

Caireach Limited

Kirkside Lodge

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	

Overall summary

This was an unannounced inspection carried out on the 27 February 2015. There has not been a previous inspection as the service was registered in November 2014.

Kirkside Lodge is a service for eight people, divided over four apartments and providing support to adults with learning disabilities and complex needs. Located in Kirkstall, Leeds, the home is within close proximity to local services and amenities, including major transport links.

At the time of this inspection there was a manager in post but they were not yet registered. 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 and associated Regulations about how the service is run. A manager had been recently appointed; they told us they would be submitting their application for registration to CQC shortly.

Summary of findings

There were good systems in place to ensure people's safety and manage risks to people who used the service. Staff could describe the procedures in place to safeguard people from abuse and unnecessary harm. Recruitment practices were robust and thorough. Appropriate arrangements were in place to manage the medicines of people who used the service.

People were cared for by sufficient numbers of suitably trained staff. We saw staff received the training and support required to meet people's needs well. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. People had detailed person centred care plans in place which described all aspects of their support needs.

Staff were trained in the principles of the Mental Capacity Act (2005), and could describe how people were supported to make decisions to enhance their capacity and where people did not have the capacity, decisions were made in their best interests.

Health, care and support needs were assessed and met by regular contact with health professionals. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

People participated in a range of activities both in the home and in the community and were able to choose where they spent their time.

Staff were aware of how to support people to raise concerns and complaints and we saw the provider learnt from complaints and suggestions and made improvements to the service.

Systems in place to assess and monitor the quality of the service were not always effective. The records we looked at did not show evidence that improvements identified through audit were always completed.

Summary of findings

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.

We saw robust safeguarding procedures were in place and staff understood how to safeguard people they supported. There were effective systems in place to manage risks to the people who used the service.

People's medicines were stored safely and they received them as prescribed.

There were sufficient staff to meet the needs of people who used the service. Recruitment practices were safe and thorough.

Good



Is the service effective?

The service was effective.

Staff told us they received good training and support which helped them carry out their role properly.

Staff could describe how they supported people to make decisions, enhance their capacity to make decisions and the circumstances when decisions were made in people's best interests in line with the requirements of the Mental Capacity Act (2005).

Health, care and support needs were assessed with people who used the service and met by regular contact with health professionals. Care plans were up to date and gave a good account of people's current individual needs.

People's nutritional needs were met. The menus offered a good variety and choice and provided a well-balanced diet for people who used the service.

Good



Is the service caring?

The service was caring.

There was a person centred culture within the service. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. People had detailed, individualised support plans in place which described all aspects of their support needs well.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed before they moved into the service and whenever any changes to needs were identified. We saw people's care plans had been updated regularly and when there were any changes in their care and support needs.

Good



Summary of findings

People had good access to activities in the community and their home. They were also supported to maintain friendships and family contact.

There were good systems in place to ensure complaints and concerns were fully investigated.

Is the service well-led?

The service was not consistently well led.

Systems in place to assess and monitor the quality of the service were not always effective.

People spoke positively about the approach of staff and the manager. Staff were aware of their roles and responsibilities and knew what was expected of them.

People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning or improvement.

Requires improvement



Kirkside Lodge

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 27 February 2015 and was unannounced.

At the time of our inspection there were eight people living at the service. During our visit we spoke and spent time with three people who used the service, spoke with six members of staff which included the manager. We spent

some time looking at documents and records that related to people's care and the management of the service. We looked at three people's support plans and medication records.

As this was a small service, the inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports. We contacted the local authority and Healthwatch. We were not aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

People who used the service said they felt safe and well looked after. One person said they got along well with other people who used the service; they said, “There are no fall outs.” Another person said they liked living at the home and gave positive answers when asked about safety and feeling comfortable in their home. We saw positive interaction throughout our visit and people who used the service appeared happy and comfortable with the staff.

Staff said they were aware of their roles and responsibilities regarding the safeguarding of vulnerable adults and the need to accurately record and report potential incidents of abuse. They were able to describe different types of abuse and were clear on how to report concerns outside of the home if they needed to. Staff had received training in the safeguarding of vulnerable adults. Staff we spoke with said the training had provided them with good information that helped them understand the safeguarding processes, including reporting systems.

Staff said they treated people who used the service well and that any untoward practices would not be tolerated and reported promptly. They said they would have no hesitation in reporting any concerns and felt confident to do so if needed. We saw the manager maintained a log of safeguarding incidents and could see any events were reported appropriately to the local authority and the CQC.

