Donnelly Care Homes Ltd

Kirkella Mansions Residential Home

Inspection report

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Kirkella
East Yorkshire
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Website: n/a

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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

The inspection of Kirkella Mansions took place on 28 April 2015 and was unannounced. At the previous inspection on 15 October 2013 the regulations we assessed were all being complied with.

The service provides care and accommodation to a maximum of 25 older people who may be living with dementia. The premises consist of single bedroom accommodation, three lounge areas, a dining room and accessible gardens. There is a hairdressing room, communal bathrooms, kitchen and laundry.

The service had a registered manager in post who had been the registered manager for the past three years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

When we visited the service people we spoke with told us they were satisfied with the care they received, but that they would have preferred more staff to be on duty. They said they liked the food they were given and usually got on well with each other and the staff.

We found that the service had systems in place to protect people from harm or abuse and that staff were knowledgeable about these systems. Staff understood their responsibilities to ensure people were safeguarded from harm and knew how to pass information of suspected or actual abuse to the appropriate safeguarding authorities, because they had been trained in safeguarding adults from abuse. We saw evidence of this on the staff training record.

We found that people were protected from harm in their everyday lives because risk assessments were in place to reduce any risk activity they undertook. Staff adhered to these risk assessments to ensure any risks people faced were reduced.

The premises at Kirkella Mansions were safe because they were kept under review and repair, but there were some minor areas for improvement, which had not impacted on people that used the service.

We found that staff had emergency contingency plans in place and we saw these were held in the service office.

We saw there was a whistle blowing procedure in place which was in written format. We found that staff had not had to use the whistle blowing procedure for any reason in several years.

We found there were sufficient numbers of qualified and experienced staff on duty to meet people's personal care and health care needs. We found that staff were satisfied with the staffing levels as they covered each other's absences and felt they had some time to spend socialising with people.

We saw that satisfactory recruitment systems were in place and followed to ensure staff employed were suitable to care for vulnerable people. Staff corroborated they had followed these recruitment procedures.

We found that management of medicines was safe. Staff were trained in the management of medicines and we observed that staff administered them safely. Records were accurately maintained though we identified a couple of minor recording errors. These had not impacted on people that used the service. Staff followed safe procedures with ordering, receipting, storing, administering and disposing of medicines.

We found that infection control and food hygiene practices were safe and protected people from harm, although a minor improvement was required, which was reported in the full version of this report.

We found that the service provided effective care to people that used it, as there were sufficiently skilled staff caring for them. Staff were well supported by the provider and registered manager. The service followed the principles of the Mental Capacity Act 2005, ensured people's nutritional needs were met and assisted them to maintain good health where possible.

However, the premises were not conducive to caring effectively for people living with dementia and improvements were needed in this area. There was a need to consider the development of an environment that was suitable for people living with dementia, as the premises had not been upgraded for a few years and previous work had not been carried out with people living with dementia in mind.

People that used the service were treated kindly and compassionately by the staff and were fully involved in their care wherever possible. They were given time to exercise independence, their privacy and dignity were maintained and they were well cared for when they were ill. The service went 'that extra mile' when it came to providing people with an individualised approach to their wellbeing.

We found that people had person-centred care plans in place that instructed staff how best to support them and meet their needs. Information also contained details about their interests and social preferences. People had effective systems in place to make complaints and have these resolved.

We found that people had access to the manager via an open management style and the culture of the service was one based on a caring 'family' approach, meeting

Summary of findings

individual needs. There was opportunity for people to be consulted using satisfaction surveys and meetings and audits were completed to check for shortfalls in service provision.

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.

People that used the service were protected from the risks of harm or abuse because the provider had ensured staff were appropriately trained in safeguarding adults from abuse and the provider had systems in place to ensure safeguarding referrals were made to the appropriate department.

People were safe because whistle blowing was appropriately addressed and investigated, the risks to individuals were reduced, staffing was in sufficient numbers to meet people's needs, staff recruitment followed safe policies and practices and both medication management and infection control practices were suitably handled.

