

Caireach Limited

Kirkside House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Kirkside House is registered to provide accommodation and personal care for up to seven people with a learning disability and or autistic spectrum disorder. At the time of our inspection there were seven people using the service. Kirkside House accommodates people across three separate units, each of which has separate facilities.

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

People were supported safely and protected from harm. There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to people. The management of medicines was safe. Risk assessments were individualised and detailed to ensure staff knew how to support people. Incidents and accidents were managed effectively; lessons were learned to prevent future risks.

There were enough skilled and experienced staff to meet the needs of people who used the service. Staff completed training relevant to their role. Staff acknowledged people's rights and quality characteristics were considered and respected.

The provider had embedded quality assurance systems to monitor the quality and safety of the care provided. People knew how to complain and felt listened to. Regular meetings were held with people living in the home, staff and health professionals to ensure any changes were effectively communicated. Surveys were used to gather feedback from people to improve care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The care and setting maximised people's choice, control and Independence.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 4 March 2020). We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

We received intelligence in relation to feedback about the home, safeguarding enquiries and whistleblowing which suggested a possible closed culture within the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Kirkside House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Kirkside House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced 48 hours before the inspection site visit.

What we did before the inspection

The provider sent us a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse. We reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all of this information to plan our inspection.

During the inspection

We spoke with two people to ask about their experience of the care provided, one relative and one health

care professional. We spoke with the registered manager, unit manager and three staff members. We looked at two people's risk assessments, three medicine records and three staff recruitment files. We also looked at quality monitoring records relating to the management of the service such as audits and quality assurance reports.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management;

- Risk assessments were bespoke and detailed how people should be supported safely.
- Some people living in the home displayed behaviours which challenged. Staff told us how they used de-escalation techniques to minimise risk. For example, staff used a therapeutic massage to support one person to reduce the level of risk to themselves and others.
- Staff received training accredited by the British Institute of Learning Disability in managing actual and potential aggression (MAPA). Staff told us, this was used as a last resort and for minimal time.
- Positive behavioural support plans had been completed with multidisciplinary input from health professionals. These helped staff follow strategies on how to manage behaviour that challenges and also included ways to ensure people had access to things that were important to them.
- The registered manager reviewed trends and themes identified within the home to learn from these and implement changes to improve practice.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Safeguarding systems were in place to protect people from avoidable harm or abuse. People told us they felt safe and enjoyed living at Kirside house. One person said, "I want to live here when I'm an old man. I have no concerns." In the most recent survey, all people living in the home said they felt safe.
- Staff received safeguarding training annually. However, we found 13 percent of staff needed to update their training. The registered manager confirmed these staff members were new or off work. Staff we spoke with understood safeguarding and the types of abuse to report.
- Incidents and accidents were managed with lessons learnt to prevent future occurrences. For example, one person had climbed over a garden fence and to prevent re occurrences the garden door was now being locked at night and the fence was extended with anti-climb fixtures. Following the incident lessons were shared with staff in a meeting.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed and regular audits were carried out to monitor for any inaccuracies. One person told us, "The team leader gives me my medications and I get it on time. My medication calms me down."
- Medicine administration records (MARs) were completed and signed by staff when routine medicines had been given. All medicines were stored and administered correctly.
- As required medicines were available when needed. Protocols informed staff of when these medicines would be required. For example, some people had been prescribed medicines for when they became distressed, this had been used to good effect.
- Two protocols for 'as required' medicines had not been reviewed by medical professionals in over a year.

We discussed this with the registered manager who agreed to update these immediately.

Staffing and recruitment

- People told us there was always enough staff in the home to meet their needs and rotas we looked at reflected this. Staff responded promptly when people needed support. One person said, "Yes. They (staff) are good and help me out in the community. If I have any worries I can come and see (name of unit manager) and (name of registered manager)."
- Staff told us there were always enough staff day to day to carry out their roles. One staff member said, "I don't see a problem with staffing levels. We have recently recruited new staff."
- The provider had robust recruitment checks in place to ensure staff were suitable to work in the home.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment effectively and safely. We saw evidence of correctional chats held with staff when observed practice did not follow government guidelines for infection control. For example, one person was reminded to wash their hands for at least 20 seconds as this had not been completed in observations.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Regular cleaning regimes were in place and touch points were cleaned on a more regular basis. The environment was mainly clean however, we noticed some areas of the home were worn and required refurbishment. The registered manager said that due to covid-19 some works could not be carried out, but we saw evidence of this work on the providers action plan for the home.
- We were assured that the provider's infection prevention and control policy was up to date. Infection control training had been provided to all staff and audits carried out to ensure this was maintained.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and the staff we spoke with demonstrated their understanding of providing person-centred care and placed people at the centre of everything they did.
- Staff understood their roles and said they felt well supported by the management team. One staff member said, "I just think it's a really good service. The support I get from staff and the manager is brilliant. I love my job and I know I make a difference to people's lives."
- People and their relatives told us staff delivered good quality care. One relative described the care as "Brilliant. The staff understand [Name] very well."
- Audits were carried out which provided oversight of improvements required and where actions were needed. An overall action plan was in place highlighting when these actions had been completed to demonstrate improvement in care.
- The management team were clear in their responsibilities to act on concerns raised and people told us they knew who to contact should they wish to raise an issue.
- The registered manager was clear about their responsibilities for reporting certain events and incidents to CQC and they understood the regulatory requirements.

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

- Relatives and health professionals told us they were always involved and kept informed. Throughout the covid-19 pandemic one relative said, they had been contacted daily by the service with updates.
- There was no evidence of any discrimination in the service; staff acknowledged people's rights and quality characteristics were considered and respected.
- Resident and relatives' meetings were held regularly so people could offer their views and remain updated with any changes made within the home.

Continuous learning and improving care; Working in partnership with others

- The management team were honest and open throughout the inspection.
- The home worked in partnership with other health professionals. Health professionals said, they were regularly involved in people's care planning and support for people living at Kirkside house. One health professional told us, "I think they are amazing, they think outside the box. They always ring when a safeguarding has been raised. I wish there were more places like this and have so much confidence in them."

They (staff and management) are all open and transparent. They had a hard-working team and they work so well to help people."