

# Kirkstall Lodge Limited

# Kirkstall Lodge

## Inspection report

56 Kirkstall Road  
Streatham  
SW2 4HF  
Tel: 020 8678 8296

Date of inspection visit: 18 November 2015  
Date of publication: 04/02/2016

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

This unannounced inspection took place on 18 November 2015. Kirkstall Lodge is a care home for six people with a learning disability. Five people were using the service at the time of the inspection.

There was no registered manager in post at the time of this inspection. The provider notified us the registered manager had left the service in March 2015. 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.

The previous inspection of the service took place on 20 August 2014. It met all the regulations we checked at that time.

At this inspection we found that the provider had breached a regulation of the Health and Social Care 2008 (Regulated Activities) Regulations 2014, Regulation 18 (2) (a). You can see what action we have told the provider to take at the back of the full version of this report.

People were happy with the care they received in the service. Staff treated people with dignity and respect. People consented to the care they received. Staff promoted people to be independent and supported them to pursue their interests.

# Summary of findings

People had received their medicines safely as prescribed. Risks to people were assessed and support plans put in place to protect people from harm. Staff put plans in place on how to support people receive their care. Staff delivered support as planned and met people's individual needs.

Staff and healthcare professionals involved people in reviewing the support they needed with their care. People were supported in line with the legal requirements of the Deprivation of Liberty Safeguards (DoLS) and principles of the Mental Capacity Act (MCA) 2005.

People's health and care needs were met. People received sufficient food and drinks of their choice.

People, their relatives and staff found the manager approachable and open to ideas and feedback. Complaints were looked at and addressed in line with the service's procedures. Checks were carried out on the quality of the service and improvements made when necessary. Staff felt supported in their role to provide care to people.

# 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. Risks to people's health and safety were assessed and managed appropriately. People were protected from the risk of abuse and neglect.

There were enough staff available to meet people's needs. People received their medicines safely as prescribed.

Good



### Is the service effective?

The service was effective. People were supported by skilled and knowledgeable staff. Staff did not always receive regular supervision.

People were supported in line with the principles of the Mental Capacity Act (MCA) 2005. Staff had complied with the conditions of the Deprivation of Liberty safeguards (DoLS) placed on people.

People had access to healthcare and received their choice of food and drinks.

Requires improvement



### Is the service caring?

The service was caring. People were treated with dignity and their privacy respected. Staff were polite and kind towards people.

People's choices and preferences were known and respected.

Good



### Is the service responsive?

The service was responsive. People's needs were assessed and reviewed regularly. People and their relatives were involved in the planning and delivery of their care.

People took part in activities of their choice and pursued their interests. Complaints were investigated and resolved.

Good



### Is the service well-led?

The service was not always well-led. There was no registered manager at the service.

People's views and feedback were welcomed and acted on. Checks were carried out on the quality of the service and used to make improvements.

Requires improvement



# Kirkstall Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection of Kirkstall Lodge 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 unannounced inspection took place on 18 November 2015 and was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service including any statutory notifications received and used this to plan the inspection.

During the inspection we spoke with five people who use the service. We talked to a district nurse who was visiting a person at the service. We looked at records the service is required to maintain in relation to all aspects of care provided including complaints and safeguarding incidents. We spoke with five members of staff and the manager. We reviewed five people's care records and their medicines administration records (MAR) charts. We checked three staff records, staff training plans and duty rotas. We looked at monitoring reports on the quality of the service.

We made general observations of the care and support people received at the service. We used the Short Observational Framework for Inspection (SOFI) to observe how people were supported during lunch. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People told us they felt safe at the service and in the hands of staff who supported them. One person said, “I have no worries at all. I feel safe here”. Another person told us, “The staff talk to me about keeping safe when I go out”.

Staff knew the signs of abuse and neglect and understood what actions they would take to protect people from harm. No safeguarding concerns had been raised from the service in the last twelve months. Staff understood how to report abuse and how use the whistle blowing procedures if necessary to ensure people were safe from abuse.

Risk management plans had been put in place to guide staff on how to support people safely. Some of the risk assessments were on the environment, going out, mobility and falls. Staff had developed care plans and regularly updated them with actions to be taken to minimise the risk of harm to people. For example, guidance was available for staff on how to support a person when they showed a behaviour that challenged the service.

