North Yorkshire County Council

Kirkwood Hall Extra Care Housing

Inspection report

Kirkwood Hall
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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?	Good

Summary of findings

Overall summary

This inspection took place between 29 October and 1 November. This was the first inspection of the service since it was registered on 08 December 2017.

Kirkwood Hall Extra Care Housing is a domiciliary care agency. It provides personal care to people living in their own houses and flats to predominantly older people.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People using the service at Kirkwood Hall Extra Care Housing lived in apartments. The facility also had apartments and bungalows that were situated in the grounds. There are two rooms reserved for people from the community who need additional support following discharge from hospital or to prevent them from being admitted to hospital. These are known as step up / step down beds. Health professional's work alongside staff to ensure people who require this level of support have their needs met. Kirkwood Hall Extra Care Housing has a restaurant, hairdressing salon, communal areas and a garden.

Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's needs were assessed and their care was planned to maintain their safety, health and wellbeing. Risks assessments were completed. We have made a recommendation the provider source and use evidence based assessment tools to understand risk and to implement control measures. People told us they felt safe and staff received training in how to recognise and report abuse.

Staff were recruited safely and they received support and supervision to enable them to effectively carry out their roles.

People were supported to eat and drink a healthy diet and staff understood people's dietary needs and preferences. Staff liaised with health and social care professionals to ensure people received the care and treatment they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood the principles of the Mental Capacity Act (MCA). They obtained consent before providing support and respected people's choices. We have made a recommendation about the provider reviewing their MCA training to ensure staff understand who has legal authority to represent people who lack capacity.

Staff were aware of people's preferences and interests and treated people with dignity and respect and promoted their independence. Person-centred care and support was provided by staff who demonstrated knowledge of people's individual needs. People received care from staff that were caring and kind.

Care plans were reviewed regularly and any changes to the care plans were updated. The provider had a system in place for responding to people's concerns and complaints. People knew how to make a complaint and were confident any concerns or complaints would be listened
to.

People were asked for their views on the service and there were systems in place to monitor and improve the quality of the service provided.

Further information is in the detailed findings below.

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.

Systems were in place to monitor risks to people's health and wellbeing.

People received a reliable service from staff they knew well and felt safe with. Recruitment checks were carried out effectively.

Staff could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

People were protected from the risk of infection because staff followed safe infection control procedures.

Is the service effective?

Good

The service was effective.

Staff had training to meet the needs of the people they supported.

People were supported to access healthcare professionals when required.

People were supported to eat and drink enough to remain healthy. People told us staff helped them prepare meals of their choice.

Staff were knowledgeable about people's support needs and sought consent before providing care.

Is the service caring?

Good

The service was caring.

Staff were kind and caring. People and relatives were complimentary about the staff who supported them.

People were supported by staff who respected their privacy and dignity and promoted their independence.

People were involved in planning their care and said staff respected their choices.

Is the service responsive?

Good

The service was responsive.

Care plans described how people should be supported and were person centred.

People were supported to make choices about their care and support and where appropriate relatives contributed to this.

People had opportunities to take part in activities of their choice.

People told us they felt confident to speak with the registered manager or staff if they had any concerns.

Is the service well-led?

Good

The service was well led.

The service had a registered manager who understood the responsibilities of their role.

People and staff told us the registered manager was approachable and they felt supported in their role.

People were asked for their views and their suggestions were acted upon.

Quality assurance systems were in place to ensure the quality of care was maintained.

Kirkwood Hall Extra Care Housing

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 October 2018 and was unannounced. We gave the service 48 hours' notice of the inspection visit. This is because the registered manager and staff are often out of the office supporting people and we needed to be sure that they would be in.

Inspection site visit activity started on 29 October 2018 and ended on 1 November 2018. It included a visit to the office, visits to people's homes and telephone calls. We visited the office location on 29 October to see the registered manager and staff and to review care records and policies and procedures. At the time of our inspection there were 23 people who used the service.