However, the service was recommended to ensure staff took more care with medicine records and laundering of hoist slings, so that potential risks for people in these areas were eliminated.

All of this meant that people who used the service experienced safe care and support that met their needs.

Good

Is the service effective?
The service was not always effective.

People that used the service were cared for by sufficient numbers of skilled and qualified staff that were appropriately supported by the registered provider. The service followed the principles of the Mental Capacity Act 2005, ensured people's nutritional needs were met and assisted them to maintain good health where possible.

However, the premises were not conducive to caring effectively for people living with dementia and improvements were needed in this area.

Requires improvement

Is the service caring?
The service was caring.

People that used the service were treated kindly and compassionately by the staff and were fully involved in their care wherever possible. They were given time to exercise independence, their privacy and dignity were maintained and they were well cared for when they were ill.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

People had person-centred care plans in place that instructed staff how best to support them and meet their needs. Information also contained details about their interests and social preferences. People had effective systems in place to make complaints and have these resolved.

This meant people that used the service received care that was responsive to their individual needs and aimed to improve their general wellbeing. They could make representations to the provider if the service was inadequate and issues would be addressed.

Is the service well-led?

Good 

The service was well led.

People had access to the manager via an open management style and the culture of the service was one based on a caring 'family' approach. There was opportunity for people to be consulted using satisfaction surveys and meetings and audits were completed to check for shortfalls in service provision.

This meant people that used the service were able to speak up about the way the service was run and they could contribute their ideas within a 'family' friendly atmosphere.

Kirkella Mansions Residential Home

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 checked 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.

The inspection took place on 28 April 2015 and was unannounced. The inspection team comprised of an adult social care 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. The expert-by-experience in this case had experience of caring for older people living with dementia.

Before this inspection we reviewed the information we held about the service such as that received in notifications from the registered manager. The registered provider had submitted a 'provider information return' (PIR). A PIR is an on-line document that we ask registered providers to complete in order to tell us what the service does well and improvements they plan to make. We held information given to us by the local authority that contractually purchases services from the registered provider in order for its clients to receive the care they need.

We spoke with eight people that used the service, five relatives or visitors, the registered manager and an assistant manager. While we did not formally interview staff, we asked questions of all three staff and the activities coordinator as they went about their roles. We also asked questions of the assistant manager who showed us around the premises. We observed interactions between people that used the service and staff. We looked round the premises, looked at three files and documentation relating to people's care and at certificates and records relating to the safety and maintenance of the service. We also looked at three staff recruitment files, rosters and quality assurance and monitoring documentation.

We contacted the East Riding of Yorkshire Council Social Services Department to seek their views of the service provided and we asked the local GP surgery and district nursing staff to tell us what they thought.

Good

Is the service safe?

Our findings

Six of the people we spoke with told us they felt safe living at Kirkella Mansions. However, two people said, "At night time I don't always feel safe, as personally I do not think there are enough staff on at night" and "I think it (the service) is under-staffed personally." A relative we spoke with told us "My personal opinion is that only two staff on at night is not enough." They went on to say, "The home does have safe coded doors. It (security) is pretty good, so I'm satisfied."

We saw that people were appropriately cared for and staff supporting them knew how to support people safely, for example, with assisting people to move or transfer from one place to another and when providing hot food and drink.

We found that staff had received training in safeguarding adults from abuse and when we spoke with them they showed they were knowledgeable about the types and signs and symptoms of abuse and the relevant reporting procedures. Staff confirmed to us they had completed safeguarding training and we saw evidence of this in their individual training files. People were protected from harm because staff knew their responsibilities to keep them safe. There were no safeguarding concerns raised in the last year and so no notifications had been received by CQC. Local authorities that contracted services with Kirkella Mansions had received no concerns about safeguarding issues.

Risk assessments had been undertaken to ensure any risks to the person using the service and the staff supporting them were well managed. These included generic environmental risks and risks associated with people's individual and personal care and health care needs. For example we saw risk assessments for people which covered falls, skin integrity, mobility, use of the hoist, nutrition, bathing and going out. These had been reviewed appropriately. This ensured people were protected from risks that had potential to be harmful.