Staff knew the procedures to follow on emergencies that could arise in the service. Staff understood what they had to do if they discovered a fire to protect people. Accidents and incidents were recorded and investigated to prevent re-occurrence. Action plans were developed after

investigations. Staff reviewed risk assessments after accidents and incidents to ensure people were protected from risk of harm. Staff minutes showed the manager had discussed accidents and incidents and to draw lessons.

People’s needs were met by a sufficient team of regular staff. Rotas showed there were always enough staff on duty to support people. Staff absences were managed appropriately and cover provided when necessary. During our inspection, we saw staff respond to call bells and people’s requests without delay.

The manager had protected people from the risk of receiving support from unsuitable staff. Safe recruitment procedures were used which included getting references, full employment history, identity and criminal checks. Staff had only started to work in the service when all relevant checks were returned.

People were happy with the way they were supported to receive their medicines. A person said, “I get my medicines every morning”. Medication Administration Records (MAR) showed people had received their medicines at the correct dose and at the prescribed times. Some people were prescribed ‘as required’ medicines for pain. Staff had followed guidance and asked people if they wanted these medicines and had recorded appropriately what had happened. Medicines were stored appropriately and securely to reduce the risk abuse. People received their medicines safely from staff who were assessed by the manager as competent.

# Is the service effective?

## Our findings

People did not always receive an effective service. The manager had not appropriately supported staff with their development needs in relation to supporting people. The manager told us the absence of the registered manager had resulted in staff not receiving regular supervision. The deputy manager told us during our inspection management had identified the issue on taking over from the registered manager. Plans were in place to have regular supervisions and appraisals to monitor staff performance. Records showed one member of staff had received supervision in January and July 2014. Another member of staff had a single supervision session in the last 12 months of our visit. The deputy manager had not undertaken any appraisal of staff performance in the last twelve months. Staff told us the deputy manager had observed their practice and discussed how to effectively support people. The deputy manager had not maintained records of the observations and any recommendations made to staff about their practice. The service had not always appropriately supported staff to carry out their role.

This was in breach of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. Regulation 18 (2) (a).

People were supported by staff with appropriate skills and knowledge. One person told us, “Staff know how to help me. They do it well”. A district nurse told us, “The staff monitor people’s health and know when to involve professionals”. Staff knew people well and understood their needs. For example, a relative told us, “Staff are aware of the little things that makes [relative] comfortable and know what they are doing”. Another relative told us, “[Person] is comfortable and well looked after”.

Staff undertook induction to ensure they understood their role on how to support and care for people. One member of staff told us, “I discussed with my mentor the expectations of my role and met with them regularly to discuss my work”. A formal induction for new staff included meeting people, reading their care plans, working alongside an experienced colleague, reading organisational policies and completing of relevant training. The manager had monitored staff’s performance during probationary period and confirmed them in post after they were assessed as competent to support people. The

manager had identified skills which a member of staff needed to develop and put in place a learning development plan to ensure they enhanced their skills to meet people’s needs.

Staff received regular training which gave them the skills and confidence to meet people’s needs. The manager had ensured all staff attended relevant training which included adult safeguarding, medicines management and infection control. Staff had received appropriate training to support people with complex health needs. Staff had their knowledge of safeguarding refreshed to ensure they were up to date with current practices.

People told us staff asked them for their consent before they supported them. Staff involved people in making decisions about their day to day care and support. One person told us, “Staff will help me with a shower when it’s alright with me”. Care records showed how a person was supported to understand the nature of the decision and the options available.

People were supported in line with the principles of Mental Capacity Act (MCA) 2005. Some people had mental capacity assessments done to find out whether they could make decisions about their care and treatment. A member of staff told us how they supported a person who may lack mental capacity by looking at the person’s past wishes or present which they obtained from them or family members. Where people mental lacked capacity and were unable to make decisions ‘best interest’ meetings were held.

The manager ensured people enjoyed their freedom and rights as appropriate to their health needs. Deprivation of Liberty Safeguards (DoLS) applications were made to the local authority when necessary. Care records of people who were subject to DoLS showed staff had supported them in line with the conditions of the authorisation.