This inspection was carried out by one inspector. Before our inspection we reviewed the information held about the service. This included information we received from statutory notifications since the last inspection. A notification is information about important events which the service is required to send us by law. We contacted agencies such as the local authority safeguarding and commissioners. Commissioners are people who work to find appropriate care and support services for people and might fund the care provided. We used all this information to plan our inspection. We did not ask the provider to send us information in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people in their homes and two relatives. We spoke with the registered manager, a team leader, three staff members and the scheme manager who is employed by the

housing association responsible for tenant affairs and maintenance of the premises. We also spoke with three health and social care professionals for their feedback on their experiences of the care provided.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe using the service. One person said, "Oh, yes. I feel very, very safe. The staff are so good." A relative told us, "I watch the staff. [Name] is safe with them."

People were protected from the risk of abuse and harm. Staff had received safeguarding training and could tell us about the types and signs of abuse. They were confident action would be taken if they reported any concerns. One staff member told us they would report any abuse straight away and said, "I would have no hesitation. People's safety is our priority." Another explained they would challenge racist remarks as they recognised this was a form of abuse. The registered manager understood their role in relation to protecting people from abuse and safeguarding and whistleblowing information was displayed. They liaised with the local authority safeguarding team when they needed advice or to raise a concern.

On the day of our inspection, there were enough staff employed so that people received support when they needed it. Staff rotas were organised to ensure people received support at times to suit their individual needs. For example, a staff member explained, "The plans are tailored around people, so they have choice and control. It is their choice and their home." The registered manager explained that they would not put themselves in the position of saying they could take on new support visits when they did not have the capacity to do so. The service did not use agency staff. If there were gaps in the rota the registered manager would call on staff from the other services they managed.

People we spoke with told us staff arrived at the agreed time and stayed for the agreed length of time. One person said, "The staff are always there when I need them."

Staff were recruited safely and were suitable to work with vulnerable people. Disclosure and Barring Service check (DBS) were carried out before staff started working at the service. The DBS carry out a criminal record and barring check on individuals who intend to work with adults who may be vulnerable. The provider ensured previous employer references had been obtained and a full work history was provided within the application form.

When people first needed care from the service, the risks associated with their care were assessed and recorded. This included areas such as mobility, eating and drinking and issues relating to people's health. For example, we looked at risks associated with people using wheelchairs. We could see that these records were reviewed and action taken to ensure people's safety. Records were updated when people's needs changed. We also looked at assessments for people who were at risk of falls. We could see that risks assessments had been completed. However, evidence based tools to thoroughly identify risks were not always used to support the assessment. We recommend that the provider source and use evidence based assessment tools to understand risk and to implement control measures.

Staff were knowledgeable about the help and assistance each person needed to support their safety. For example, we spoke with the most recently employed staff member who explained how they kept people safe. They told us they had the time to read people's care plans and checked equipment before it was used.

Medicines were managed safely. Where people needed support with their medicines, staff told us they had received training and their competency to do this was monitored and checked. Records we looked at confirmed this. Medicines audits were completed and any shortfalls were identified and actions taken.

People were protected from the risk of infection because staff followed safe infection control procedures. We observed staff wearing gloves and aprons when they supported people and no environmental concerns were identified in relation to control of infection.

Personal emergency evacuation plans were in place which gave staff and emergency services details of people's needs if they had to evacuate the building.

The registered manager had records in place to monitor any accidents and incidents. We saw information collated looked for any trends and learning so that action could be taken to minimise the risk of any further occurrences.

Good

Is the service effective?

Our findings

People and their relatives told us staff provided effective care and spoke positively about the quality of care provided. One person said, "The staff know me well. They get me what I want." A relative said, "I have no concerns about the care here, from the cleaner to the boss. It's a grand spot and I would be in here myself if I could."