When we looked round the premises we saw that the environment and equipment in use was safe but there were some minor areas that required improvement. These did not have any serious impact on the safety of people. There was some damp in the ground floor bathroom that needed to be eradicated, extractor fans in a downstairs bathroom and some toilets needed to be kept clear of dust, a safety rail in the garden had wooden splinters that required addressing and a small number of commode frames were in need of replacement as they were showing signs of rust.

We saw that maintenance safety certificates were in place for the passenger lift, electrical installations, fire safety systems, emergency lighting, fire extinguishers, the call bell system, portable appliance testing and gas supply.

Contingency or emergency plans were in place in the event of a fire and for electrical or heating failures. There were contact lists for electrical, heating and lift engineers, GPs and for taxis in case these were needed. This meant people would be safeguarded in the event of an unforeseen emergency.

Staff were aware of the whistle blowing policy and procedure and told us they felt confident they would use it if needed. They said there had been no concerns raised over the last year for the whistle blowing procedure to be implemented. Staff told us they could approach the manager regarding 'anything at all' and that they were confident the registered manager would address all issues. The registered manager told us that accidents and incidents were monitored, action was taken to prevent them arising again and lessons were always learned so that improvements in practice could be made. We saw records of accidents including action taken, which showed how learning had been implemented to prevent them happening again. People were protected by staff that addressed concerns and learned from mistakes.

We saw that staffing levels were set according to people's dependency levels and their needs. Daily staffing levels included three care staff (one a senior) on duty each morning and each afternoon shift and two on duty at night. The rosters we saw were an accurate account of the actual staff we encountered on duty during our visit.

Most of the people we spoke with did not have any concerns about the number of staff on duty. However, two people we spoke with expressed a view that there were sometimes insufficient staff on duty and particularly at night. One person said, "I do not think there are enough staff on at night" and a relative told us, "Personally I think two staff on at night is not enough." Our discussions with the registered manager and staff and our observations of the support people received told us there were sufficient

Good

Is the service safe?

staff to meet the needs of the 20 people that used the service. We did not identify any detrimental impact on people that used the service because of the number of staff on duty.

We saw that the activities coordinator, assistant manager and registered manager also provided support to people with their mobility, their social needs and their psychological wellbeing.

The registered manager told us they used thorough recruitment procedures to ensure staff were right for the job. They ensured job applications were completed, references taken and Disclosure and Barring Service (DBS) checks were carried out before staff started working. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw this was the case in all three staff recruitment files we looked at. Files contained evidence of application forms, DBS checks, references and people's identities and there were interview documents, health questionnaires and correspondence about job offers. We assessed that staff had not begun to work in the service until all of their recruitment checks had been completed which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable.

There were systems in place to manage medicines safely. Only senior staff trained to give people their medicines did so. Medicine administration record (MAR) charts contained clear details of when and how medicines were to be given and they had been completed accurately by staff, with the exception of one explained below. No adverse comments were made by people that used the service about how they received medicines.

We saw that controlled drugs (CDs) were appropriately managed. (CDs are required to be stored and accounted for in a particular way under the Misuse of Drugs Regulations 2001). We observed staff managing medicines safely and people received their medicines safely. Staff told us they had taken receipt of the new stocks of medicines that day and so they were waiting to be receipted in and stored away. A monitored dosage system was in use. This is a system of easy-to-dispense dosages of medicines to be handed out at specific times of the day or night. It removes the risk of errors being made or the wrong medication being given if followed correctly and when prepared correctly by the dispensing pharmacist.

However, we saw there had been two errors made with the medicine system. A tablet had been administered from the wrong day in one MDS. This did not have an adverse impact on the person that received it, but it meant staff had to administer another tablet from another wrong day. This could have caused confusion for staff. The second error was with stock control of one medicine. Records showed that 27 from 28 tablets had been signed as administered but there were 8 tablets left in the package. Either a previous error with stock control had been made and was continuing on the MAR chart or the person had not been given 7 of the tablets. The senior staff in charge of medicines on the day was asked to investigate whether or not the person had received their medicine that month and to check back on the stock controls undertaken in the last few months. We were assured by the senior staff and registered manager that the error would be looked into and corrected.