People told us they received sufficient food and drink which they enjoyed. One person told us, “The food is good and I have choice on what I can have”. Staff told us they discussed the menu with people as a group and also individually with each person to accommodate the diversity and different cultural backgrounds at the service. Staff had used food picture cards for people with communication difficulties to support them to make choices. A visual menu board and a written menu displayed in the dining area ensured people had access to information on the choices on what they wanted to eat and

## Is the service effective?

drink. We saw fresh food prepared in the kitchen. Fruit and drinks were readily available for people at the service. Records showed people were supported in line with their dietary requirements such as gluten and dairy free meals.

People saw healthcare professionals when they needed to. Staff monitored people's health and contacted the GP when they had concerns. One person told us, "Staff will get the GP to come if I am not well". Care records showed people's visits to hospital for check-ups, home visits by dentist and podiatrist. Staff had recorded the treatment given and any follow ups they needed to carry out. Staff

had involved a GP and occupational therapist due to concerns on a person's falls. The service had made adaptations and had grab rails put in the home to support the person when walking. People with complex mental health needs had received support from health professionals and staff had followed advice given on their care and treatment. The manager received regular updates about people and checked on them when on duty and ensured staff took the appropriate action to have people's needs addressed.

# Is the service caring?

## Our findings

People told us staff were polite and kind. One person said, “I like the staff. They are pleasant”. Another person told us, “The staff are cheerful and always helpful”. A relative told us, “[Relative] is happy and looks well cared for”.

People knew the small team who supported them and they had developed positive relationships. Staff showed they knew people’s likes and dislikes and understood their communication needs. During the inspection, we saw all staff consistently speak to people in a caring and friendly manner. Staff reassured a person who became distressed as they waited for their lunch to be served. A member of staff patiently explained they were preparing their meal. They had stroked their hand and said to them, “I know you are waiting for your food. You can smell it. It won't be long”. We saw the person appear reassured and they calmed down.

People told us they were involved in planning for their day to day living. Care records showed that people’s views and preferences were respected. For example, a person told us they decided on what time they wanted to go to bed and wake up in the morning and staff respected this.

Staff were respectful of people’s privacy and dignity. During our inspection, we saw staff respect people’s personal space by knocking on their bedrooms doors and waited to be invited in. One person told us, “I like to have time to myself in my room and staff know that”. Another person

told us, “I can sit and chat with my friend without anyone bothering us”. People had use of a lounge to sit and have conversations with their visitors. A relative told us, “I always feel welcome at the service and staff encourage me to visit as often as I can”. We saw staff support a person in a way that promoted their dignity by speaking with them discreetly about their personal care.

Staff valued peoples' differences and supported them appropriately and promoted their well- being. Records showed staff communicated with people in a way they understood. Staff understood the role of cultural and religious beliefs in peoples' lives. For example, people in the service were of different backgrounds and held different religious beliefs. Staff used this information to plan their service delivery to ensure there were no conflicts when celebrating religious occasions or when preparing meals.

Some people had talked about their end of life care and staff knew how they wanted to be supported. Staff understood the benefits of open discussions about end-of-life care with people and their relatives who wished to do so. The service had involved the GP when they realised a person was nearing the end of their lives and had started a process to ensure they would receive the support to die with dignity and their wishes respected. Staff respected people’s right to confidentiality and communicated with family members and relatives as agreed with people. The service had contacted advocates to support people make complex decisions.



# Is the service responsive?

## Our findings

People were involved in assessing their needs and planning for their support and care. Healthcare professionals who knew people well had contributed to the planning of their care and support. Assessments records contained information about people's health, history and preferences. Staff had developed care plans using this information. There was sufficient guidance for staff on how to support people with their individual needs. Records showed people had received support which met their individual needs and in a way they wished. For example, a person's care plan stated the support they required with their personal care, going into the community and maintaining contact with family.

Staff carried out regular reviews of people's needs and the support they required and updated their care plans to reflect any changes. One person told us, "I have meetings with my carers and discuss the support I need. They take note". People, their relatives and healthcare professionals were involved in the review meetings. A relative told us, "Staff ring and discuss with me issues of my relative". For example, a person's care plan was updated as their mobility had declined and they required the support of two staff to walk.

People told us staff listened to them and were flexible in the way they supported them. For example, a person told us staff were happy to support them regardless of the times they changed their mind on what they wanted to do. Care records showed staff supported people with their needs and promoted their independence.