We looked at records and assessments which showed how people's needs were met and how they wished to be cared for. People had been involved in the assessment of their care and support needs. People told us their care was provided in line with their preferences and wishes. For example, one record showed what time a person preferred to go to bed and that they only wanted to wear the top part of their pyjamas.

People received effective care from staff who had the skills and knowledge to support them. Staff received induction and probationary reviews. Records showed staff had received training in topics which included moving and handling, safeguarding, autism and medicines administration. The service had a training matrix which showed the training staff had completed and when refresher training was due. Specialist training in continence and catheter care had been delivered by healthcare professionals to further skill the staff. One staff member said, "The training is good. There is always learning in this job." When we asked people if they felt staff were trained, one said, "They know what they are doing. They are all very good." Another said, "I am absolutely sure they know what they are doing."

Records showed people were cared for by staff who received supervision and appraisals to enable them to meet their assessed needs. Supervision and appraisal is a process, usually a meeting, by which an organisation provides guidance and support to staff. One staff member explained that supervision was very supportive and their managers were approachable.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found people were asked to sign their care records to document they consented to their care and support. One care plan was signed by a relative which did not evidence they were authorised to legally act on a behalf of their family member who lacked capacity. Following the inspection, the registered manager confirmed that a DoLS assessment was in the process of being completed. They provided evidence that the care plan had been updated with an explanation as to why the plan was now unsigned as a best interest meeting was being arranged as part of the DoLS process. We recommend that the provider review their MCA training to ensure staff understand

the requirements relating to legally authorised representatives.

Staff had completed MCA training and were aware of their responsibilities to ensure people's consent was sought before providing care and support. For example, when staff checked with a person to see if they were happy to speak with us and observe them being transferred the person declined. Staff acknowledged this decision which was respected and valued.

We observed the staff worked well together and had a detailed understanding of people's individual needs. External agencies, such as healthcare services were contacted in a timely way when people's needs changed. Health care professionals we spoke with confirmed this. Comments included, "Staff contact us for advice. If they are unsure they will call" and "The staff contribute to people's well-being. They understand about promoting independence and building on people's skills." One relative praised how staff responded to their family member when they became unwell. They said, "The staff phoned the doctor when they needed one. The staff noticed."

People's care records showed relevant health and social care professionals were involved to promote people's health and well-being. This included GPs, district nurses, and mental health professionals. The registered manager explained a GP from the local surgery visited each week. Staff contacted the GP to make them aware of any concerns before they arrived.

Where required, staff supported people to prepare meals and drinks. One person's care file showed they had been referred to the speech and language team as they had difficulties with eating and drinking. This meant that the service identified people who needed specialised support and ensured their dietary needs were being met.

When we spoke with a person in their home they said, "I can choose what I want." We could see that this person had a plate of food which was nutritious and well presented. Some people chose to eat their meals in the restaurant. We observed staff supported people to access the restaurant and asked what drinks they would like. The dining experience was pleasant and relaxed. Minutes of the catering focus group showed people were involved in the development of the new menu and their suggestions were acted upon.

Good

Is the service caring?

Our findings

People spoke about staff with affection and told us they were kind and caring. Comments included, "All the staff are lovely" and "The staff are very obliging and kind." Relatives were also complimentary about the staff approach. One said, "Staff are wonderful. We are happy we live here and [Name] gets the care they need." A health care professional told us, "The whole ethos of the team is very caring."

During our inspection, we observed positive and caring interactions between staff and people who used the service. Staff knew people well and that they were able to anticipate people's needs because of this. They regularly checked if people were happy and if they needed anything. Staff spoke positively about their work and the people they supported. Their descriptions of people demonstrated this and it showed that staff members had a great deal of affection for the people they cared for.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs and what they hoped to achieve whilst being supported. People's records also included information about friends or relatives who mattered to them and some information about their backgrounds and histories.

The service identified and responded to people who had had communication difficulties due to disability or sensory loss. One relative explained that their family member had a specific medical condition and staff considered this when communicating with them. They said, "Staff are patient and are very good at speaking with them."