When we looked round the premises we saw that there were some minor infection control issues. These related to odours, use of chemicals and maintenance of hoist slings.

We experienced an unpleasant odour in two bedrooms and in one toilet on the ground floor. The odour in the toilet appeared to be a drain issue and not a problem with the management of infection control. The domestic staff we spoke with told us they regularly cleaned people's bedroom carpets with a selection of products to remove odours and they would attend to the areas we had identified during their shift. We were told that there had been no impact on people or visitors regarding odours that had not been addressed that morning.

We found that some of the bedrooms that had an en-suite toilet had been cleaned and disinfected by the domestic staff with what could have been incorrectly diluted disinfectant or with two different chemicals that reacted with each other. When we entered the bedrooms we were confronted with very strong disinfectant smells accompanied by a vapour that stung the back of our throats. The assistant manager was told about this as they were with us at the time. We were concerned that the atmosphere in these bedrooms could have been harmful to the people that lived in them. The assistant manager undertook to ensure domestic staff were using the correct information for solution dilution.

We asked staff about the use of hoist slings which were hanging in a bathroom unnamed and without protective

Good

Is the service safe?

bags. We were told that many of them were no longer in use but those that were had not been identified for a regular laundering programme. We were told they were laundered on occasion but records of this were not kept. We were informed by staff that there had been no impact on people's health and no infection control consequences as a result of the current practices with the storage and use of hoist slings. They said that if a hoist sling became wet or soiled in any way it would be laundered immediately after use. Senior staff assured us they would set up regular laundering of the slings and would obtain bags for storage.

We saw evidence in staff files that they had completed training in infection control. The service was clean and hygienic and we saw disinfectant solutions were used by staff when cleaning. Staff also followed infection control procedures and used personal protective equipment so that their practice was safe. Relatives we spoke with said, "The place never has smelt and it doesn't smell now" and "There are no bad odours. The place is spotless."

We were informed by staff that East Riding of Yorkshire Council Environmental Health Department had completed a food hygiene check on 27 April 2015 (the day before our visit) and recommendations made included the need to acquire a red chopping board for raw meat and to replace tiles in the kitchen with cladding (smooth surface board) so that cleaning was more efficient. The registered manager told us they were aware of this and as part of the service's future upgrade action would be taken in the kitchen. A new raw meat chopping board would be obtained in the next few days.

Requires improvement

Is the service effective?

Our findings

We looked at staff training records and observed staff providing care and support to people where this was not intrusive or did not compromise people's dignity in order to assess staff skills and knowledge.

People we spoke with that used the service and their relatives we spoke with told us they thought staff were trained to be able to meet their needs.

We saw that staff had undertaken induction when first starting their jobs and had completed training in moving and handling, safeguarding adults from abuse, management of medicines, fire safety, the Mental Capacity Act 2005, health and safety, infection control, falls awareness, Parkinson's disease, dementia awareness, oral hygiene and first aid. This information was in their files. This meant people were supported by staff that were skilled to do the job.

We saw evidence in staff files that staff had received supervision and that an appraisal system was in use. This enabled staff to discuss people's needs, concerns about the job and their career prospects with their registered manager, which meant people that used the service were cared for by well supported staff. The frequency of supervisions was not consistent for all staff and could have been better. We saw evidence that staff had received one or two supervisions and an appraisal in the last 12 months.

When we asked the registered manager if the service followed any best practice guidelines they told us they ensured all staff were trained to provide the care and support that people needed. They said staff followed policies and procedures as set by the service and guidelines as provided by, for example, The National Institute for Health and Clinical Excellence and Skills For Care.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected.

