, which included important information, such as medicines, allergies and preferences.

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 had communication care plans in place which detailed their preferred way of communication.
● Staff were supportive of people's communication needs and would accommodate people when necessary. One staff member said, "Some people are connected with iPads and mobile phones."
● The registered manager was aware of their responsibilities in meeting the AIS. They said, "The library comes in and brings in audio books and large print books. I order large print word searches off the internet, we use pen and paper with [name of person] if needed and we have been known to use a wipe board for them to read information from. We also use hand motions."
● The home had recently acquired a projector which projected pictures and scenes onto the walls. One relative said, "The home raised some money over Christmas and staff came in and told me they have bought a projector which projects pictures of animals and county walks onto the wall, [relatives name] will love that."

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 told us they could choose to be involved in activities. And we saw people engaging in activities. One relative said, "[Relative's name] does a little bit of activities now, whereas before they were not doing anything."
● Relatives and staff told us how the activities had improved since an additional activities staff member has been employed and how this had improved people having one to one time if they are unable to leave their bedrooms. A relative said, "The activity co-ordinator came and asked me about what I think would help [relative's name] and someone comes in and reads to them as they cannot get out of bed."
● People were supported to access the local community and spend time visiting family. For example, one person told us how they had gone to a relative's home for Christmas.
● The activities co-ordinator showed us the activities matrix and monthly activities timetable which was displayed in a communal area of the home. They said, "I go through these with the residents asking what they would like to do, and these are then displayed. In the summer we use the garden and a sensory garden has just been finished. A lot of residents like the garden and like to watch the birds, we have sent off for bird watch."
● Some people expressed an interest in bird watching and we saw some people had bird feeding tables outside their bedroom windows.
● Visitors were welcomed into the home and were not restricted to specific visiting times.

Improving care quality in response to complaints or concerns
● There was a complaints policy in place. People and relatives could tell us who they would report concerns to should they need to.
● One relative told us how they had complained and how the registered manager had responded to the complaint to their satisfaction.

Requires Improvement

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 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
At the last inspection there was a breach of Regulation 33 of The Health and Social Care Act (2008) as there was no registered manager in post. At this inspection a manager had been employed by the provider and registered with us, so they were no longer in breach of regulation 33.

● Quality assurance checks did not always highlight areas that needed improvement. For example, we saw daily oral health records which recorded when people had received their oral health care. One record stated a person should have their oral health care twice daily, however this was only being recorded as being completed once a day.
● The registered manager told us care plans were checked for accuracy. However, it was not always clear what information was being checked and what action was required to follow up on any findings. This meant the audits may not be completed consistently.
● Regular audits were undertaken to assess the quality and safety of the service. However, the environmental audit documents did not capture up to date information where improvements had been identified. We spoke to the registered manager who told us, "When it has been identified things need to be fixed they are usually done straight away by the maintenance person which usually falls between the checks."
● Audits of medicines were being carried out. However, records did not give the staff clear guidance in how a person may display when they became unwell and how to best support them. We highlighted this during the inspection and the clinical lead ensured the record we highlighted was changed with immediate effect.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Whilst people's risks had been assessed these were not routinely recorded or clear in their care plans to guide staff.
● We received mixed feedback from people and relatives about being involved in the planning of people's care. Comments received from relatives included, "I have not been involved in [relatives] care plan review", and "We have not seen [relatives] care plan but we were initially involved in the care plan, and discussed [relatives], preferences, and life history."
● The registered manager operated an open-door policy. People and relatives confirmed this, one person said, "Yes I know who the manager is, I see them most days."
● Staff felt supported by the management team and felt able to approach them if needed. One staff member

said, "They [the management team] are brilliant I can go to them with anything, I absolutely love it here." Another said, "I like it here, I feel supported and get on with all the staff."
● We observed the management team were approachable, accessible and flexible within the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager was open and transparent throughout our inspection and they understood their responsibilities under duty of candour.
● The registered manager understood the responsibilities of their registration with us. They had notified us of events that had occurred at the service and their rating was on display.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Kirk House Care Home encouraged all people, relatives and visiting professionals to leave feedback about the home. There were feedback forms readily available at the entrance of the home and resident meetings took place to obtain feedback about the home.
● Staff were involved in daily handovers, and staff stated these meetings were useful.
● Kirk House Care Home had links with the local church who visited regularly in order for people to continue with their religious practices.
● People were supported to access the local community should they chose to.

Continuous learning and improving care; Working in partnership with others
● Although we have identified quality assurance systems needed improving the registered manager was fully committed to ensuring people's experience of care was positive.
● The registered manager was in the process of looking at alternative care plans to capture people's needs. They were also in the process of introducing new systems which fully supported people's oral health care, which included training for staff.
● Kirk House Care Home worked in partnership with health and social care professionals to achieve good outcomes for people. These included the local authority safeguarding team, GPs and specialist health professionals.