People told us and we could see for ourselves, staff did not rush and had time to talk with them. We observed staff smiled and went at the persons pace whilst supporting them. People we spoke with told us staff arrived at the agreed time and stayed for the agreed length of time. One relative said, "Staff stay longer if they need to." Another said, "Staff come when [Name] rings their bell. There has been only the odd time when they have had to wait."

People's independence was promoted and staff understood the importance of maintaining this. People were also supported to improve their abilities. For example, one care plan detailed how a person had gained more strength and could now stand rather than being hoisted. Care plans were also written in a way that allowed staff to enable people to use their existing skills. For example, a care plan described how one person was able to wash their face independently, but needed support with other personal care tasks. One person told us, "Staff will let me do things for myself." A relative said, "The staff leave [Name] to put their vest and shirt on for themselves. This is very good for them." Staff we spoke with told us they encouraged people to do as much as they could for themselves. One told us "I encourage someone to help themselves bit by bit, but recognise when they can't."

People told us staff treated them with dignity and respect. They told us they knocked before entering people's apartments and made sure people could not be seen by others during personal care. The service had designated a staff member as the dignity champion. Champions are staff who have specific interests,

and share best practice and their learning with other staff to ensure people received good care and treatment. This staff member explained how important it was to ensure people with hearing or visual difficulties knew who was coming into their homes.

We observed staff spoke carefully and quietly to people in communal areas to ensure their confidentiality was maintained. Information held about people's support needs was securely stored and staff we spoke with understood their responsibilities in relation to confidentiality.

Information was displayed about the local advocacy service. An advocate is a person who supports the person to have an independent voice if they do not have family or friends to advocate for them. The registered manager was aware of the service as they had previously referred a person who needed this support.

Good

Is the service responsive?

Our findings

People living at the scheme received individualised care and support from staff that had knowledge about their specific needs. This person-centred approach resulted in positive outcomes for people who were supported. For example, one person told us, "Staff will sort out my clothes in a morning and night. They do this respectfully. I can go through the patio doors myself, though they help me to go down to the church service. I'm happy with the care and they check on me." Another person said, "Staff know me well and I know them."

People's care was reviewed regularly with the involvement of people and their relatives. These reviews enabled people and their relatives to discuss the care provided to ensure people's needs were still being met and to assess and monitor whether there had been any changes.

Care plans reflected people's physical, mental, emotional and social needs. This enabled staff to deliver care and support in a way people liked and their choices were respected. One care plan detailed how important it was for the person to have their relative involved in their care. It included information about the television programme they enjoyed watching and the support they required to join in with activities. One person confirmed with us they felt involved in their review and could tell us when the next one was due.

People who received support had 'Hospital Passports'. These contained useful information for health care professionals, such as a person's current needs and medicines. It also included a statement which reminded hospital staff that the extra care service was not a nursing home and any changes to people's care would have to be arranged before they were discharged.

People told us staff supported them to access activities. The service had chickens which were looked after by the tenants and a group called 'Chicken Chat' for people who were interested in them. People were encouraged to join in with the gardening and to use the greenhouse if they wished.

The registered manager was aware of the Accessible Information Standard (AIS). They would contact the provider, who would ensure information was available to support people in an accessible format suitable to their specific needs. The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

People were protected from discrimination. One staff member said, "People had the freedom and choice to lead their own lives." Another told us, "I would report discrimination. It is not acceptable to be racist or homophobic for example. We must promote equality and diversity and show the world how it is. People who are 'different' don't have to hide."

The provider had a complaints policy and procedure. This contained details about how complaints or concerns were managed. Records showed there had been no complaints. If a concern were raised, they were recorded along with any action taken and the outcome. This ensured any repeating trends were identified and the service could learn and improve. People and their relatives told us they felt confident to

raise any concerns with staff or management if they needed to. One person said, "I have nothing to grumble about, but would speak with staff if I did." One minor concern had been raised by a visiting health care professional. When we looked at the documentation about this we could see that this had been dealt with appropriately and action taken to reduce the risk of reoccurrence.