People were not discriminated against and were supported to access resources to do what they wanted to achieve their potential. For example, one person had attended training at a local college. They told us, "I am happy as I have always wanted to do this course".

Staff supported people to be as independent as possible in line with their support plans. Care records of people stated what they could do on their own and the level of support they required to do tasks. For example, a person's record showed they needed to be prompted to tidy up their room. They told us, "Staff will remind me of what tasks I need to do like cleaning my room". Staff told us they encouraged people to do what they could do which promoted their

daily living skills. We saw staff support a person with difficulties in walking and encouraged them to transfer from one chair to another which they did. A rota in the dining room showed people took turns to lay the table and help with washing up.

Staff supported people to attend a range of activities and pursue their interests at the service and in the community as they wished. One person told us, "I like to go out to restaurants and shops with my carer". Records showed the person went out regularly and enjoyed the trips. People were supported to maintain a healthy lifestyle. For example, person went out for regular cycling and told us, "I enjoy riding my bike in the park". Another person attended a local college to improve on their knowledge and skills which they said was important to them. Reports from their college showed they had enjoyed taking part in the course and had made progress with their learning. We saw staff engage a person with limited communication on a one to one. Their care plan showed they had time allocated for this to reduce social isolation and to support them with activities of their individual preference.

Staff encouraged people to maintain contact with their friends and family as they wished and made it easier for them to do so. Another person said, "I'm going to ring my relative to come to my birthday party. My carer will remind me closer to the time". Records showed a person made and received regular calls from their relatives abroad.

People and their relatives knew to make a complaint and were positive the manager would investigate any issues they raised. They understood the complaints procedure which they said was explained to them by the manager. Records of complaints received and action taken were recorded and monitored to ensure complaints were addressed fully. The manager had written a response to a person and resolved an issue in line with the service's complaints procedure.

People and their relatives told us the manager asked for their views and feedback about the service through regular meetings and surveys. For example, minutes of the meeting showed the manager valued their contributed and had used the feedback to understand people's day-to-day experience with their care. The manager had made variations to the menu as suggested by people.

# Is the service well-led?

## Our findings

There was no registered manager in post at the time of inspection. The registered manager had been absent from the service from December 2014 before leaving in March 2015. A registered manager of another service with the same provider was overseeing the operations of Kirkstall Lodge until a registered manager is appointed. A deputy manager was appointed to manage the service. The service was being managed this way at the time of this inspection. The deputy manager had started an application to CQC to be registered. The provider had submitted the relevant statutory notifications to CQC as required.

People and their relatives told us the manager was approachable. They told us they were made to feel welcome at the service by the manager and staff. People said the manager spent time with them and understood their needs.

The manager ensured staff had an opportunity to raise any concerns about the service through regular team meetings. Minutes of these meetings showed staff had discussed operations of the service and best practice to use when supporting people. Communication records showed information was appropriately shared at handover meetings held at the start and end of each shift. This ensured staff had sufficient and up to date information about people's needs and how to effectively support them.

Staff told us they were supported by the deputy manager. A member of staff told us, "The manager listens and acts on my concerns". Staff understood their roles and responsibilities in relation to the way people were

supported to improve their well-being and how people's dignity and independence should be promoted. Staff understood the service's vision and values and told us how it shaped their way on how to support people by involving them in their care and support. Records showed the vision and values were discussed in team and supervision meetings.

A district nurse told us the manager was responsive and ensured people received appropriate and timely care for their needs. They said people's conditions were managed appropriately due to the way staff at the service supported them.

The manager monitored the quality of service and made improvements if necessary. The manager had carried out checks on the safety and maintenance of the building. A refurbishment of the service was underway and plans were in progress to make the building wheelchair accessible. Medicine audits were done regularly and showed these were administered correctly and staff were following all procedures. Checks on care records showed these were appropriately completed and up to date. The manager had ensured advice from healthcare professionals was recorded fully and staff had sufficient information to support people with their needs.

There was a positive and open culture at the service as people and their relatives were involved in the development of the service. The service carried out surveys and sent out questionnaires about the quality of service and care provided to people. Feedback from these showed people and their relatives were happy with the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing <b>Staff had not always received appropriate support to enable them to carry out their duties.</b>