

## Auditcare Kirlena House Limited

# Kirlena House

### 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?

Good ●

# Summary of findings

## Overall summary

### About the service

Kirlena was a residential care home that was providing personal care for 12 people at the time of the inspection, some of whom were living with dementia. Accommodation was provided in a purpose built home across two floors, with a communal area on the ground floor.

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

People and their relatives were very positive about the service and the care provided.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm.

People received their medicines regularly and systems were in place for the safe management of medicines.

Incidents and accidents were investigated, and actions were taken to prevent recurrence. Enough staff were available to meet people's needs and people told us when they needed assistance, staff responded promptly. The premises were clean, and staff followed infection control and prevention procedures.

The service continued to be effective. People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. Care was delivered by staff who were well trained and knowledgeable about people's care and support needs.

People's dignity, confidentiality and privacy were respected, and their independence was promoted.

People's rights to make own decisions were respected. 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 were encouraged to maintain good diet and access health services when required. People had access to a wide range of activities and were supported to avoid social isolation.

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 30 December 2016).

### 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 responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Kirlena House

## 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:

Kirlena is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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:

Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection we observed how staff interacted with people. We spoke with four people, four relatives and one professional to gather their views. We looked at records, which included four people's care and medicines records. We checked recruitment records for four staff. We looked at a range of records about

how the service was managed. We also spoke with the provider, the manager and three staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us.

After our site visit we contacted commissioners to obtain their views about 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

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 were safe. One person said, "I trust the staff". A relative said "I have no concerns about mum's safety, I'm more than happy with the staff and the service".
- People were cared for by staff that knew how to raise and report safeguarding concerns.
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management:

- Risks were managed safely Risks to people's well-being were assessed, recorded. Staff were aware of these. The risk assessments covered areas such as falls, allergies, nutrition and behaviour that may be seen as challenging.
- Where people had pressure relieving equipment in place this was checked regularly. We saw the equipment was set and functioning correctly.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Learning lessons when things go wrong:

- The registered manager ensured they reflected on occurrences where lessons could be learnt. The team used this as an opportunity to improve the experience for people.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents at team meetings and on an individual basis.

Staffing levels:

- We observed, and staffing rotas confirmed, there were sufficient staff to meet people's needs. A relative said "I've got no concerns about the number of staff".
- During the day we observed staff having time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Using medicines safely

- Peoples' medicines were managed safely. Processes were in place for the timely ordering and supply of medicines. Medicines administration records (MAR) showed people received their medicines as prescribed. This was confirmed by the people we spoke with.

- Staff completed training to administer medicines and their competency was checked regularly.
- The management team completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified.

Preventing and controlling infection:

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements.
- Housekeeping staff followed cleaning schedules to ensure all areas were systematically and regularly cleaned. They knew the action to take when a person had an infection to reduce the risk of it spreading to others.
- We observed staff using personal, protective clothing and equipment safely.

# 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 now remained the same. Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People's rights to make their own decisions were respected. One person said, "They always ask me what I want. I feel like I have a choice".
- People were supported by staff that understood the principles of The Mental Capacity Act 2005. One staff member said, "We must assume capacity".
- Where people were being deprived of their liberty, applications had been submitted to the local authority.

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

- People's needs were assessed prior to them using the service to ensure needs could be met. Assessments took account of current guidance.
- Care interventions were carried out consistently and in line with nationally recognised best practice, for example people who had been assessed as requiring a modified diet received their food in the correct consistency.
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. We observed information on best practice guidance was available for staff in the clinical rooms and staff bases.

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

- Staff had good relationships with other professionals who had contact with the service. The registered manager emphasised to us the importance of developing positive relationships to maximise the benefits for people using the service.
- People were supported to live healthier lives through regular access to health care professionals such as their GP, dentist or optician.
- Guidance and advice from healthcare professionals was incorporated into people's care plans and risk

assessments. Guidance was followed.

Staff support: induction, training, skills and experience:

- People were supported by trained staff. All staff completed an induction programme when they started work. Staff told us that they had the necessary training to support people effectively. One member of staff told us, "We get plenty of training".
- Staff had opportunity's to further develop themselves which included, nursing associate diplomas, national certificates in care and leadership and management programmes.
- Staff told us that they felt well supported. They received regular supervision and appraisals where they could discuss their concerns, their career goals and give ideas for improvements.

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

- People were supported to eat a varied and nutritious diet. We saw that people were given a choice at lunchtime. When someone said they didn't want the offered options, they were asked what they would like, and it was provided.
- People told us they enjoyed the meals and we observed snacks were offered between meals. One person said, "It [food] couldn't be better".