The registered manager told us there had been best interest meetings held for people whenever they were required. A best interest meeting may be needed where an adult lacks mental capacity to make significant decisions for themselves and needs others to make those decisions on their behalf. It is particularly important where there are a number of agencies working with the person, or where there are unresolved issues regarding either the person's capacity or what is in their best interest and a consensus has not been reached. We were told there were eight from 20 people at Kirkella Mansions who were living with dementia.

One person had been the subject of a DoLS application, though this had not been approved. There were currently no people using the service that had a DoLS order in place. Staff demonstrated they understood the principles of the MCA and DoLS legislation. This meant people were treated fairly and according to legal requirements when their capacity to understand was impaired.

We saw that people had their nutritional needs recorded in their care plans and these reflected any special dietary needs. These were accompanied with risk assessments on nutrition and choking if appropriate. One person required the nutritional part of their care plan updating, as it still referred to needs they had when their spouse was also using the service. We saw that people had a choice of meals, information was on display for them regarding food provision and they were able to spend time relaxing while eating. People joined in with either of two meal sittings and some were fully assisted with their nutrition.

People we spoke with told us the meals were good and there was always plenty to eat and drink. We saw a large white notice board centred in the middle of the service and near to the dining room on which was displayed the choice of menu for the day as well as the daily activities. The lunch time food was home cooked and look appetising. People looked like they enjoyed their meals and one or two commented that they had.

We saw that people were allowed time to eat at their own pace and those who required support with eating were offered it after initially being given some to time to be independent. We also saw that people were given the choice of where they would like to eat. Some people choose to stay in the lounge, and some preferred to stay in their bedroom. We saw that one person did not want a hot meal and asked for sandwiches and this was respected. We saw that regular hot and cold drinks were served during the day.

Requires improvement

Is the service effective?

We saw that nutrition was one of the areas people had discussed in their last 'resident' meeting, which we were told by people had been held in October 2014. The meeting minutes showed people had expressed a desire to have more fresh fruit readily available. We did not see any fresh fruit on offer for people to help themselves to. On the day of our inspection people said about food provision and hydration, "Food, that's the worst part, the food gets very monotonous", "I like the food, we usually get plenty", "This corridor is quiet and I often miss my drinks because of it", "I always enjoy my food, whatever it is" and "The chef cooks good meals for us, there isn't much I don't like." All of this meant that people were supported with good nutrition and hydration, though not everyone's likes were always catered for.

Care plans also contained details about people's health care needs. They showed information about particular diagnoses, medication, support received from healthcare professionals and records of the times when people attended hospital appointments or were seen by their GP or a district nurse. There were records of chiropodist, dentist and optician visits. This meant people had the opportunity for their health to be well maintained.

We saw that the environment was not designed for people that used the service who were living with dementia in line with any current research, for example, with The King's Fund 'Enhancing the Healing Environment'. The main corridors had dark brown bedroom doors and they all looked the same. Carpet and wallpaper patterns were too strong, signage was minimal, colour identification schemes were not in use and items of interest were few.

This meant people living with dementia would be confused about identifying toilet and bathroom facilities and their bedrooms, or about shapes and patterns they encountered when moving about the service. This was confirmed to us when one person wanted to show us their bedroom and looked like they did not know where they were going until a staff member aided us with the bedroom number, as the person was unsure which one was theirs. We saw there was nothing to help the person identify their bedroom. The registered manager acknowledged that some upgrading of the service was necessary and they were advised to look at research on dementia-friendly environments before taking any action.

We recommend the provider ensures the environment is made more suitable for people living with dementia.

Good

Is the service caring?

Our findings

People we spoke with that used the service said they were well cared for. They said, "The majority of the staff are kind and caring" and "I think the staff very kind."

We saw there was an empathic approach from all staff in the service, which was led by example by the registered manager and other members of the management team. Staff were kind and considerate, unhurried and understanding. Staff spoke with people respectfully and listened to their views and wishes. One person told us they had had a bad night's sleep and that they were not going to get dressed that day. They said they were always given the choice in such matters. They said, "Staff do not force you to get dressed. I have been told 'this is your home, you do as you like'".