Staff also spoke of their training in managing behaviours that challenged the service. They said they were trained in de-escalation techniques and felt confident that these techniques prevented incidents of behaviour that could challenge. Staff said that people who used the service got on well and enjoyed each other's company.

We looked at three care plans and saw risk assessments had been carried out to minimise the risk of harm to people who used the service. The risk assessments gave detailed guidance and were linked to care plans and the activity involved in care or support delivery. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm. People were supported to take responsible risks with the minimum necessary restrictions. We saw these were reviewed as needed when any changes occurred.

We saw there were systems in place to make sure equipment was maintained and serviced as required. There was a file containing certificates to show gas and electrical safety tests were carried out at the correct intervals. Records also showed that firefighting equipment had been serviced. We noted that some kitchen furnishings were looking tired and worn and a little shabby. There were also no paper towels available for people to dry their hands in a hygienic manner. We spoke with the manager about this and they agreed to arrange for paper towel holders to be fitted. We also saw that a number of the windows in the home were suffering the effects of condensation. The manager said the provider was currently looking at ways to address this as the location was a listed building. We were told that window restrictors in place were safe and checked regularly.

Through our observations and discussions with people who used the service and staff members, we concluded there were enough staff with the right experience and training to meet the needs of the people living in the home. We saw most people who used the service received one to one support for the majority of the day and in some instances this was increased to ensure community activities could be enjoyed. Staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about staffing levels. One staff member said they thought the deployment of staff could be organised better on some mornings. We discussed this with the manager who agreed to review the morning shifts.

Appropriate recruitment checks were undertaken before staff began work. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults. We looked at the recruitment process for three recently recruited members of staff. We saw there was all the relevant information to confirm these recruitment processes were properly managed, including records of Disclosure and Barring Service checks. We saw enhanced checks had been carried out to make sure prospective staff members were not barred from working with vulnerable people. Staff we spoke with described a thorough and robust recruitment process they had been through which included them having to provide a full employment history and references from their last place of work.

We looked at a sample of medicines and records for people living at the home as well as systems for the storage, ordering, administering, safekeeping, reviewing and

Is the service safe?

disposing of medicines. Medicines were stored securely and there were adequate stocks of each person's medicines available with no excess stock. The home had procedures for the safe handling of medicines. These documented procedures were not available at the time of the visit as they had been removed to be updated to reflect the National Institute for Health and Care Excellence (NICE) guidance, 'Managing medicines in care homes guideline (March 2014)'. The manager told us the procedures would be back at the service shortly.

Staff who administered medication had been trained to do so. Medicines were prescribed and given to people appropriately. The care plans and medication administration records (MAR) contained information about

each person's individual needs, their medications and what they were used for. Care plans showed medications were reviewed on a regular basis by people's GP or consultant. We looked at the medication administration records for three people who used the service and no gaps in recording were seen which showed they had been given correctly. We noted that one person's eye drops had been open more than the recommended 28 days. The manager rectified this immediately and said staff would be reminded to check this each day.

We saw there were systems in place to analyse and monitor accidents and incidents. Information showed incidents were reviewed for any patterns or trends and ways of preventing re-occurrence.

Is the service effective?

Our findings

Throughout our inspection we saw that people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. For example, where to spend their time, what to eat and what activity to be involved in. Staff showed a good understanding of the way people communicated their choices and we saw staff respected these. We saw people were asked for their consent before any care interventions took place. People were given time to consider options and staff understood the ways in which people indicated their consent.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which provide legal protection for vulnerable people if there are restrictions on their freedom and liberty. We were told that some people who used the service were subject to authorised deprivation of liberty. Our review of people's care records demonstrated that all relevant documentation was completed clearly to ensure it was lawful. The manager showed a good understanding of DoLS and the application process.

We asked staff about the Mental Capacity Act (MCA). They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity. They spoke of making sure people were supported and given time to make decisions such as what to wear, what to do and what to eat and how they did this. Staff spoke about always making sure everything they did with people was in their best interests. When the service was making a best interest decision they always consulted the relevant people. Records we looked at showed families were consulted and involved in decision making. Staff said they had received training on the MCA and DoLS. The training records confirmed this. Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions.

Care plans showed information regarding people's capacity to make decisions. Capacity assessments had been

completed and gave details of who had been involved in this process. They also showed that the principles of the MCA had been applied and decisions agreed were in people's best interests.