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

- The premises and environment were designed and adapted to meet people's needs. Corridors were wide enough for easy wheelchair access.
- The community areas were pleasantly decorated, and people's bedrooms were personalised with items they had brought with them and pictures they had chosen.

# 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 now remained the same.

Good: 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; equality and diversity:

- Records clearly showed that people's views and needs were considered, in particular what was important to people had been identified and staff demonstrated through talking with us that they knew people well.
- The diverse needs of people using the service were met. This included individual needs relating to disability, gender, ethnicity and faith. We saw one example of how staff had responded to one person's needs and supported them effectively in relation to their protected characteristics.
- We observed staff were kind and compassionate and showed they had formed a strong relationship with people and knew them well. A relative said "The staff are a good crowd who really care".

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff talking with them in a respectful way and showing genuine warmth toward people.
- Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.
- People were encouraged to be as independent as possible. A person said, "They ask me if I want to join in with activities. I tell them I can't be bothered, and they leave me to get on with whatever I want to do".
- We saw many complimentary cards and letters from people stating how caring the staff were. Feedback from relatives was very positive about the care they received. One person wrote, 'All of the staff that I have met on these visits have been beyond expectations. All of them very kind and courteous and respectful of their residents'.

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

- People told us they were able to choose how and where they spent their day. We saw staff checked with people before providing support and encouraged them to express their views and wishes.
- Some people we spoke with were familiar with a care plan and all the family members we spoke with told us that they felt involved in the care of their relative and were kept informed.

# 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 now remained the same. Good: This meant people's needs were met through good organisation and delivery.

### 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 identified in line with Accessible Information Standards.
- Planning personalised care to meet people's needs, preferences, interests and give them choice and control
- People were supported by staff who had a good understanding of their care and support needs and their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual.
- People's care plans contained detailed information for staff on how best to support them with personal care, eating and drinking, medicines and other day to day activities. They also included detailed information about their health needs and the care people required to manage their long-term health conditions.
- People and relatives praised the responsiveness of the team. One relative said, "There have been a few occasions where they have got a G.P out to see [person], they are good like that".
- People had opportunities to join with activities that were flexible and tailored to what people wanted on the day. There was a wide range of activities offered along with entertainment and external trips. We saw pictures of people enjoying a party that had taken place to celebrate the Queen's Birthday.

### Improving care quality in response to complaints or concerns

- The management team took complaints seriously, investigated and provided a timely response. They also kept a record of any minor concerns or issues discussed with them and the action they had taken in response.
- None of the people we spoke with, could recall having had a need to raise a complaint. A relative said, "I've never had to make one but if I did I would look at the information that is available in [person's] room".

### End of life care and support:

- Staff understood people's needs and were aware of good practice and guidance in end of life care. Staff respected people's religious beliefs and preferences.
- At the time of our inspection no one was receiving end of life care (EOLC). However, records confirmed that staff had received appropriate training in EOLC. Staff told us when needed, they would involve professionals to ensure people have a dignified and a pain free death.
- Staff ensured medicines were obtained to manage any future symptoms such as pain, so they were available when needed.

# 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 now remained the same Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- From our observations and speaking with staff, the registered manager and provider it was clear there was a positive culture at Kirlena. Staff worked with the values of person-centred care.
- The registered manager, provider and all the staff we spoke with people using the service at the centre of everything they did. The staff we spoke with talked about the satisfaction they gained from making a positive difference to someone's life.
- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager and provider understood their responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The quality, safety and effectiveness of the service provided was monitored through regular audits. Findings from audits were analysed and actions were taken to drive continuous improvement.
- The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements. Staff were also clear about their responsibilities and the leadership structure.
- Staff were extremely positive about the skills and leadership of the provider. A member of staff said, "They will support you with anything". Another member of staff said, "[Provider] and [Registered Manager] are approachable and they listen".

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

- The provider involved people in various ways. People had opportunities to attend meetings, complete surveys or raise any comments via an open-door policy at any time.
- Annual surveys were given to people and their relatives to gain their feedback. The feedback seen was positive.
- From our observations and speaking with staff, the registered manager and provider demonstrated a commitment to providing consideration to people's protected characteristics.

Continuous learning and improving care; Working in partnership with others

- We found an open and transparent culture, where constructive criticism was encouraged. The provider,

registered managers and staff were enthusiastic and committed to further improving the service delivered for the benefits of people using it.

- The management team had an action plan to take forward improvements to the service based on feedback they gained from a variety of sources and the findings from quality audits.
- The service was continually looking to improve. For example, the registered manager started to implement a 'virtual dementia programme', which was aimed at supporting relatives and staff to understand the daily challenges faced by a person living with dementia.
- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development. One professional we spoke with described the service as "Continually looking to make improvements".