We saw that the staff were very obliging with everyone and were very caring. The registered manager was understanding and obliging and spent time to discuss concerns with people. In the afternoon we saw that the activities co-ordinator accompanied a person to the funeral of one of their relatives. All of the staff showed a lot of respect throughout the day to this person and made sure that they were ready in time to go out and that they looked extremely smart. We recognised the compassion that staff demonstrated for this person. Staff were knowledgeable about people, their needs and their relatives. This meant people experienced a sense of being cared for.

People told us they were fully involved in making decisions about their daily lives. We saw from information held in their main paper files (as care plans were held electronically) that they had signed to give consent to records being held. We observed people being asked about meal choices, what they wanted to do regarding activities and how they wanted to pass the time. We saw staff comforting people and being attentive to their wellbeing.

We discussed with one person their lifelong support of the city's professional football team. They told us that they attended all 'home games' and had done for many years. We were told by the registered manager that they usually accompanied the person to home games or their relative did so. We saw throughout the day that information and explanations were passed to the person about being ready for the game later that evening.

We saw that staff gave people information when they were providing support with mobility equipment, nutrition, personal care and activities. Staff made sure people understood what they expected and in return what people could expect from staff. Staff were patient and understanding.

People 's wellbeing was greatly considered as the registered manager had a very empathic approach which was filtered down to all of the staff team. People's social and psychological wellbeing were also considered and their needs in these areas were met wherever possible. However, one person commented they did not see anyone for periods of time because of their bedroom being at the end of a corridor and we saw that another person that was cared for in bed experienced similar, though they were unable to tell us this.

We were told by staff that people usually turned to relatives for any advocacy support as they all had relatives or close friends to guide them with any difficult decisions. The service was aware of the availability of local advocacy services should a person need to access them.

We observed staff in their interactions with people and saw they were kind, patient and sensitive.

We observed appropriate moving and handling interactions when care staff assisted people to move to the dining room. People who wanted to mobilise independently, but slowly were encouraged to do so. People told us that staff were polite, respectful and protected their privacy. An example was that we saw staff knocking on people's bedroom door before entering and always knocking on the toilet doors and bathroom doors before entering. We heard staff speaking appropriately and respectfully with people.

One relative went out of their way to make a special visit to the service to have a word with the inspection team, after being told that the Care Quality Commission were inspecting Kirkella Mansions that day. They wanted to let us know how pleased they and other family members were with the care and attention that their relative had received. They said, "From the bottom of my heart I could not be happier with the care my relative is getting. If you could bottle up a bit of (the manager) and put him in all the homes…well!"

The registered manager told us of several ways they cared about people, which all came from a family- orientated

Good

Is the service caring?

style. For example the registered manager regularly took one person to football matches, regularly shopped for another person who requested particular foods and arranged for another person to attend a place with special memories. Each person was treated individually and what was special to them was appropriately celebrated by the registered manager and staff and the service as a whole.

Good

Is the service responsive?

Our findings

People that used the service and their relatives that we spoke with told us they were generally satisfied with the care they received at Kirkella Mansions. They said they had their needs assessed, wishes and preferences recorded and support from staff to live their everyday lives 'as best they could'.

The service had paper care files for all of the people that used it which contained personal information and other documentation relevant to their lives and needs. These were in a consistent format and included the most important issue for the person to the front of the file, accident and incident forms, correspondence, information leaflets about diagnosed conditions and a list of medicines taken.

Assessments of need, care plans and risk assessment documents were all held electronically. These included information about people's needs on communication, continence, daily life, finances, health, personal care, previous life situation, medication, mobility, nutrition and rest. Each of these areas of need had information showing the expected outcome for the person, the action to take to achieve the outcome and a daily record documenting the action taken and how the need had been met. There was also information about assisting people to maintain their relationships with family members and friends.