Records showed that arrangements were in place that made sure people's health needs were met. Each person had a health action plan which included details of their medication and health needs. The records showed that people received regular health checks including an annual review by their GP and the health action plan was updated annually. We saw the review process identified if appointments had been missed; for example, one person had missed their optician appointment but had re-attended within a month. We also saw this person had not received an appointment for their annual consultant check-up appointment. The manager was aware of this and was in consultation with the person's GP.

There were details of visits to or visits by professionals which demonstrated that people had regular check-ups with GPs, dentists, chiropodists, consultants and community nurses. We saw there were records of any emergency health treatment such as a visit to accident and emergency following an accident. We saw people who used the service had a 'hospital passport' in place. This gave information on the person's essential needs and would accompany people to any hospital admissions.

People who used the service were complimentary about the food and menus in the home. We saw people were involved in preparing their own meals if they wished to be. The meal we saw prepared looked well-presented and appetising. One person said; "Everything is nice." They also told us they had enjoyed a takeaway fish and chip lunch and they liked to do this each week. Other people said they liked the food and the staff were good cooks.

People had care plans which showed how they should be supported to have a balanced diet that promoted healthy eating. One person's diet plan was on display on a kitchen cupboard door. The manager agreed this was not a dignified approach and agreed it would be moved to ensure this person's privacy.

We saw records were kept of the food people ate. Menus showed there was a good variety of options available to people. Staff said they could be flexible with the menu and there were always alternatives available if people changed their mind and didn't want what was on the menu.

Is the service effective?

Staff told us they received good training and were kept up to date. They said they received a good induction which had prepared them well for their role. They described their induction as excellent with plenty of time and opportunity to get to know the individual needs of people who used the service. There was a rolling programme of training available and staff told us they felt they received the training they needed to meet people's needs and fulfil their job role. The training record showed most staff were up to date with their required training. If updates were needed they had been identified and booked to ensure staff's practice remained up to date. One staff member spoke of their

recent training in autism and how useful they had found this. They said they now had a greater awareness of hyper-sensitivity issues for people living with autism. They said they felt this would give them better skills and understanding when working with people who used the service.

Staff said they received regular one to one supervision and annual appraisal. The manager confirmed there were systems in place to ensure this. Staff said they found this useful and a good opportunity to discuss their training needs. Records we looked at showed this to be the case.

Is the service caring?

Our findings

People who used the service spoke highly of their experience. They said they enjoyed living at the home and that the staff treated them well. They said staff were kind and they got on well with them. One person said, "They're alright, I like them."

Our observations showed that people who used the service had a good rapport with staff. Staff seemed to know people and their needs well, and treated people with respect and dignity. They were encouraging and supportive in their communication with people. Staff ensured the care people received was tailored to meet their individual preferences and needs.

Staff we spoke with said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. Throughout our inspection, we saw staff respected people's privacy and dignity. They were thoughtful and sensitive when supporting people with personal care. Staff said they were trained in privacy, dignity and respect during their induction. The manager said they worked alongside staff to observe and ensure this was always put in to practice.

People looked well cared for, clean and tidy, dressed with thought for their individual needs and had their hair nicely styled. People appeared comfortable in the presence of staff. We saw staff treated people kindly; having regard for their individuality. Staff were friendly, patient, kind and enthusiastic in their interactions with people who used the service. People who used the service enjoyed the relaxed, friendly communication from staff.

Staff said they were given plenty of time to get to know people gradually and build up a relationship with them. They said they found the care plans had good information in them and this helped them when getting to know people's needs and preferences. Staff we spoke with were able to tell us about people's needs, preferences and future goals and aspirations which helped them understand the person and how to respond appropriately to them when offering support. Staff spoke confidently about the individual needs of people who used the service.

People who used the service and their relatives had been involved in developing and reviewing the support plans. Staff said they found the support plans useful and that they gave them enough information and guidance on how to provide the support people wanted and needed.

Is the service responsive?

Our findings

Records showed that people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to the service. The information was then used to complete a more detailed support plan which provided staff with the information to deliver appropriate care. Records we looked at showed how people who used the service, their families and other professionals had been involved in the assessment and support plan development. Plans had been signed to show people were in agreement with them.