Compliments were recorded and we saw a number of these had been received from people who used the service or their relatives. Comments included, 'Thank you for the wonderful care and support' and 'Thank you for the care you gave [Name] during their time with you.'

None of the people that used the service were receiving end of life care at the time of our inspection. The registered manager was confident they had the skills to support people at the end of their lives and care plans would be updated to reflect people's wishes. They were proud of the working relationship they had developed with health colleagues. A health care professional confirmed this and said, "The staff gave very good end of life care to a person we supported, they went over and above. If the person needed extra visits they would go in." A relative contacted the service to thank them. They wrote, 'It was nice that [Name] could remain here, right up to the end of their life. Thank you for your special care.'

Good

Is the service well-led?

Our findings

The registered manager, who was based at Kirkwood Hall Extra Care Housing, also managed two other extra housing care services. They told us this benefited the services as they had been able to take learning and good practice from the other sites and this provided consistency.

The registered manager carried out audits to monitor the quality of the service provided. These included medicines, equipment, falls and spot checks. We could see from the registered managers supervision notes, audits had been completed by the provider in areas such as care plans, staff files, team meetings and recordings. We were given a blank copy of the audit tool the provider had developed and used to undertake audits at other services. This had not been used at Kirkwood Hall Extra Care. The registered managers supervision notes did not always detail clearly the actions required and when these had been completed. This meant the quality assurance system was not always robust. We found there had not been a negative impact on the people who used the service. Following the inspection, the provider carried out a comprehensive audit using their audit tool. This record evidenced the area of the service audited, where any shortfalls had been identified and the date outcomes and actions were completed.

The registered manager said they kept their knowledge up-to-date by attending training and accessing information and updates from colleagues and the provider. Minutes of meetings showed the registered manager attended peer support groups where best practice was shared and policy and procedures were discussed. The registered manager was open and honest and willing to learn from any shortfalls as they wanted the service to continually improve.

We received positive feedback from people, their relatives staff and health care professionals about the registered manager. One person explained that they would go to them if they had any worries. Staff felt supported by the registered manager. One said, "They are very approachable, always calm and organised." Another told us, "They are very supportive. I am not worried about approaching them with anything." Health care professionals said, "When we visit to support people, we are made to feel welcome" and "The team are very approachable and we have a good relationship."

The registered manger told us, "I have a fantastic team and I am really proud of them." They explained that they were proactive with regards to building relationships with other agencies such as health and social work teams and worked well with the scheme manager responsible for the building and the tenant's day to day affairs. When we spoke with the scheme manager, they said, "We work together for the benefit of the tenants. Walking in here is brilliant. Staff communicate and interact and we all know our roles." They registered manager explained they felt very supported by the provider who would listen and respond to any concerns.

People and their relatives were asked for their views on the care provided to help drive improvements. We were shown the quality assurance questionnaire used. For example, people were asked if the support provided had improved their quality of life, had staff treated them respectfully and were their needs understood? People's feedback was very positive and all were happy with the support provided. The

registered manager explained that they had learnt through feedback that people needed time for staff to sit with them, to ensure they felt fully involved with their care plans.

The registered manager understood and had carried out their responsibilities with regards to submitting statutory notifications, as required by law for incidents such as serious injury and allegations of abuse. Where appropriate, information was shared with other agencies. We saw communications between the registered manager and the quality and monitoring team, when concerns were raised to ensure appropriate actions were taken.

Networks had been developed within the wider community. Entertainers were arranged and social events took place, which members of the local community were welcome to attend. There was involvement from the local school and church. Regular activities took place such as crafts and computer skills. One person who used the service told us, "I know a lot of people here and we went to a concert last night. The staff helped me get ready. It was lovely.