Of the three electronic files we saw, which were printed out for us to view at the inspection, we noted that two people's care plans required some elements updating in relation to recent bereavements they had experienced. The delay in updating the care files had not impacted on the people's care and support, but had the potential to do so if they were not amended and the delays continued long-term. Discussion with the registered manager and staff assured us that these elements of the care plans would be updated appropriately.

People we spoke with had different views of the service and opportunities to engage in activities or to be assisted with their needs. One person said, "Down this corridor where my bedroom is it is like a morgue, deathly quiet." They also said, "I've had no morning tea this morning and my breakfast pots are still in my room." However, we found that this was not typical of the service. We saw that bedrooms were well kept in terms of tidiness and cleanliness and that staff moved around the service regularly to attend to people's needs.

While we were looking round the premises in the morning we observed people being facilitated to undertake chair-based exercises. The activities co-ordinator used an exercise DVD shown via the television screen to facilitate and assist the majority of people that used the service to join in with the activity.

The co-ordinator was patient and encouraged everybody to do as much or as little as they could manage and to take a rest if they needed to. We were made most welcome and joined in for a few exercises. People tried their best to undertake the exercises, smiled a lot and engaged well with the activity. We heard people comment, "I can only stretch this far", Oh I'm going in the wrong direction (referring to their ankle twists)" and "How many more should we do (referring to the repetitions of the exercises)?" The atmosphere in the lounge was pleasant, encouraging and relaxed, which meant people experienced a sense of wellbeing from the activity.

We asked other people that had not been in the lounge at the time if they had known about it and had been invited to take part. One person told us, "X always let you know what is going on, so you can join in if you wish." Another person said, "X asked me if I wanted to go to the lounge this morning to take part."

We saw that the activities co-ordinator was busy throughout the day. In the afternoon the mobile library visited and this staff member assisted people to change books or made sure that books were collected from and distributed to people if they did not want to visit the library themselves. One person said about this staff member, " X is absolutely brilliant. We went out last Friday to the bank and to Waitrose."

During the day we observed a person that used the service that was cared for in bed. The staff had tried to encourage them out into a wheelchair, but could not find one that was suitably safe. We felt concerned for this person as they were socially isolated. Their bedroom was at the farthest end of the corridor so that no one passed by on a regular basis.

When we mentioned this to the registered manager and staff we were told that efforts had been made to obtain some suitable equipment to enable the person to mobilise:

Good

Is the service responsive?

a profiling bed and a wheelchair. One application for the bed had been turned down and the wheelchair was still being assessed. The registered manager had arranged for the person's own bed, which had safety rails, to be raised on improvised leg extensions so that staff could care for the person without incurring back injuries and the person was assisted with personal care and positional changes more safely.

We were assured by staff and the registered manager that as much as possible was being done to obtain the required equipment for this person so they could lead a more socially involved lifestyle. The registered manager agreed to speak up for the person more forcibly with regard to applications for specialist support from the National Health Service and the Local Authority. We found that the person had a radio playing appropriate music to offer them some stimulation. Other people who were more ambulant but who were living with dementia had access to the garden, books and television. Anyone who expressed a particular wish for occupation was assisted whenever possible and the activities coordinator spent one-to-one time with people in their bedroom talking about the past and their individual interests.

We spoke with one person sat in their room who told us they had chosen to have their patio doors open which showed the service was responsive to people's requests and preferences. The person liked to sit looking out onto the garden and explained that they had been at Kirkella Mansions some years. They said the staff always let them know what was going on and that they could get up, go to bed, eat and socialise when they wanted to. They said the registered manager was always about. They said, "I can only walk a little bit. As things are I am very contented. I would recommend this place to anyone."

We saw other people making choices about where to sit, whether to take a walk around, to visit the garden or to go to their bedroom for a rest. Some people chose to read a newspaper, watch the television or listen to music. Some people were unable to make these kinds of choices and staff advocated for them when appropriate.

The registered manager and staff told us there was a complaint procedure in place and on display for people and their relative to use. We saw the complaint procedure and records held where people had expressed concerns or 'grumbles'. We saw that there had been one complaint in the last 12 months which had been appropriately addressed and resolved.