We looked at the support plans for three people who used the service. The support plans were written in an individual way, which had a document called 'all about me', and included information on likes and dislikes. Staff were provided with clear guidance on how to support people as they wished to be supported. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. This included individual ways of communicating with people and what people liked to do.

People who used the service were involved in a wide range of activities, including college courses and work placements in the provider's on site bakery. We spoke with people about what they liked to do and were shown photographs of people participating in activities they enjoyed. One person told us they enjoyed going out to pubs to see bands and visiting their family and friends. One person told us they enjoyed regular visits from their family and friends and it was nice to be able to live near them. Another told us how much they enjoyed using a community sensory room and visiting a local café. Everyone had a weekly programme of activity that was based on their preferences and needs and included regular

activities in the community and within the home. We looked at people's daily records and these showed people's planners were followed. One person told us they had recently decided to drop one of their planned activities but had been given the chance to have the place saved while they made their mind up.

On the day of our visit, each person who used the service was supported to participate in a community activity. We also saw on the evening of our visit that a meeting for people who used the service had been arranged with the provider's home next door. Entertainers had been booked as part of the meeting to ensure there was a social element for people. We saw people who used the service participated in this and spoke very positively of the entertainers. One person said, "This is great fun." Records we looked at showed there was a good variety of day time and evening activity available.

The home had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. People we were able to communicate with told us they had no complaints about the service but knew who they should complain to if necessary. They said they would not hesitate to raise concerns and complaints. Most said that they would speak to the manager or staff. No-one we spoke with had any concerns.

We looked at records of complaints and concerns received in the last 12 months. Two had been received. It was clear from the records that people had their comments listened to and acted upon. The manager said any learning from this complaint would be discussed with the staff team. We saw from staff meeting minutes that any feedback on concerns and complaints was discussed with staff in order to prevent re-occurrence of issues. We also saw the service had received a compliment on the care provided. Staff confirmed they had been made aware of this.

Is the service well-led?

Our findings

At the time of this inspection there was no registered manager. The deputy manager of the service had recently been promoted to the manager role. They said they would be submitting their registered manager's application soon after the inspection. The manager, supported by a deputy manager and team leaders worked alongside staff overseeing the care given and providing support and guidance where needed. People who used the service knew who the manager was and said they managed the service well. Staff spoke highly about the management team and said how much they enjoyed their job.

There was an up to date statement of purpose for the service which set out clearly the aims, vision and values of the service. Staff said they were familiar with this document and we saw it was on display in the home. Staff said they received good guidance to help them fulfil their role and therefore knew what was expected of them. Staff described the culture of the service as 'open' and 'friendly', with a focus on independence for people who used the service.

Staff said they were aware of the whistleblowing procedures and felt confident to raise any concerns they may have. Staff said they felt well supported in their role and the manager was aware of issues that affected the service. The manager was described as approachable. One staff member said, "I would feel happy to take any concerns forward and know they would be acted upon." They said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home.

We looked at the minutes of staff meetings and saw topics covered included; health and safety, safeguarding matters, training, discussions about the needs of the people who used the service and any changes to the service in response to concerns or complaints raised. We saw that at each meeting actions from previous meetings were reviewed to ensure improvements were made.

People who used the service and their relatives were asked for their views about the care and support the service offered. The manager told us that the care provider sent out annual questionnaires for people who used the service and their relatives. These had not been sent out as yet as the service re-registered in November 2014. Meetings for people who used the service took place monthly. We looked at the minutes of the latest meeting and saw people were encouraged to put forward their views on issues in the home. These included views regarding; activity, menu planning and health and safety. The minutes were produced in a word and picture format to assist people who did not read.

The manager told us that there was a system of a continuous audit in place. We were told a senior manager from the organisation visited the home regularly to check standards and the quality of care being provided. The manager and staff said that this person spoke with people who used the service, staff and the manager during these visits. We looked at some of the audits carried out by senior managers. We saw actions were identified such as the need for deep cleaning or an audit of staff files and action plans were put in place. However, there was no system in place to show when the actions identified had been completed, therefore it was unclear if the identified improvements had been made.

We also looked at medication audits. These were completed weekly and any actions identified put into an action plan. These were not always completed with a completion date or signature to show actions were addressed.

The manager said there were policies and procedures in place to assist staff in carrying out their roles. On the day of our inspection, the policies and procedures manual was not available in the service. We were told they had been taken to the provider's head office to be updated. It was unclear when they would be returned. Staff did not therefore have access to important information they may need when carrying out their job.