There was also a compliments book and there were many examples of 'thank you' from relatives. In the afternoon we saw relatives come into the service and present the registered manager with the proceeds from a collection that had been held at the funeral of a person recently deceased, along with a personal cheque. They said, "This is to spend on the garden, as (our relative) had been looking forward to spending time in the garden this summer." When we asked them to speak with us they explained that their relative had only been resident a short while and stayed in their room for the first few months as they had liked their privacy. They told us the staff had spent time with their relative and they came out of their bedroom. They said, "The girls got (our relative) to come out of her room and socialise. Staff are brilliant. I would come here myself."

Good

Is the service well-led?

Our findings

We found that the culture of the service was one based on a 'family' approach in which staff were expected to treat people that used the service as they would treat their own relatives in need of care. Staff demonstrated that they valued training and information to enable them to provide a good service. Staff expressed the view that they thought they worked well as a team for the benefit of people that used the service.

There was a registered manager in post who had been the registered manager for the past three years. They were also the director of the registered company that owned and ran the service. Relatives we spoke with and some of the people that used the service who we spoke with knew who the registered manager was, and felt they could approach them with any problems they had. One person said, "The manager is always about." Another person told us, "The manager sometimes brings the tea tray and has a quick word."

We saw that the registered manager and assistant manager were visible to people throughout the day. We observed that they were very 'hands-on' during the day, showing respect and compassion to people that used the service. They interacted well with the staff, working as a team. They knew the names of people and their relatives and were able to speak in detail about them.

The registered manager had an open management style and valued staff contributions to the way the service was run. They were approachable and endeavoured to address people's concerns and their expressed views. Staff followed the registered manager's example. The service cooperated with the Care Quality Commission and took its responsibilities seriously.

The people that used the service had links with the community in that they attended church if they wished, used a local supermarket with café and adjoining shops and received visitors from the church and local schools when seasonal events took place.

The service had a 'statement of purpose' and 'service user guide' containing information for people on the visions and values of the service, and there were notice boards with up-to-date information about the day's events.

There had been no changes to the registration conditions in the last five years.

We saw that the service had a system of assessing and monitoring the quality of service delivery. This included monthly audits on infection control, activities, complaints and compliments, accidents and incidents, maintenance of the premises, staff training, mobility equipment and medicines. There were satisfaction surveys handed out to people that used the service, relatives and staff. Ones that had been returned included many positive comments and an occasional questionable one.

People had said, "My needs are always attended to", "Sometimes my needs are met", "Information is always available about the service", "The staff are very friendly and good at what they do", "I like helping staff in the garden and I like walking around it", "We have ample food and we are offered bacon and eggs", "I would like activities to be every day, but do enjoy them when we have them" and "We need more activities at the weekend."

Satisfaction surveys had been analysed and percentage figures calculated so that the highest satisfaction score for individual questions was 91% and the lowest was 62%. There was evidence that the service had set up an action plan to address the main issue, which was identified as an increase in activities was needed. This had resulted in the activities coordinator doing more hours. Staff satisfaction surveys revealed there was overall satisfaction in the job, scored at 88%. Issues identified were with medicines not always going out on time and clearing up after medicines were administered.

The registered manager told us that each audit or survey was carried out in small numbers but on a regular basis.

There was an analysis of complaint information which showed formal complaints were well addressed and informal complaints were quickly resolved, with written or verbal apologies issued where necessary.

We found that records held in the service were well maintained, with some minor issues about updating people's care plans. The electronic system in use for managing care planning was identified as having a potential confidentiality issue. Records showing information about a person were on screen for too long which meant that after the staff had accessed what they needed, other people (visitors for example) could read details that did not concern them.

Good

Is the service well-led?

The registered manager resolved this before we left the service by adjusting (shortening) the length of time for the blank screen to come into force when the computer detected no activity. We also saw that some records were password protected. This meant people's confidential information was appropriately stored and maintained by an adequate system that ensured staff had access to it, but other people did not.